



1594 Concession Six, R.R. #2
Niagara-on-the-Lake, ON L0S 1J0
www.redroofretreat.com
Ph: 905-684-0235
Fax: 905-684-5477

Saturday Day Camp Registration Form General Information Sheet

Child's Name _____

Parents' Name/s _____

Home Phone: _____

Mom's Work Phone: _____

Dad's Work Phone: _____

Cell Number: _____

E-Mail Address: _____

Child's Diagnosis: _____

Date of Birth: _____ Age: _____ Sex: _____

Health Card #: _____

Child's Doctor: _____ Phone: _____

Child's Address: _____

Emergency Name and Contact Number:

1) _____

2) _____

Person responsible for dropping off child: _____

Person responsible for picking up child: _____

Health Information Sheet

Brief Description of Disability/Diagnosis: _____

Allergies: yes () no () _____

Seizures: yes () no () _____

Shunt: yes () no () _____

Behavioral Concerns: yes() please explain no()

Medication: yes () no ()

If medication needs to be administered at camp, please fill out the following:

Medication	Dosage/Time	Administration
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Mobility:

Walk independently ()

Uses a manual chair ()

Uses electric Chair ()

Uses walker or crutches ()

Toileting/Dressing/Hygiene:

Independent ()

Some assistance required ()

Total assistance required ()

Feeding/Nutrition: (*Lunches and Feeding Instructions to be provided by family)

Eats independently ()

Needs some assistance ()

Hand-over-hand ()

Needs total assistance ()

Tube fed ()

Communication:

Verbal/ Speaking ()

Non-Verbal/Non-Speaking ()

Uses Augmentative Communication () or Sign Language ()

Registration

Saturday Day Camp

October 2 nd	_____
October 16 th	_____
November 6 th	_____
November 13 th	_____
November 20 th	_____
December 4 th	_____
December 11 th	_____
December 18 th	_____

Send registration form, payment and waivers (i.e. Photo release form) to:

Red Roof Retreat
 1594 Concession Six, R.R. #2
 Niagara on the Lake, ON L0S 1J0

Payment Policy:

Send payment to the Roof Retreat office (at the above address), before the program begins. If you are unable to get the payment to the office before the day of the program that you would like your child to attend, call the Program Coordinator, Laurie Didyk-Mindorff at 289-668-6574 to make arrangements for payment the day of the program . **Payments must be made before the beginning of the program day that your child is attending** in order for them to participate. Cheques can be written out to “Red Roof Retreat”. If paying by cash, please provide the exact change.

Registration Policy:

Call or email **Laurie 289-668-6574 cmindorff@cogeco.ca** to check availability. Registration is on a first come, first serve basis, and spaces are limited. Fax or mail in registration forms and payment to the office (at the address above) unless other arrangements have been made with Laurie. Registration is complete when these forms and payment are received, and confirmation of your child’s registration has been given to you by Laurie Didyk-Mindorff.

Cancellation/ Missed Session Policy:

There are **no refunds** for missed sessions. We need to cover our costs for the programs and plan staff and activities according to number of registered children. The running of Red Roof Retreat program may be subject to change in the case of registration being low, and other unforeseen circumstances (i.e.inclement weather). If Red Roof Retreat cancels a program day or evening, you will be reimbursed in full.Thanks for your understanding in these matters.

Fees for daycamp program is **\$65.00** x # of days _____ = \$ _____
Amount paid

Fees for daycamp with SSAH worker is \$20.00 x # of days _____ = \$ _____
Amount paid

Please fill in the name of your worker: _____

I/we the parent(s)/guardian(s) are aware of this application and are in agreement with the above application requirements (i.e. payment of fees and waivers to be signed, no refunds).

I/we are aware of the nature of the RRR Saturday Day Camp program and give consent for my child to participate.

Signature(s) _____

Dated: _____



PHOTO/VIDEO RELEASE

I, _____ consent to the use of any photos or videos taken of my child/children during Red Roof Retreat Saturday camp, teen night and/or summer camp programs.

Dated: _____ Signature of Parent/Guardian: _____

OATH OF CONFIDENTIALITY

To demonstrate respectfulness to other I/We agree to keep confidential all information concerning other children/families being served by Red Roof Retreat Saturday camp, teen night and/or summer camp programs.

Signature of Parent/Guardian: _____ Date: _____

RELEASE AND INDEMNIFICATION

In consideration of Red Roof Retreat accepting the within application, I, _____ parent/guardian of _____ agree to Indemnify and hold harmless Red Roof Retreat, its servants, agents or employees and all other organizers, sponsors, representatives, and any other person or organization assisting in this camp from any claims, demands, damages, actions or causes of actions arising out of or in consequences of any loss, injury or damage to my person or property incurred while attending at or participating in Red Roof Retreat's Saturday camp, teen night and/or summer camp programs, notwithstanding any such loss, injury or damage may have risen by reason of the negligence of Red Roof Retreat, its servants, agents, or employees and all other organizers, sponsors, representatives and any other person or organization assisting in this program, arising out of or in consequence of the attendance or participation by _____ at the Saturday camp, teen night and/or summer camp programs operated by Red Roof Retreat.

Parent/Guardian Signature _____

Date _____