

## **Bert Church Theatre Day Camp Program Information**

The following guidelines have been developed to ensure that City of Airdrie, Bert Church Theatre Day Camps meet parent and participant expectations.

The City of Airdrie and Bert Church Theatre welcomes children of all abilities and is committed to the inclusion of children with disabilities. In order that we may plan more effectively, please indicate what, if any, supports or accommodations your child may require to enable their participation in our programming. Please contact 403-948-8824 for more information or to discuss any needed supports and ask for Jessica.

### **Bert Church Theatre Day Camp Participant Information Form**

In order to provide quality care to program participants we must have up-to-date information on all participants. It is the responsibility of the parent(s)/guardian(s) to inform the City of Airdrie day camp programmer or staff of any changes to the participant's information.

#### **Important Information Regarding Participant Information Form**

The following explains how to fill out the participant information form and frequently asked questions. Please note that illegible forms will not be accepted and a separate registration form is required for **EACH** participant. **Please return completed registration forms via email to [Jessica.Hammer@airdrie.ca](mailto:Jessica.Hammer@airdrie.ca) or upon first day of class.**

#### **Section A**

Q: What does DOB stand for?

A: Date of Birth.

#### **Section B**

If you said yes to any of the three questions in Section B, we require more forms to be filled out. These forms are further attached within this package.

#### **Section C**

Q: Can the emergency contact be the same as listed in section D?

A: No, the emergency contact must be different than individuals listed in section D. This can be a co-worker, relative, acquaintance, etc.

Q: If I am planning to register my child in more than one of BCT's summer camps this summer will I need to fill out this form every week?

A: No, one completed form is all we need for the whole summer.

Q: What does BCT stand for?

A: Bert Church Theatre

#### **Day Camp Fees:**

Full Week Day Camp: Mon. - Fri., (9am-4pm): \$250 per week before taxes and fees.

May be paid via credit card online or over the phone. In person payments may be made at Genesis Place (Please ensure you have the course number you are interested in)

The Course Fee is due on your child's first day of class.

Subsidized Rates and Payment Plans available.

## **Additional Information Regarding Bert Church Theatre Day Camps**

### **Day Camp Participant Requirements**

- Bag lunch, snacks and water bottle (**NO NUT PRODUCTS**).
- Weather-appropriate clothing, indoor running shoes with good grip (non-marking soles), bug spray/sunscreen and a hat.
- Flexible, moveable clothing. (Will be on stage doing many activities so will want something comfortable and modest, nothing restraining you from participation.)
- Comfortable back-pack.
- No guarantee on the security or safety of personal items or electronics. (Phones must be left on silent and in bags during the camps.)
- Please label all items with participant's name.

### **Drop Off and Pick Up**

- If Child is registered in Early and/or Late Care at Genesis Place, staff from the BCT day camp will pick up and drop off campers at the GP pre/post care room daily (multipurpose room). Registration documents need to be completed and handed into an Early Care leader or programmer by the first day of camps.
- Participants are to be signed in at either Genesis Place for early care or at BCT if being dropped off directly there, plan to **arrive by 8:45am** at the theatre on the first day of camps for registration.
- At the end of the program they will be signed back out to the parent/guardian or anyone else who is listed as authorized to pick them up on the information form. Please ensure that your authorized pick up list is complete and be aware that staff **MUST request identification** (password or photo identification).
- If your child is going to be absent from the day camp please call the Bert Church Day Camp programmer at 403-948-8824 to inform staff of the absence.
- Your child/children must be registered in "LATE CARE/EARLY CARE" service to stay after the day camp is over, or to be dropped off before the day camp start time.
- After one hour if there has been no contact from a parent or emergency contact, Social Services will be notified to take responsibility of the child/children.
- There will be a final performance to showcase your child's work on Friday's at 3pm, everyone welcome! After the performance pick-up and late care will be carried out.

### **Illness**

The City of Airdrie day camp program is not equipped to care for sick children. Please do not send children who are ill, to the program. If a child becomes sick while at the program, staff will contact the parent/guardian to have them picked up. If the parent/guardian cannot be reached, staff will call participant's emergency contacts.

### **Discipline**

Our goal is to provide a positive and enjoyable environment for all day camp participants. The programs promote positive self-esteem and respect. Behavior management and problem solving techniques will be used to deal with dangerous, disruptive or socially unacceptable behavior. Disrespectful, or unacceptable physical/verbal behavior **will not be tolerated** in camps, and Parent(s)/Guardian(s) will be contacted if there are any serious or recurring problems. In extreme circumstances we do reserve the right to request removal of child for the day or discontinue a participant's registration and deny access for a period of time. For further information, please contact the Assistant Day Camp Programmer of Bert Church Theatre.

### **Service Quality**

We strive to provide the best possible programs for your children. You can reach the Programmer at 403-948-8824 or [jessica.hammer@airdrie.ca](mailto:jessica.hammer@airdrie.ca). Feedback from participants and parent(s)/guardian(s) is always very much appreciated.

## 2019 Bert Church Theatre Day Camp Participant Information Form

### A. Participant Information

First Name:		Last Name:	
Age:	DOB:		
Address:		City and Province:	Postal Code:
Date of Camp(s) Registering for:			

### B. Medical Information

1. Does the participant have any allergies? Yes\_\_ No\_\_
2. Does the participant have a learning disability or medical condition? Yes\_\_ No\_\_
3. Does the participant require medication? Yes\_\_ No\_\_
4. Personal Information: Has anything happened recently in your family or with friends that may affect your child's behavior while at camp? Yes \_\_ No\_\_

*There will be additional forms that need to be completed on the first day of camp if you indicated yes to any of the above questions.*

### C. Participant Pick-Up Information

- The participant is ONLY allowed to leave with the parents/guardians listed in section D.
- Other family members/friends may pick up the participant. If so, list below.  
\_\_\_\_\_
- The participant is allowed to leave camp on their own at 4:00pm when camp is over. ***Only available for 10-12 year olds.***

### D. Parent/Guardian Information

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship to participant: \_\_\_\_\_  
 Primary phone number: \_\_\_\_\_  
 Secondary phone number: \_\_\_\_\_
  
2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship to participant: \_\_\_\_\_  
 Primary phone number: \_\_\_\_\_  
 Secondary phone number: \_\_\_\_\_

### E. Emergency Contact *(must be different than individuals listed in section D)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship to participant: \_\_\_\_\_  
 Primary phone number: \_\_\_\_\_  
 Secondary phone number: \_\_\_\_\_

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CURRENT AND ACCURATE TO THE BEST OF MY ABILITY.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**PARTICIPANT RISK ACKNOWLEDGEMENT, RELEASE,  
WAIVER OF CLAIM AND ASSUMPTION OF RISK FOR  
PROGRAMS WITH AN ELEMENT OF HIGH RISK**

- Read this document thoroughly before you sign.
- It must be signed and dated in order for you to participate.
- In consideration of my (child's) participation in Bert Church Theatre Day Camps (The Program), I agree and acknowledge that:
  1. I have (my child has) met all of the prerequisites required for participation in The Program.
  2. I (my child) will abide by the rules and regulations imposed on participants in The Program.
  3. I freely and voluntarily acknowledge and assume any and all risks and hazards inherent in The Program (including personal injury or property loss, or death), and accordingly my child's participation in The Program is entirely at my own risk.
  4. I waive any claim I may have against The City arising from my child's participation in The Program and I will indemnify and save harmless The City, its employees and agents for any claim, except negligence on the part of The City, its employees and agents.
  5. I agree that by signing this Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are risks and hazards inherent in The Program to which I am willing to expose my child or charge and I will pay for any costs incurred by The City, its employees or agents should a suit be launched on my child's or charge's behalf, except in the case of negligence on the part of the City, its employees or agents.
  6. The City may secure such medical advice and services as it, in its sole discretion, may deem necessary for my (my child's) health and safety and I shall be financially responsible for such advice and services.
  7. I have **CAREFULLY READ** the Participant Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk and fully understand it, I, the parent/guardian agree to pay any accrued "After Hour Pickup Fees" accumulated in my neglect to pick my child/children up promptly after the Day Camp ends.

Dated at Airdrie, Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Please Print Participant's Surname, First Name

\_\_\_\_\_  
Signature of Guardian if Participant Under 18 Years

\_\_\_\_\_  
Witness Signature



# 2019 Bert Church Theatre Day Camp Medical Form

*Each medication taken requires a separate Medical Form.*

Participant's Name: \_\_\_\_\_

Description of medical condition(s)/ allergy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the following section if medication is required.**

Medication name:

\_\_\_\_\_

**Medication shall be** *(please check one):*

- SELF ADMINISTERED – The participant is responsible to secure and administer appropriately and no action is required by the Day Camp Leader.
- STAFF MONITORED – The Day Camp Leader is responsible to supervise intake of medications. Please fill out instructions below.

**When medication is to be taken** *(please check one):*

- IN AN EMERGENCY

Symptoms specific to child when medication should be used in emergency:

\_\_\_\_\_  
\_\_\_\_\_

- SPECIFIC TIMES

Exact time(s): \_\_\_\_\_

Dosage: \_\_\_\_\_

Route (oral, nasal, etc.): \_\_\_\_\_

Special Requirements: \_\_\_\_\_

**Please note that all medications MUST be in original, labeled containers, with participant's name**

I HEREBY REQUEST AND GRANT PERMISSION FOR \_\_\_\_\_ (Name of Participant) TO RECEIVE HIS/HER MEDICATION DURING BERT CHURCH THEATRE DAY CAMPS AS OUTLINED ABOVE.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## AUTHORIZATION FOR RELEASE OF PHOTOGRAPHS

I, \_\_\_\_\_, authorize BCT to use photographs of \_\_\_\_\_.  
Parent/Guardian Name Participant Name

I understand that these photographs will be utilized for promotional, recruitment, and informational purposes in the form of newsletter, newspaper, pamphlet, brochure, scrapbook, commercials, news, documentary, promotional video, and/or any other media form that will require his/her image.

- Yes, I do agree with the conditions stated above.
- No, I do not agree with the conditions stated above.

**To be completed by Bert Church Theatre Staff**

Photo Release Agreement	
Scanned Documents	