

Information Form - Beaconsfield Summer Camp

1. CHILD'S INFORMATION

First name		Sex :	<input type="checkbox"/> M <input type="checkbox"/> F
Family name		Date of Birth :	YYYY-MM-DD
Main address			
City		Postal code :	
Medicare Card #		Expiry date:	
Is this the child's first time at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary language spoken at home:		Other languages spoken:	

2. PARENT(S) / GUARDIAN(S) INFORMATION

Parent 1 / Guardian 1		Parent 2 / Guardian 2	
First name		First name	
Family name		Family name	
Relation to child		Relation to child	
Address: <input type="checkbox"/> Same as child <input type="checkbox"/> If other, specify below:		Address: <input type="checkbox"/> Same as child <input type="checkbox"/> If other, specify below:	
Telephone N°	Home:	Telephone N°	Home:
	Work:		Work:
	Cell:		Cell:
E-mail:		E-mail	
AUTHORIZATION TO PICK CHILD UP FROM CAMP <input type="checkbox"/> YES, THIS PERSON IS AUTHORIZED TO PICK-UP THE CHILD FROM CAMP <input type="checkbox"/> NO, THIS PERSON IS NOT AUTHORIZED TO PICK-UP THE CHILD FROM CAMP		AUTHORIZATION TO PICK CHILD UP FROM CAMP <input type="checkbox"/> YES, THIS PERSON IS AUTHORIZED TO PICK-UP THE CHILD FROM CAMP <input type="checkbox"/> NO, THIS PERSON IS NOT AUTHORIZED TO PICK-UP THE CHILD FROM CAMP	

Please indicate IN ORDER OF PRIORITY (1-2-3-4) the best way to communicate with you:

4 Cell phone 4 Work Phone 4 Home Phone 4 E-mail

Note: All camp information such as schedules etc. will be sent by email.

If you do not have access to an e-mail account, the staff will be happy to provide you with a printed version upon request.

3. RELEVÉ 24 (Must be in the name of the person paying the registration fee)

First name		Social Insurance N°	
Family name			

I understand that my Relévé 24 tax slip will be made available on my IC3 Registration profile in February 2026. Should I require a physical copy, I will contact the City of Beaconsfield and request one.

4. EMERGENCY CONTACTS (Other than Parent(s) / Guardian(s) listed above)

Contact 1		Contact 2	
First name		First name	
Family name		Family name	
Relation to child		Relation to child	
Telephone N°	Home:	Telephone N°	Home:
	Work:		Work:
	Cell:		Cell:
AUTHORIZATION TO PICK CHILD UP FROM CAMP <input type="checkbox"/> YES, THIS PERSON IS AUTHORIZED TO PICK-UP THE CHILD FROM CAMP <input type="checkbox"/> NO, THIS PERSON IS NOT AUTHORIZED TO PICK-UP THE CHILD FROM CAMP		AUTHORIZATION TO PICK CHILD UP FROM CAMP <input type="checkbox"/> YES, THIS PERSON IS AUTHORIZED TO PICK-UP THE CHILD FROM CAMP <input type="checkbox"/> NO, THIS PERSON IS NOT AUTHORIZED TO PICK-UP THE CHILD FROM CAMP	

5. ADDITIONAL CONTACTS

List any individuals (who have not already been listed) who will be authorized to pick up your child from camp and/or act as an emergency contact.

1	First Name		2	First Name	
	Last Name			Last Name	
	Telephone N°			Telephone N°	
	Relation to Child			Relation to Child	
	AUTHORIZATIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP <input type="checkbox"/> THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY			AUTHORIZATIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP <input type="checkbox"/> THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY	
3	First Name		4	First Name	
	Last Name			Last Name	
	Telephone N°			Telephone N°	
	Relation to Child			Relation to Child	
	AUTHORIZATIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP <input type="checkbox"/> THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY			AUTHORIZATIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP <input type="checkbox"/> THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY	
5	First Name		6	First Name	
	Last Name			Last Name	
	Telephone N°			Telephone N°	
	Relation to Child			Relation to Child	
	AUTHORIZATIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP <input type="checkbox"/> THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY			AUTHORIZATIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP <input type="checkbox"/> THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY	

Medical Information Form – Beaconsfield Summer Camp

1. CHILD'S INFORMATION

First name		Sex :	<input type="checkbox"/> M	<input type="checkbox"/> F
Last name		Date of Birth :	YYYY-MM-DD	

2. ALLERGIES, INTOLERANCES AND DIETARY RESTRICTIONS

Does your child have allergies or intolerances? Ex: food, animal, insect, medication, environmental If yes, specify: <input type="checkbox"/> Yes <input type="checkbox"/> No					
ALLERGEN INTOLERANCE	Mild	Severe	Fatal	If ingested	On contact
1.					
2.					
3.					
Auto-injector? <i>Épinephrine (Épipen, Twinject, other)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Persons authorized to administer: <input type="checkbox"/> Child can auto-inject <input type="checkbox"/> City personnel can administer			
Dietary restrictions (other than allergies)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify :			

3. HEALTH STATUS

My child suffers from:		If yes, provide details: severity, treatment, etc.
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eczema	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Motion sickness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Headaches / Migraines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequent nausea / vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequent ear infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Skin irritation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Noise bleeds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sinusitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER :		
My child takes medication:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication: Prescribed for:

4. SWIMMING ABILITY (CHECK ALL THAT APPLY)

Child's ability in the water: <input type="checkbox"/> Can swim alone in deep & shallow water. <input type="checkbox"/> Can swim alone ONLY in shallow water.	<input type="checkbox"/> Must wear ear plugs. <input type="checkbox"/> Must wear a PFD (lifejacket) while swimming. <input type="checkbox"/> Cannot swim.
Has your child taken swimming lessons? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last swimming level completed:

5. BEHAVIOURS

Does the child exhibit the following behaviours?	FREQUENT	OCCASIONAL	SELDOM	NEVER
Bites				
Spits				
Hits				
Roughhouses				
Yells				
Uses inappropriate language (insults/name calling)				
Shows opposition to rules and regulations				
Wanders (leaves the group)				
Breaks objects				
Is intolerant to noise				
Becomes anxious in certain situations				
Can be aggressive towards others				
Obsessions / Habits Please specify :				
When do these behaviours tend to appear?		How do you suggest camp staff intervene? (Ex: Ignore, humour, redirection, etc.)		
Does your child exhibit phobias / fears? <input type="checkbox"/> Yes <input type="checkbox"/> No (e.g.: animals, water, heights, etc.)		If yes, please suggest how staff should intervene?		
Does your child have difficulty expressing him / herself, asking for help or starting a conversation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		Does your child adapt easily to new situations? (e.g. people, activities, experiences?) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship with others – How does your child interact with: Other children: Authority figures: New acquaintances:				
Does your child have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please send an email to kathy.kostlivy@beaconsfield.ca.		
Has your child received a diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, is he/she in the process of being diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please provide any additional information regarding your child and/or their behavior that may be helpful for our staff to know.

CONDITIONS OF REGISTRATION (Check to indicate agreement with condition)

- AUTHORIZED PERSONS:** Only the persons indicated as Authorized to Pick-Up will be authorized to drop off or pick up child from camp.
- ARRIVAL AND DEPARTURE TIMES:** Children must arrive at camp before 9 a.m. and be picked up after 4 p.m. Should your child need to leave camp prior to 4 p.m., parents shall advise the camp supervisor by phone or e-mail at least 24 hours in advance.
- EMERGENCY MEDICAL CARE:** I authorize the City of Beaconsfield to make arrangements for all emergency medical care, including hospitalization and transportation by ambulance if necessary, and agree to pay for all associated costs.
- HEALTH STATUS:** I declare that the information provided in the medical form is complete and valid. I agree to inform the City of any changes in my child's health. Should my child show signs of illness while at camp, I agree to pick up my child within 45 minutes of receiving notification from City personnel.
- BEHAVIOURAL STATUS:** I declare that the information provided in the behaviour form is accurate and complete. I acknowledge that should my child's needs surpass the resources available, the City of Beaconsfield may be required to cancel my registration in camp.
- RESPECT OF RULES:** The City reserves the right to suspend or revoke the registration of any child who does not respect camp rules (violence, bullying, etc). Parents/guardians are not permitted inside the camp rooms.
- DAY CAMP REFUND POLICY:** All refund requests must be submitted using our online form. Requests received on or before May 31 are subject to a \$25 (+ taxes) administration fee per child per week. Requests received on or after June 1 will be subject to a fee of 50% (+ taxes) of the total paid per child, per week. Requests received less than 7 business days (the Monday) prior to the registration week will not be accepted. Registrations cannot be transferred from between children or from week to week.
Online forms available at beaconsfield.ca/en/summer-camps
- ANIMATION IN THE PARK REFUND POLICY:** Refunds are not available for this program.

6. ACCEPTANCE OF REGISTRATION CONDITIONS

- I have read, understood, and accept the registration conditions listed above.
- I have read, understood, and will abide by the information provided in the Parent's Manual.
- I understand that completing and submitting this form does not confirm my child's registration in this camp.

7. PHOTOS

- I AUTHORIZE the City to take photos/videos of my child which may later be used by the City for promotional purposes.
- I AUTHORIZE the City to take photos/videos of my child which may be used in the year end slideshow.
- I DO NOT AUTHORIZE the City to take photos/videos of my child which may later be used by the City for promotional purposes or the slideshow.

Name of Parent / Guardian <small>FIRST NAME</small>	<small>FAMILY NAME</small>
Signature of Parent / Guardian:	Date: