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Parent Copy

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**SUMMER DAY CAMP INFORMATION (Ages 9-12)**

1. Operational hours for the Summer Day Camp Program are 7:45 a.m. to 5:30 p.m.

Children can be dropped off between 7:45 a.m. and 9:00 a.m.

Children are to be picked up between 4:00 p.m. and 5:30 p.m.

Please note that the Summer Day Camp Program ends at 5:30 p.m. sharp. Late pickup charges will be applied at $26.50 for every 15 minutes the parent is late picking up their child.

1. Location for Drop off and Pickup:

**Ages 9-12 : Rio Tinto Field, Fieldhouse**

**Please enter in marked side door only. Campers are not to enter through the lobby.**

1. The Leader contact for your camp is Abby and can be reached at 445-4993
2. On rainy days, please send a

|  |  |  |
| --- | --- | --- |
| * rain jacket/poncho | * rubber boots | * indoor shoes |

1. For daily activities, children must bring:

|  |  |  |
| --- | --- | --- |
| * indoor running shoes | * lunch | * 2 snacks |
| * drinks (no glass bottles) | * sun screen | * bug repellent |
| * reusable water bottle | * extra clothing | * backpack |
| * personal hand sanitizer | * Non-medical facemask (optional) |  |

5. Day Camp is a **NUT FREE** Zone due to allergies. Please do not send nut filled snacks or lunches.

6. Water will be available for the children but single water fountain use will not be permitted. Please provide a water bottle.

7. A lost & found box will be located with the leaders. Please check this box for any lost items. ***The City of Yellowknife assumes no responsibility for lost or stolen items*.**

8. Staff will be checking attendance throughout the day. Please contact the Day Camp Program Coordinator, at 445-4990 or [Daycamp@yellowknife.ca](mailto:Daycamp@yellowknife.ca) if your child(ren) will be absent from the program. A written note to the staff is requested for all early departures and must be arranged before you arrive

10. The informed consent form and Day Camp information registration forms must be completed and returned to the Community Services Department before your child’s participation in the Day Camp program.

11. Cancellation requests must be made 48 hours prior to the start of the program to receive a 100% refund.

\* If the program has commenced, the refund reflects a percentage of the program remaining from time of notification. All requests made after the program commencement are subject to a $20 service charge.

\*No refunds will be issued after the mid-point of a program.

12. Please keep your receipt. There is an additional charge of $30 for any additional copies of receipts.

**ADDITIONAL MEASURES TAKEN FOR COVID-19:**

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**Drop-off/Pick-up Protocols**

* Parents/Guardians will be asked not to enter the building when dropping off or picking up their children. **This will reduce cross contamination between families and program staff**.
* Each age group will have their separate entrance. This will ensure different age groups do not cross and keep groups sizes within specified limits.
* Parents/guardians will be required to call and inform staff if they plan to pick up the child outside the established times.
* Parents/ Guardians are to practice physical distancing while dropping child off and respect the directions provided by staff. To eliminate possible long lines during drop off the City is considering staggered drop off times. This will be communicated to parent/guardians prior to start of camp by Camp Coordinator.
* Parents/ Guardians will be asked a series of questions at time of drop-off, regarding your child’s health and families continued health, and the child’s temperature will be checked prior to entrance into the Summer Day Camp
* Parents/Guardians that are picking up more than 1 child will not be required to intermingle with the children and staff.
* If your child shows any signs of illness, they will not be permitted to participate in day camp. If they show signs of illness throughout the day, they will be relocated in a safe area along with a staff member who will contact parent/guardian to pick up the child as soon as possible.
* Campers will be asked to disinfect their hand upon entering the facility. They will then store their personal belongings in their designated area, and wear appropriate footwear and wash hands with soap and water before continuing with their day.

**At Camp:**

* The following activities will not occur at camp this year: Pool, Climbing Wall, and Gymnastics.
* Children will have a designated storage square marked off with tape and their name. This will be where the children will store their personal belongings.
* We encourage that children bring or wear their own facemasks as these will not be supplied at the camp.
* Hand Sanitizer and Handwashing stations will always be available and children will be reminded to use throughout the day.
* Each camp **will not be permitted** to intermingle. Please consider this as you register siblings and/or friends.
* Children will be required to supply their own reusable water bottle that is labelled with the child’s name on it. Access to the water fountain will be limited and direct drinking **will not be allowed** to prevent cross contamination.
* It is important for you to have a conversation with your child/children to ensure they are aware that their snacks/lunches and personal items are not to be shared. It is strictly advised by the CPHO that there will be no sharing of food or any other personal items.
* Each camp will have its own supply of toys, games etc. available for them to play with and we will de-contaminate all items and equipment, after each play. In addition, children will be using hand sanitizer and will be washing hands often, throughout the day.
* Each child will have their own Ziploc bag of art supplies such as markers and scissors. These are to remain at camp and in their storage square. These items will be disinfected at the end of each week and used again the following week.

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Summer Day Camp Coordinator Copy

**SUMMER DAY CAMP REGISTRATION INFORMATION**

|  |  |
| --- | --- |
| Child’s Name: | Child’s full name |
| Date of Birth: | yyyy/mm/dd/ |
| Age: | # |
| My Child prefers to go by: | Nickname or short form |

**EMERGENCY CONTACTS**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: | Full Name | Primary Phone: | ###-###-#### |
| Secondary Phone: | ###-###-#### | Email: | email |
|  |  |  |  |
| Alternate Contact: | Full Name | Primary Phone: | ###-###-#### |
|  |  |  |  |
| Secondary Phone | ###-###-#### | Email: | email |

**CAMPER INFORMATION**

Please list all conditions, needs, behavior, illnesses, disabilities (learning or physical) and medical conditions your child has that may limit your child’s participation in the Day Camp Program. We also encourage you to provide coping mechanisms and suggestions for leaders to work with your child successfully. You may take as much space as you need below, or can attach additional information.

|  |
| --- |
| **Has your child had any illness, injury or operations of which the staff should be aware of?** |
|  |
| **Does your child receive any support or special assistance at school?** |
|  |
| **Does your child take any medication?** |
|  |
| **Does your child suffer from any allergies (or any other pertinent health information)?** |
|  |
| **Are there any special instructions for your child?** |
|  |
| **Have you or a member of your family travelled outside the NWT in the past 14 days?** |
| if the answer is yes your child will not be permitted to attend until the isolation is completed. |

Inclusion information for Day Campers:

For all children to have the best day camp experience, please make us aware of any needs that your child may have the will affect their participation. There are times when a child requires more support than our ratios provide. In this case, a day camp supervisor may request the parent/guardian to provide a support worker/aide to attend camp with their child. In addition, the City of Yellowknife will have additional staff available to ensure all campers have a positive experience by providing support as required.

*Please note: Leaders are not permitted to administer medication. Parents/guardians are responsible for any ambulance fees that may be incurred*

**OTHER INFORMATION**

Will you be picking up your child each day? YES NO

Is your child to walk home or to your office at the end of the day? YES NO

|  |  |  |  |
| --- | --- | --- | --- |
| Please specify time: | ##:## | And Location(s): | permitted to walk to: |

Please note that the Summer Day Camp Program ends at 5:30 p.m. sharp. Late pickup charges will be applied at $26.50 for every 15 minutes the parent is late picking up their child.

**PLEASE RETURN BY EMAIL TO DAYCAMP@YELLOWKNIFE.CA BEFORE FIRST DAY OF CAMP**



City Hall Copy

**The City of Yellowknife Day Camp Program**

**Informed Consent**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**name of Parent/ Guardian**) am authorized and request to have

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**“my Child”**) participate in the City of Yellowknife’s

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Camp Program (**the “Program**”).

I AM AWARE AND ACKNOWLEDGE that the Program involves many inherent RISKS, which Risks include but are not limited to the possibility of personal injury such as skin abrasions, nerve, bone, spinal cord and neck damage, pain, paralysis, brain injuries or even death, property damage and property loss.

I UNDERSTAND that the above activities require a minimum level of fitness and physical mental and emotional health (collectively “health”). I further understand that the probability of the Risks occurring depends in part on my Child’s level of fitness and health as well as on that awareness, care and skill with which my Child conducts him or herself in the program.

I WARRANT that my Child is physically, mentally and emotionally fit to participate in the Program.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that:

* 1. By choosing to have my Child participate in the Program brings with it the assumption by me that and by my Child of the risk and I ASSUME FULL RESPONSIBILITY to instruct my Child about the Risks and the choices available to him or relative to those Risks.
  2. I am free to withdraw my Child from the Program at any time up to the mid-point of the Program. I agree to withdraw my Child from the Program immediately if my Child begins to experience any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea or other similar ailments.
  3. The City of Yellowknife is not responsible for administering medication to my Child or for providing any medical treatment on an emergency basis or any other. If my Child takes medication it is my responsibility to see that he or she does so.

d. The City of Yellowknife reserves the right to photograph and video program participants and publish them in our publications and on our website.

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT form in its   
  
entirety this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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

**Parent/ Guardian Witness**

Community Services Department

City of Yellowknife

Box 580

Yellowknife, NT

X1A 2N4

Fax: (867) 920-5668



**The City of Yellowknife Day Camp Program**

**Informed Consent**

**\*COVID-19\***

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**name of Parent/ Guardian**) am authorized and request to have

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**“my Child”**) participate in the City of Yellowknife’s

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Camp Program (**the “Program**”).

1. I am fully aware that COVID-19 is a highly contagious disease that can result in a serious medical condition requiring hospitalization and possibly death to either to my Child, myself or others including family members that contract COVID-19 (**the “Risks”**).
2. I am also fully aware that by allowing my Child to participate in the Program there is a possibility that my Child will contract COVID-19 regardless of the infection control measures the City has put in place to protect workers and participants in the Program.
3. I freely and voluntarily accept and assume on behalf of myself and my Child all of the Risks associated with contracting COVID-19.
4. I will direct my Child to obey all instructions that my Child receives from City employees, instructors, or volunteers relating to safety practices for COVID-19 including but not limited to with regard to social distancing, hygiene, use of personal protective equipment and other policies, procedures, guidelines, instructions and signage relating to prevention of COVID-19 infection. I acknowledge on my child’s behalf that the City will not be responsible for any injury that occurs as a result of my Child’s failing to obey City employees, instructors, or volunteers.
5. I recognize on my Child’s behalf that the City is not responsible for the actions of other participants in the Program.

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT form in its entirety this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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

**Parent/ Guardian Witness**

Community Services Department

City of Yellowknife

Box 580

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