

Summer Program 2022 Agreement

To access Robin Hood Summer Program 2022 the parent/legal guardian agrees to the following:

1. A daily health assessment survey will be completed and signed by parents at drop off.
2. All children attending the program must feel well and be free of the following symptoms:
 - Fever/Chills/Headache/Muscle or Joint Ache
 - Cough/Sore Throat/ Painful Swallowing
 - Shortness of Breath/Difficulty Breathing
 - Loss of Appetite/Loss of Smell or Taste
 - Conjunctivitis (pink eye)
 - Runny Nose/Stuffy Nose
 - Feeling Unwell/Fatigued/Severe Exhaustion
 - Nausea/Vomiting/Diarrhea
3. **Children who develop symptoms during the program are to be picked up immediately.** If staff cannot reach you, your alternate emergency contact will be expected to collect your child for you.
4. If your child is feeling ill or symptoms are present you will contact the admin team immediately by email awatts@robinhoodassoc.com and let them know your child will not be at the program.
5. Your child will be required to self-isolate as per health orders mandated by Alberta Health Services. *For the current program there is no cancelation fee for children unable to attend due to COVID-19 related illness.*
6. Families must follow all health orders and restrictions put in place by Alberta Health Services and the Government of Alberta.
7. Families must contact the admin team if anyone in their house hold has come into contact with a confirmed case of Covid-19 or are being investigated for Covid-19.

Child's name: _____

Parent/Guardian signature

Date

Summer Program Registration

Date:

APPLICANT INFORMATION:

Child Name:

Birth Date:

Street Address:

City:

Postal Code:

	Name	Phone #	Email
Parent(s)/ Guardian(s):			
Alternate Emergency Contact:	Name		Phone #

MEDICAL INFORMATION:

Diagnosis:

AHC #:

Physician:

Physician Phone #:

Allergies:

Seizure Activity: Yes No

Wheelchair User: Yes No

1-1 Support Required: Yes No

Pre-existing conditions that may cause respiratory or other symptoms (i.e. seasonal allergies, med side effects etc.):

Other information: (e.g. safety concerns, behaviors, medical concerns, 1-1 support required)

Medication

Please list all prescribed medications that the applicant will require at camp, including dosage and times.

Medication	Prescribed for	Dosage	Times Taken	Prescribing Physician

Please note: medication will not be administered at program unless it is in a labelled pharmacy bottle or bubble pack

Summer Consent Forms

Field Trip Permission

I hereby give permission for X to participate in any outings planned by the Robin Hood Summer Program during July and August 2022. I understand transportation will be by Robin Hood Vans, contracted buses, public transportation or staff vehicle.

X

Parent/Guardian Signature

Date:

Photography and Video Consent Form

YES, I give Robin Hood Association permission to take and use for

X 's photograph and/or video image for inclusion in **publications, advertisements, audio-visual presentations and/or Association-managed web pages and social media sites, produced for the purpose of public information and promotion of Robin Hood Association's programs, services and special events.**

OR

NO, I do not give consent.

X

Name (please print)

X

Parent/Guardian Signature

Date:

Lifejacket/Swimming Permission

I hereby give X permission to: (please check one)

- Swim in both the deep and shallow water without a life jacket.
- Swim in the shallow water without a life jacket.
- Swim with a life jacket at all times.

X

Name (please print)

X

Parent/Guardian Signature

Date:

Summer Consent Forms

Sunscreen and Bug Spray Waiver

Participant Name:

Please check the boxes you agree with:

- Staff may apply sunscreen
 Staff may apply bug spray

Application Notes:

YES I, do release all employees of Robin Hood Association, Children & Youth Services to apply and/or assist in applying bug spray and sunscreen, whenever necessary, to the participant in Robin Hood Association Summer Program between **July 4, 2022 – August 26, 2022**

OR

NO, I do not give consent.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, and I understand, appreciate, and accept the risks associated with the application of sunscreen and/or bug spray to X by Robin Hood Association employees.
Child Name

X

Name (please print)

X

Parent/Guardian Signature

Date:

Robin Hood Summer Program – July 2022

Poplar Room Group (ages 4-7)

Applicant's name:

Date:

FSCD worker's name:

Please check all boxes that correspond to the dates you wish your child to attend and indicate if you would like a full day or AM/PM only

Date	Full Day	AM only	PM only	OFFICE USE ONLY	
				Waitlist	Confirmed
Monday July 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday July 5	<input type="checkbox"/>	Full Day	Full Day		
Wednesday July 6	<input type="checkbox"/>	Full Day	Full Day		
Thursday July 7	<input type="checkbox"/>	Full Day	Full Day		
Friday July 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Monday July 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday July 12	<input type="checkbox"/>	Full Day	Full Day		
Wednesday July 13	<input type="checkbox"/>	Full Day	Full Day		
Thursday July 14	<input type="checkbox"/>	Full Day	Full Day		
Friday July 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Monday July 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday July 19	<input type="checkbox"/>	Full Day	Full Day		
Wednesday July 20	<input type="checkbox"/>	Full Day	Full Day		
Thursday July 21	<input type="checkbox"/>	Full Day	Full Day		
Friday July 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Monday July 25 Monday Morning Magic 8am-2pm	<input type="checkbox"/>	Full Day	Full Day		
Tuesday July 26	<input type="checkbox"/>	Full Day	Full Day		
Wednesday July 27	<input type="checkbox"/>	Full Day	Full Day		
Thursday July 28	<input type="checkbox"/>	Full Day	Full Day		
Friday July 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

I understand that: Registered days cancelled without 7 days' notice or unattended will be billed directly to families at full camp rate. Sick days are considered unattended days.

Parent initials: _____

Please add me to the waitlist if selected days are full

Robin Hood Summer Program – August 2022

Poplar Room Group (ages 4-7)

Applicant's name: _____

Date: _____

FSCD worker's name: _____

Please check all boxes that correspond to the dates you wish your child to attend and indicate if you would like a full day or AM/PM only

Date	Full Day	AM only	PM only	OFFICE USE ONLY	
				Waitlist	Confirmed
Monday, August 1 (STAT)	Closed	Closed	Closed	Closed	Closed
Tuesday, August 2	<input type="checkbox"/>	Full Day	Full Day		
Wednesday, August 3	<input type="checkbox"/>	Full Day	Full Day		
Thursday, August 4	<input type="checkbox"/>	Full Day	Full Day		
Friday, August 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Monday, August 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday, August 9	<input type="checkbox"/>	Full Day	Full Day		
Wednesday, August 10	<input type="checkbox"/>	Full Day	Full Day		
Thursday, August 11	<input type="checkbox"/>	Full Day	Full Day		
Friday, August 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Monday, August 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday, August 16	<input type="checkbox"/>	Full Day	Full Day		
Wednesday, August 17	<input type="checkbox"/>	Full Day	Full Day		
Thursday, August 18	<input type="checkbox"/>	Full Day	Full Day		
Friday, August 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Monday, August 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday, August 23	<input type="checkbox"/>	Full Day	Full Day		
Wednesday, August 24	<input type="checkbox"/>	Full Day	Full Day		
Thursday, August 25	<input type="checkbox"/>	Full Day	Full Day		
Friday, August 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Please indicate total number of days requested					

I understand that: Registered days cancelled without 7 days' notice or unattended will be billed directly to families at full camp rate. Sick days are considered unattended days.

Parent initials: _____

Please add me to the waitlist if selected days are full