Dear Parent/Guardian(s),

***Summer Camp Information:***

If you are interested in having your child participate in theBig Brothers Big Sisters Summer Camp, please complete the enclosed:

1. Child Profile Form 3. Media Consent Form

2. Informed Consent Form 4. Authorized Pick-Up Form

Program Details:

- The program is of no cost and will take place Monday to Friday from 9-3

- The program will take place at the Youth Arena and surrounding area – 71A Landsdowne Street, Smith Falls.

- Child must be picked up by 3 p.m. or have permission to walk home

- Children will need to bring a lunch and snacks, re-fillable water bottle, and be prepared for the weather conditions and activities

- This summer camp is for ages 8-11

- The summer camp is facilitated by BBBSLC staff

- The maximum number of children per week is 10 and is on a first come first serve basis- so please

 get your forms in quick!

- Parents/Guardians are responsible for all transportation to and from the summer camp **(We ask that parents only bring their own children to and from camp- no carpooling- as laid at in the Summer Camp Guidelines from the Provincial Government)**

- Please return registration form to us by Wednesday July 22nd, 2020

 Please send completed forms to Natalie at natalie.downing@bigbrotherbigsisters.ca

 Children can sign up for a total of 1 week.

Week 1: July 27th to July 31st, 2020- Traditional Camp

Week 2: August 10th to August 14th, 2020- Traditional Camp

Week 3: August 24th to August 28th, 2020- Traditional Camp

Choice 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Choice 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks for your interest,

 ***Natalie Downing***

*Mentoring Coordinator*

Big Brothers Big Sisters of Lanark County

natalie.downing@bigbrothersbigsisters.ca

**1. Child Profile**

**Please print clearly and fill out both sides of each page.**

|  |  |
| --- | --- |
| Child’s Name: | Date of Birth: |
| Address: Postal Code: Gender: |

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Guardian, please note relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (**Emergency contact must be available from 9-3 during the child or children’s week of camp if the parent is not available during the 9-3 camp day.**

* Please check this box if you or someone you know might want to volunteer with our programming

**Each day my child will be:** (Please choose one)

   Walking Home   Picked up

 **To and from camp.**

**Social Interactions**

How does your child generally get along with his/her teacher, the principal, parent(s)/guardian(s), other adults, and his/her peers?

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Does your child have conflicts with other children? (Bullying, aggression, behavioral issues)

( ) Yes ( ) No

If yes please comment:

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

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If yes, please indicate how often.

 ( ) Often ( ) Occasionally ( ) Seldom

**Medical Information**

Does your child have any medical concerns, conditions or allergies? ( ) Yes ( ) No

If yes, please explain.

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Is your child on any medication? ( ) Yes ( ) No

If yes, please give details.

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Do you think your child has any emotional challenges? ( ) Yes ( ) No

If yes, please explain.

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**Relationships**

As far as you know, how does your child get along with their peers?

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Please describe your child’s personality. (For example: mood, temper, maturity level.)

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Please indicate which qualities best describe your child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ( ) Friendly | ( ) Outgoing | ( ) Shy | ( ) Withdrawn | ( ) Physically Aggressive |
| ( ) Lonely | ( ) Carefree | ( ) Busy | ( ) Overactive | ( ) Verbally Aggressive |

**Other Information**

Is there any information that you would like to add to this application that will help us to serve your child’s needs better?

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

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**­­­­­­­Signature of Parent/Guardian Date**

 **2. Informed Consent**

I hereby give permission to Big Brothers Big Sisters of Lanark County (BBBSLC) to make available their service to my child. It is my understanding that the intention of the Agency is to offer my child an opportunity to participate in a group program lead by a responsible adult, (minimum 18 years old), I understand that all efforts will be made to select a responsible Mentor who will facilitate the group program.

In consideration for this service and other valuable consideration provided to my child by BBBSLC, I release the agency and the Town of Smiths Falls of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child. I permit the agency to release any relevant information, including my personal information, to Big Brothers Big Sisters of Canada and their insurers, as may be appropriate in connection with any legal proceeding, inquiry or risk thereof. I also permit BBBSLC to release any relevant Covid-19 records to the local health unit and partners when necessary.

I understand that the collection of personal information about me or my child will be held in strict confidence and is to be used solely for the purposes of administering the program. I further agree that information about my child may be shared, at the discretion of BBBSLC, with the group facilitator so that my child’s needs may be best met.

I understand that this application is the property of BBBSLC. I also agree that my child will participate in the Pre-Match Training Program administered by BBBSLC

**I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby request Big Brothers Big Sisters service for my child. I give my child permission to participate in one or more group programs offered by BBBSLC. I am aware of and understand the risks, dangers and hazards associated with the above service and agree such service is suitable for my child.

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

**Signature of Parent/Guardian Date**

**3. Site Based Program Media Consent**

From time to time, group photos of Mentees and Mentors are used to help us in our recruitment of volunteers. This includes use in community newspapers, photo albums, bulletin boards or being displayed in the office. This could include other promotional purposes such as for a slide or video show, promotional material included in media/information kits, or newsletters.

This consent form is required to enable us to use these photos. Please indicate below whether you **do** or **do not** give consent. Your cooperation is appreciated.

I, (*print your name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of

(*print name of your child*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

|  |
| --- |
| *(check one*) **( ) do** ⁪ **( ) do not ⁪** consent to photos of my child being published for publicity purposes, |

|  |
| --- |
| (*check one*) **( ) do** ⁪ **( ) do not ⁪** consent to my child’s first name (only) to be used for publication. |

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

**Signature of Parent / Guardian**  Staff Signature – BBBSLC

 **Date**

**4. Authorized Pick-Up Form**

Dear Parent/Guardian(s),

For the safety and protection of your child, please fill out the following information regarding pick up of your child from our summer program. If your child is walking home (as indicated above on the Child Profile Form, please disregard this form).

Name of your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the primary person who will pick up your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(We ask that if possible that this be the only person picking up and dropping of the camp participant(s).)**

Phone Number of the primary person who will pick up your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A parent or guardian can authorize up to 1 individual to pick up their child from summer camp in the event of an emergency in which the primary person is unable to pick up your child. Authorized individuals may be required to present valid identification to pick up any child from our summer camp.

I authorize the following individual to pick up my child from summer camp programming:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If an unauthorized individual comes to pick up my child from summer camp programming, I can be contacted at this phone number:

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

We will not allow your child to leave with an unauthorized person without previous permission. All parents and/or guardians must make sure that a staff person recognizes that the child is being picked up from summer camp programming.

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

Parent/Guardian Name Date