



# Summer Social Skills Day Camp

The Summer Social Skills Group is a skills-based camp that is designed for children ages 2-5 years old who may have a language delay or need some extra help making and keeping friends.

- An integrated program that focuses on teamwork, social interactions, and appropriate conversation skills
- All campers benefit from individualized programming overseen by a behaviour analyst (BCBA)
- Individualized goal development
- Themed dress-up days
- Outdoor play
- Music and movement
- Sports
- Arts and Crafts
- 1:3 staff to student ratio

Ages: 2-5 years

Location: First Foundations 1076 Rutherford Road (North East Corner of Rutherford and Thornhill Woods)

Fee List:

Program	Times	Cost per Week
Half Day Option	12:30-3:30pm	\$375 <i>(incl. HST)</i>
Full Day Option	9:00-3:30pm	\$575 <i>(incl. HST)</i>
Extended Care + Tutoring	3:30-5:00pm	\$150 <i>(incl. HST)</i>

Please Note: All programs run Monday – Friday

Lunch and snacks are brought from home and must be completely nut free

**Offering up to 20% off if you register now!**

*5% discount for siblings*

*5% discount for those who register and pay in full by May 15, 2016*

*5% discount for those campers who sign up for more than one session*

*10% discount for those campers who sign up for more than four sessions*



# Summer Social Skills Day Camp

## Registration and Payment Policies and Procedures

### Refund Policy:

- Up to May 31st - 100% REFUND - \$25 Admin Fee per camper/per session
- 30 days notice for refund - 50%
- Less than 30 days notice - no refund available

### No Refunds for Partial Camp Attendance or Illness:

- We do not give refunds or credits when someone chooses to leave camp part way through, whether due to illness or any other reason. Virtually all of our expenses are incurred before the start of the camp week. Similarly, we cannot give refunds or credits to people who have registered for more than one session if they choose during their first session not to attend another session. (The exception to this is if we are able to fill the spot with someone on our waiting list.)

### Weather Conditions:

- Camp will take place in all weather conditions - should camp need to be cancelled due to extreme weather - campers will be notified the morning of the program and offered a credit for that day.

## Registration Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Please Choose Program:

- Monday – Friday Full Day Camp: 9:00am – 3:30pm
- Monday – Friday Half Day Camp: 12:30 – 3:30pm
- Extended Care + Tutoring: 3:30pm – 5:00pm

### Please Choose Sessions:

- July 4-8
- July 11-15
- July 18-22
- July 25-29
- August 2-5
- August 8-12
- August 15-19
- August 22-26 (Back-to-school basics)
- August 29-September 2 (Back-to-school basics)

If your child is a current Kid Mechanix student, we will use the information on file to register your child for camp. If not, please fill out the form below.





# Summer Social Skills Day Camp

d) Self-Help: \_\_\_\_\_

e) Play/Leisure Skills: \_\_\_\_\_

f) Social Skills: \_\_\_\_\_

g) Gross Motor: \_\_\_\_\_

h) Fine Motor: \_\_\_\_\_

## Medical Information

Doctor's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Allergies or Medical Problems: \_\_\_\_\_ OHIP Number: \_\_\_\_\_

Any conditions or behaviours that require special attention, medication or a special diet?

\_\_\_\_\_

Please list any history of communicable diseases (e.g. Measles, Chicken Pox, Meningitis, Pertussis, etc.)

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

Please check here if there is no history of communicable disease

## School Experience

Name of School: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Attended from \_\_\_\_/20\_\_ to \_\_\_\_/20\_\_ Educational Assistant: Yes No

## Siblings

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_



# Summer Social Skills Day Camp

**Marital Status**     Married     Separated     Divorced

Separated/Divorced how long: \_\_\_\_\_

Stepfather how long: \_\_\_\_\_                      Stepmother how long: \_\_\_\_\_

**Languages Spoken at Home:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## Emergency Contacts and Pick Up Permission Form

Emergency Alternate Contacts (besides mother and father):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide us with a list of people who have permission to pick up your child (besides mother and father):

1. Name: \_\_\_\_\_
2. Name: \_\_\_\_\_
3. Name: \_\_\_\_\_

*Please note that photo identification will be required for pick up from people other than primary caregivers.*



# Summer Social Skills Day Camp

## Parent/ Caregiver Contract

I hereby make application for the enrolment of the following child as a summer camper at Kid Mechanix. With my application I am including payment in full to the amount of \_\_\_\_\_. I understand and acknowledge the following refund policy:

### Refund Policy:

- Up to May 31st - 100% REFUND - \$25 Admin Fee per camper/per session
- 30 days notice for refund - 50%
- Less than 30 days notice - no refund available

### No Refunds for Partial Camp Attendance or Illness:

- We do not give refunds or credits when someone chooses to leave camp part way through, whether due to illness or any other reason. Virtually all of our expenses are incurred before the start of the camp week. Similarly, we cannot give refunds or credits to people who have registered for more than one session if they choose during their first session not to attend another session. (The exception to this is if we are able to fill the spot with someone on our waiting list.)

### Weather Conditions:

- Camp will take place in all weather conditions - should camp need to be cancelled due to extreme weather - campers will be notified the morning of the program and offered a credit for that day.

I acknowledge that I have read the application for enrolment and understand all policies.

PRINT name of parent/guardian: \_\_\_\_\_

SIGNATURE of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Consent Form

In the case that an emergency arises, I grant permission to any staff member at Kid Mechanix Inc. and/or First Foundations Children’s Academy to take whatever measures it feels proper and appropriate considering the circumstances. I give permission to have my child examined by a physician if the necessity arises. If, at any time, due to such circumstances such as accident, sudden illness, or emergency medical treatment is required, I give consent to emergency transportation.

PRINT name of parent/guardian: \_\_\_\_\_

SIGNATURE of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_



# Summer Social Skills Day Camp

## Photography Consent Form

Photographs and/or videos may be taken during group sessions for teaching purposes and to document child progress. With consent, these images may be used for newsletters, parent communication, teaching materials, arts & crafts, bulletin boards within the centre, Kid Mechanix website, etc.

*Note: No identifying names will be issued with the pictures.*

Please initial beside all statements that apply:

- I grant permission for photos/videos to be taken and distributed to parents/guardians of the program (i.e., to document progress) – this would be done via email or other web-based program (i.e., shutterfly)
- I grant permission for photos/videos to be distributed only to me (i.e., via email) – I understand that email may not be secure
- I grant permission for photos/videos of my child to be used within the centre (e.g., for teaching purposes, arts & crafts, etc.)
- I grant permission for photos/videos of my child to be used for teaching purposes only (i.e., for video feedback with students)
- I grant permission for my child to appear in Kid Mechanix/First Foundations newsletters
- I grant permission for my child to appear on the Kid Mechanix/First Foundations website/facebook/etc. Note: no identifying information will be used (i.e., names)
- I do not grant permission for any photos/videos to be taken of my child

*Note: I understand that any information pertaining to my child or my family will be kept confidential. I also understand that if I choose to decline permission now or to revoke my permission at anytime in the future, I may do so without any impact on my child's current or future programming or services. If I wish to revoke my permission in the future, I will submit my request in writing to Kid Mechanix, Inc.*

PRINT name of parent/guardian: \_\_\_\_\_

SIGNATURE of parent/guardian: \_\_\_\_\_

Date \_\_\_\_\_