

Brighton
FRIENDSHIP
FACTORY
SUMMER CAMP

"Making friends and having fun"



240 The Donway West
 Toronto, Ontario M3B 2V8
 416-932-8273
 www.brightonschool.ca

JULY 3 – 27, 2018

① **REGISTRATION FORM**

Participant's Name:		Age:
Address (include postal code):		
Parent Name:		Daytime Phone Number:
Email Address:		

Please select the week or weeks that you are registering for:

Week	Early Bird Fee 'til Jan 31	Regular Fee After Jan 31	Total
<input type="checkbox"/> Week 1: July 3 - 6, 2018 (4-day week; Monday is stat holiday)	\$290	\$340	
<input type="checkbox"/> Week 2: July 9 - 13, 2018	\$360	\$425	
<input type="checkbox"/> Week 3: July 16 - 20, 2018	\$360	\$425	
<input type="checkbox"/> Week 4: July 23 - 27, 2018	\$360	\$425	
<input type="checkbox"/> Register for all four weeks	\$1,046	\$1,365	
Total Fee			

TO REGISTER:

Please bring or mail:

- ① Registration Form; ② Permission Form; ③ & ④ Medical Forms; ⑤ Photography Permission Form; and ⑥ Cheque to:

Brighton School - Attention: Susan Buckingham

240 The Donway West
 Toronto, ON M3B 2V8
 Phone number: 416 932-8273
 Fax number: 416 850-5493



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② PERMISSION FORM

YES I give permission for my son/daughter: _____ to participate in the Brighton Summer Social Skills Camp including participation in community outings and supervised travel on the TTC for the weeks of:

July 3 – 6, 2018 July 9 – 13, 2018 July 16 – 20, 2018 July 23 – 27, 2018

I understand that in having my son/daughter participate in the camp, I am assuming the risks associated with doing so.

Participants are expected to follow staff directions and community rules during community outings. Parents may be called to pick up their child, or the participant may be sent back to the school with a staff member in a taxi if their behaviour is compromising their own or another participant's safety; or is significantly interfering with the enjoyment of the group. I understand that if my son/daughter requires individual transport back to the school that I will be charged for the cost.

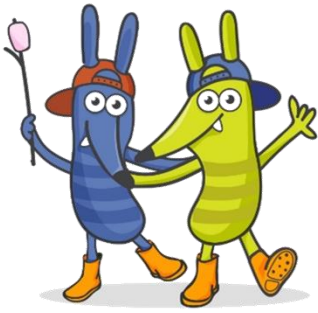
Parent Signature: _____ **Date:** _____

Print Parent Name: _____ **Daytime Phone:** _____

Emergency Contact: _____ **Phone:** _____

Does the participant have any medical or other conditions which may require special attention during the camp, community outings or travel? Yes No

If yes, please describe:



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③ CONFIDENTIAL MEDICAL INFORMATION FORM 2018

This form will be used in case of medical emergency. Please complete fully.

Participant's Last Name: _____ First Name: _____

Birth date: (day/month/year) _____ Age: _____

MEDICAL/HEALTH INFORMATION

1.	Physician's Name:	
	Phone Number:	
	Address:	

2.	Participant's Health Card #:	
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3.	Does the participant have any chronic medical conditions, health issues or diagnosis? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please describe:

4.	Is the participant currently being treated for any medical conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please describe:

5.	Is the participant on any regularly scheduled medications? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list:			
Medication	Prescribed for:	Dose	Administration Schedule	Requires administration by school personnel?*

***If your son or daughter requires administration of medication by camp personnel, please complete the 'Administration of Prescribed Medication Authorization form included in this registration package, or available from the office**

6.	Does the participant have any allergies (food, medication, insect bites/stings, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please list:</i>
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Allergy	Treatment

7.	Does the participant have any physical limitations that would affect his/her ability to participate in physical activities? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please describe:</i>
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8.	Does the participant have any emotional needs, behavioural issues or fears that the School should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please describe:</i>
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EMERGENCY CONTACTS:

Emergency Contact Name 1:	Relationship	Phone Number(s)
		Home:
		Work:
		Cell:

Emergency Contact Name 2:	Relationship	Phone Number(s)
		Home:
		Work:
		Cell:

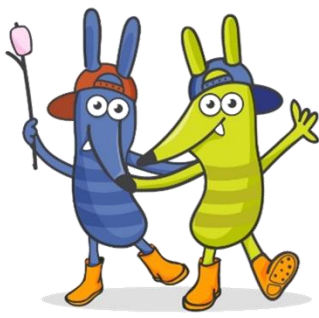
MEDICAL TREATMENT PERMISSION for: _____
Participant's name

In the event of a medical situation or emergency, parents will be notified immediately. If a parent cannot be reached, permission is hereby given to Brighton School/Next Step Support to take whatever steps are necessary to ensure the safety and health of the participant, including contacting the participant's physician or taking the participant to an emergency room.

Parent signature

Print name of parent

Date



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④ ADMINISTRATION OF PRESCRIBED MEDICATION AUTHORIZATION FORM 2018

This form is to be completed when the school agrees with the parental request to administer medication during camp or school hours or during camp or school events. **Please complete both sides.**

A. To be completed by the Parent

Student name:		
D.O.B. (dd/mm/yy):	Gender: <input type="checkbox"/> male <input type="checkbox"/> female	Health Card #:
Address:		Postal Code:
Student home phone#:	Medic Alert I.D. <input type="checkbox"/> yes <input type="checkbox"/> no	
Name of Father:	Home phone:	Business / Cell phone:
Name of Mother:	Home phone:	Business / Cell phone:
Emergency contact person:	Home phone:	Business / Cell phone:

B1. Medication 1:

Name of medication:	
Reason for medication:	
Instructions for administration: (dosage, time of administration, etc.)	
Storage of medication:	What is impact of missed dose?
Name of Physician (please print)	
Address:	Phone
Signature of Physician:	Date:

ADMINISTRATION OF PRESCRIBED MEDICATION AUTHORIZATION FORM CONT'D

B2. Medication 2:

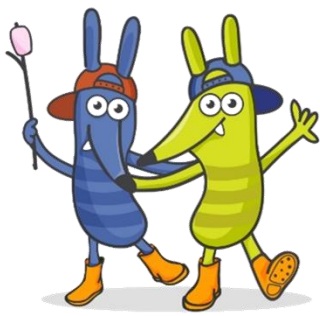
Name of medication:	
Reason for medication:	
Instructions for administration: (dosage, time of administration, etc.)	
Storage of medication:	What is impact of missed dose?
Name of Physician (please print)	
Address:	Phone
Signature of Physician:	Date:

C. To be completed by the Parent

I authorize and request the administration of the above medication. I will provide the medication in the original container with expiration date, labeled by a pharmacist. I will be responsible for monitoring and ensuring an adequate supply of medication(s) is maintained at the school.	
Signature of Parent:	Date:

D. To be completed by the Principal or Designate

Staff designated to administer medication:	
Alternate:	
Location of medication in the school:	
Signature of Principal or Designate:	Date:



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⑤ PHOTOGRAPHY AND MEDIA RELEASE FORM 2018

Being able to show pictures of our School, Camps and Social Groups with our participants helps to give prospective members a sense of our program. We typically use photographs in marketing materials in the private school issues/sections of Post City Magazine, City Parent, & Our Kids Go to School. We use pictures in brochures; in Constant Contact email blasts; on our own website and on various 'family' type websites such as Kidscoop.com; Toronto4Kids.com; Helpwevegokids.com; Ourkids.net; etc. Occasionally we use the services of a professional photographer; often we use photos taken by our staff. Please be assured that when we use photos of participants, there are never any personal details disclosed. Participants are not identified and names are never used.

On the consent form below you can indicate that you give permission or decline to give permission.

Student Name: _____

Date: _____

Yes, I give Brighton School, its representatives and employees, permission to take photographs of my child during school or camp activities, and evening or weekend social groups.

I give Brighton School permission to use edited (cropped, colour-balanced) photographs of my child for non-commercial use in its promotional materials and publicity efforts. I understand that these photographs may be used in any publication, print ad, direct-mail piece, electronic media (e.g. video, Internet, Website) or other form of promotion.

I understand that my child's name will not be displayed in promotional materials and publicity efforts. I understand that no identifying information aside from his or her image will be used.

No, I do not give permission for Brighton School to use photographs of my child in its promotional materials and publicity efforts.

<i>Parent's Name</i>	<i>Parent's Signature</i>	<i>Date</i>