



2025 Summer Camp Registration

This application is designed to be filled out on your computer. You can save your progress so you do not need to complete the application in one sitting.

There are several places that need signatures. You can use the Digital Signing function in Adobe Acrobat Reader DC. If you don't have Acrobat Reader DC, you can download and install it for free from here: <https://get.adobe.com/reader/?promoid=TTGWL47M>

Alternatively, you can sign those places after printing the package, scan the pages then email them back.

Please plan to:

- Make payment & Complete the registration package. Save it in the following format: 2025 OBP Summer Camp Registration_Your Child's First and Last Name
- Email the completed copy to enrollment@oakbaypreschool.com
- Attach a recent photo of your child (for identification purposes)

A completed registration package and photo must be submitted to Oak Bay Preschool at the time of payment.



Child's Name: _____

Summer Camp(s) Attending *(select all that apply):*

- Week 1: July 7-11 "Creative kids: art, music and dance" **S**
- Week 2: July 14-18 "Animals and the great outdoors" **S**
- Week 3: July 21-25 "Little explorers: exploring earth and beyond" **S**
- Week 4: July 28-Aug 1 "The world of water: oceans, lakes, rivers." **S**

Summer Camp Registration Disclaimer

Digitally sign (or print and initial) each statement below, showing you have read and understand this policy.

I understand that once paid, fees are non-refundable, unless my space in the camp can be filled by another child.	
I understand my spot will be released if there is insufficient registration.	
I understand that if an Educator is ill and we are not able to find a substitute, camp will be canceled for the rest of the week. In this case, camp fees would be refunded on a prorated basis, based on the days missed.	
I understand refunds are NOT given for missed days due to illness or being away for other reasons.	
I will assess my child before each session of camp for any signs of illness and keep my child home if they are not well.	
My child has seasonal allergies: (yes or no) If YES, I will discuss this with the ECE and I understand that if the allergy symptoms worsen I will keep my child home.	
Parent or Guardian name:	



EMERGENCY FORM

A copy of this package will be stored in private & confidential files inside the classroom. A separate copy of pages 3 & 4 will also be stored in the ECE’s emergency bag, so your child’s information and emergency medical permission are accessible when the children are not in the classroom.

Child’s Information

Child’s Full Legal Name:	Date of Birth:
Given Name to be used in Camp:	Gender:
Address:	Phone Number:
Child’s Doctor:	Doctor Phone:
Child’s Personal Health Number:	Allergies, including those to medication:
Medical Conditions:	
Child’s Dentist:	Dentist Phone:
Date of most recent tetanus shot:	

Parent/Guardian Information

Parent/Guardian 1:	Home Phone:
Address (if different from above):	Work Phone:
	Cell Phone:
Email address (<i>please provide an address that is checked frequently</i>):	
Parent/Guardian 2:	Home Phone:
Address (if different from above):	Work Phone:
	Cell Phone:
Email address (<i>please provide an address that is checked frequently</i>):	



Emergency Release

I, _____, authorize the staff at Oak Bay Parent Owned Preschool to call a physician, take my child, _____, to the nearest emergency centre, or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any costs incurred for such services.

In the event of an emergency or other major disaster, and I cannot be contacted by phone, I, _____ authorize the staff at Oak Bay Parent Owned Preschool to release my child, _____, to the following adults:

Please include at least one non-local contact in case of an emergency where there aren't any local contacts available

Emergency Contact 1:	Home/Cell Phone:
Relationship to Child:	Work Phone:
Address:	Email Address:
Emergency Contact 2:	Home/Cell Phone:
Relationship to Child:	Work Phone:
Address:	Email Address:
Emergency Contact 3:	Home/Cell Phone:
Relationship to Child:	Work Phone:
Address:	Email Address:

Signed: _____ Date: _____



Child's Detailed Health Information

Personal Health Number:		Effective Dates:	
General Health (<i>select one</i>): <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Medications Taken Regularly:	
Disabilities (<i>vision, hearing, etc.</i>):			
Serious Illness (<i>past and current</i>):			
Special Diet for Health, Religion, or Other Reasons:			
Parent/Guardian 1 Health: (<i>select one</i>) <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Parent/Guardian 2 Health: (<i>select one</i>) <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Other Concerns:			



Immunization Record (select one):

- I choose *not* to have my child participate in the province’s immunization program
- My child has received immunizations as indicated by the DATES entered in the chart below *OR* attach a copy of their immunization record from Public Health. An up-to-date record can be accessed here <https://www.healthgateway.gov.bc.ca>

	1st Visit @ 2mos	2nd Visit 2mos after 1st visit	3rd Visit 2mos after 2nd visit	4th Visit 12mos old	5th Visit 6mos after 4th visit
DTaP-HB-IPV-Hib (Diphtheria, Tetanus, Pertussis, Hep B, Polio, Haemophilus Type b)					
DTaP-IPV-Hib (Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Type b)					
Rotavirus					
Pneumococcal Conjugate					
Meningococcal C Conjugate					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox)					



Release of Child

Some parents may require other individuals to pick up their children from preschool (e.g. nanny, grandparent). I, _____, authorize Oak Bay Parent Owned Preschool (Early Childhood Educator or ECE substitute responsible in the school) to release my child, _____, to the following adults:

Name	Relationship to Child	Address	Phone

Signed: _____ Date: _____

<p>Persons NOT permitted access to child:</p>
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Custody Agreement

Is there a written agreement or order with respect to custody of your child?

- No
- Yes - Please attach a copy of the agreement.

Photograph and Video Consent

Indicate below (Yes or No) whether you authorize your child to be photographed or filmed for internal or public use:

	Internal Use	Public Use
	Things like Oak Bay Preschool Newsletters, family emails, end of year slideshow	Things like social media, website, news stories
Photographed		
Videotaped		

Signed: _____ Date: _____