

**TRANSITIONS 2018 REGISTRATION FORM**

**CHILD INFORMATION**

Last Name	First Name	Gender	Date Of Birth	Hours Of Care	Preferred Location

**SESSION DATES AND LOCATION REQUIRED**

**Junior Program (Ages 5-7) \*Senior Program (Ages 8-12)**

- July 3rd – July 13th     
  July 16<sup>th</sup> – July 27<sup>th</sup>     
  July 30<sup>th</sup> – Aug. 10<sup>th</sup>     
  Aug. 13<sup>th</sup> – Aug. 24<sup>th</sup>

<b>Our Lady of Fatima E.S</b> 2135 Knightsbridge Road 8:00am to 5:00 pm <b>Jr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <b>Sr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <input type="checkbox"/>	<b>Laroche Park</b> 7 Stonehurst Ave. 8:30 am to 4:30 pm <b>Jr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <b>Sr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <input type="checkbox"/>	<b>St Rose of Lima E.S</b> 50 Bayshore Dr. 8:00 am to 5:00 pm <b>Jr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <b>Sr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <input type="checkbox"/>
<b>Debra Dynes Family House</b> 955 Debra Ave. 9:00 am to 4:30 pm <b>Jr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <b>Sr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <input type="checkbox"/>	<b>Madden Court</b> 16 Kilbarron Rd. 8:30 am to 5:00 pm <b>Jr. Program</b> July 16 <sup>th</sup> to July 27 <sup>th</sup> <b>Sr. Program</b> July 3 <sup>rd</sup> to July 13 <sup>th</sup> <b>Sr. Program</b> July 30 <sup>th</sup> to Aug. 24 <sup>th</sup> <input type="checkbox"/>	<b>Pallister Community House</b> 9:00 am to 4:30 pm 48A Dalkowski Private <b>Jr. Program</b> July 3 <sup>rd</sup> to July 13 <sup>th</sup> <b>Sr. Program</b> July 16 <sup>th</sup> to July 27 <sup>th</sup> <input type="checkbox"/>
<b>Confederation Court Community House</b> 2483 Walkley Rd. 8:30 am to 4:30 pm <b>Jr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <input type="checkbox"/>	<b>Draffin Court</b> 101 Draffin Crt. 9:00 am to 4:30 pm <b>Jr. Program</b> July 30 <sup>th</sup> to Aug. 10 <sup>th</sup> <b>Sr. Program</b> Aug. 13 <sup>th</sup> to Aug. 24 <sup>th</sup> <input type="checkbox"/>	<b>Caldwell Family Centre</b> 1100 Medford Street Unit 20 8:30 am to 4:30 pm <b>Jr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <b>Sr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <input type="checkbox"/>
<b>Provender Site * no longer being offered in 2018</b>	<b>Carsons Community House</b> 710 - (102) Carsons Rd 8:30am to 4:30 pm <b>Sr. Program</b> July 3 <sup>rd</sup> to Aug. 24 <sup>th</sup> <input type="checkbox"/>	<b>Russell Heights Community House</b> 1799E Russell Rd. 9:00 am to 5:00 pm. <i>*2018 sessions to be determined</i> <input type="checkbox"/>

**Before Submitting your Application make sure:**

- 1. Your child meets the age requirements of the site location.**
- 2. You have reviewed session dates available at your required site.**
- 3. You have Indicated Payment Status.**

**FEES**

**COST OF PROGRAM: \$300.00 per 2 week session / SUBSIDIES AVAILABLE**

**Payment Status:**

- Full fee - Payment is due prior to the start of your camp sessions – (cheques or cash payment only)  
 City of Ottawa Child Care Subsidy. **Have you applied to the City of Ottawa Centralized Waiting List?**  
 YES  NO   
 Other (i.e. ODSP / Ontario Works) please indicate \_\_\_\_\_

If currently using **City Of Ottawa Subsidy**, indicate the Agency you are with: \_\_\_\_\_

**Child Care subsidy must be approved prior to your child attending camp**

**GUARDIAN INFORMATION**

GUARDIAN 1: Last Name	First name	Home Phone	Business Phone
Home Address			Postal Code
GUARDIAN 2: Last Name	First name	Home Phone	Business Phone
Home Address			Postal Code

**CHILD MEDICAL INFORMATION**

Name of Child:	Allergies
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**EMERGENCY CONTACT INFORMATION**

Name:	Home Phone:	Work Phone:
Address:	Relationship:	

**RELEASE AND PERMISSION AGREEMENTS**

I give permission for my child to receive emergency medical treatment due to sudden illness or accident, including anesthetics and medication by a private Physician or Hospital. **Yes Or No**

Indicate any special care requirements that your child may have e.g. Physical illness, learning disability, A.D.D: \_\_\_\_\_

I give permission for my child/children to be photographed or filmed for training or promotional purposes on occasion during the period they are enrolled in the program. **Yes Or No**

I give permission for my child/children to attend daily outings within the city limits as may be planned by the Transitions group and to have a substitute counselor when needed. **Yes Or No**

I acknowledge that I have read and understand the responsibilities of Parent are using Transitions and agree to abide by the terms and conditions thereof.

**Signature of parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**RESPONSIBILITIES FOR PARENTS USING "TRANSITIONS"**

**1. HOURS OF CARE/ABSENTEEISM:** *Parents must advise the Transition Counsellor if the child is going to be absent or late.*

**2. DELIVERY OF CHILDREN TO/FROM PROGRAM:** Parents are responsible for dropping off their children at and picking them up from the Transition program. They must advise the Transition Counsellor in advance if someone other than the regular person will be dropping off or picking up the child. Where custody agreements permit access by both parents, drop off and pick up must be arranged with a minimum of disruption to the child or children. A copy of the court order or custody document will be required for situations where access by a parent is denied.

*The Transition Counsellor is not responsible for the children when they are walking between the home and the program location.*

**3. CHANGES IN RESIDENCE/WORK ETC.** Emergencies and other situations do arise where parents must be reached. Parents must therefore notify the Transition Counsellor and the Agency of the following changes that may occur:

- a) Parents place of residence
- b) home and business telephone numbers
- c) Emergency person's name & telephone number
- d) child's doctor's name & telephone number

**4. SUBSIDY:** Where applicable, parents are responsible to ensure that subsidies are up to date. Any absence from the program is counted towards the total number of days allotted for absence in a year.

**5. PAYMENT OF ACCOUNTS:** Cheques are payable to "The Children's Village of Ottawa - Carleton. In the case of delinquent payments the Children's Village of Ottawa-Carleton will send pertinent personal information to a 3rd party collection agency.

**6. AGENCY INVOLVEMENT:** Parents are advised to report any concerns or complaints regarding the Transitions program. We would also enjoy hearing your positive feedback.

**7. ILLNESS:** Parents are responsible for their child's care when the child is ill and requires special care (i.e. fevers, diarrhoea) or has an infectious or communicable disease.

**8. DRUGS AND MEDICATION:** Parents must provide written authorization and information for the administration of all prescription and non-prescription drugs. Drugs and medications must be brought in their original container, (including over the counter medications and vitamins).

**9. LUNCH/SNACK:** Parents must provide lunch and snack for their children.

**10. OTHER:** Parents must ensure that children come dressed appropriately for the weather and are provided with sunscreen.

**11. PERMISSION FORMS:** Parents must read and sign the permission form relating to outings, drugs and medication, medical emergencies and photographs. Parents must also sign a Special Permission form for the following:

- a) Instructions re: *allergies*
- b) medical treatment procedures
- c) Special diets
- d) any other special circumstance

**12. CONFIDENTIALITY:** Due to the nature of this program, the Transition Counsellor and Agency have access to privileged information about families. This information will be treated with the strictest of confidence.

**13. HUMAN RIGHTS:** The Children's Village, in the provision of this service has the opportunity to work with a variety of cultural, religious and ethnic groups. In order to create a climate of mutual respect and understanding among these groups, the agency operates in accordance with the Human Rights Code of Ontario which states that discrimination because of race, ancestry, place of origin, colour, ethnic origin and creed is prohibited.

**14. BEHAVIOUR POLICY:** Transitions Programs are run for the benefit and enjoyment of all children. Should a child's behaviour disrupt the program or jeopardize the safety of other children he or she may be withdrawn from the program. At the discretion of the Children's Village, the child may not be permitted to return to the program.

**PLEASE RETURN APPLICATIONS TO 333 CHURCHILL AVE. N. OTTAWA K1Z 5B8**





**CHILDREN'S VILLAGE OF OTTAWA-CARLETON**

**ANAPHYLAXIS ALERT FORM**

**PLEASE  
PROVIDE  
A  
PICTURE  
OF YOUR  
CHILD**

Name of Child: \_\_\_\_\_

Allergy: \_\_\_\_\_

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

**Strategies for Prevention:**

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

**Symptoms: (list)**

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

**Emergency Procedures:**

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

**Emergency Procedures:**

- 1) Administer the prescribed medication;
- 2) Call 9-1-1. Tell them someone is having a life-threatening allergic reaction;
- 3) Contact Parent(s)/Guardian [\_\_\_\_\_ ( ) \_\_\_\_\_] or  
Emergency Contact [\_\_\_\_\_ ( ) \_\_\_\_\_].
- 4) If the reaction continues or worsens before the ambulance arrives, give a second Auto-Injectors and start CPR, if indicated.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Supervisor

\_\_\_\_\_  
Date