

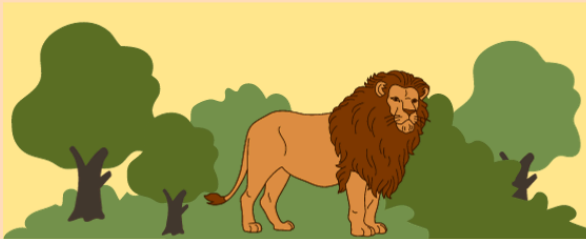
# ROLPH ROAD DAYCARE

july 2 -  
August 23

2024



## SUMMER CAMP



ROLPH ROAD PUBLIC SCHOOL  
31 ROLPH ROAD, TORONTO, ON

Questions or Registration Inquiry?

Please email

[rolphroaddaycare2015@gmail.com](mailto:rolphroaddaycare2015@gmail.com)

or Call Mashal Khan at 416-421-3862

## **Rolph Road/Leaside Daycare Centres**

### **SUMMER CAMP 2024**

- Rolph Road Daycare is offering a summer camp program at Rolph Rd School, 31 Rolph Rd, Toronto.
- Whether it is for one week or the whole of the summer, our camps are the ideal solution for children **JK – Grade 4** who require supervised activities when the school year ends. The camps are well planned, thoughtful, and fun from beginning to end.
- Open from 7:30 – 6:00 Monday to Friday.
- Two snacks and hot lunch provided by the daycare.

### **WEEKLY ACTIVITIES**

Weekly program is done with fun themes in mind. Activities include:

- Swimming (Gr 1-4)
- Water Play (KG)
- Gym with Julie
- Synergy Martial Arts
- Little Fingers Music with Charlie
- Science Experiments
- Local trips
- School Bus trips

### **WHAT TO BRING WITH YOUR CHILD EACH DAY**

- Water bottle
- Spray Sunblock
- Hat
- Swimsuit/towel
- Change of clothes
- Water shoes

## **Rolph Road/ Leaside Daycare Centres**

### **SUMMER CAMP 2024 HOW TO REGISTER**

#### **FILLING IN THE REGISTRATION FORMS**

1. Choose the weeks you want your child(ren) to attend.
2. Fill out a registration form for each child. If you need more than one registration form, make photocopies, or call 416-421-3862.
3. Fees are \$420.00 per week, except the week of July 2<sup>nd</sup> and August 5<sup>th</sup>, which is \$340.00.
4. Rolph Road/Leaside Daycare has opted into the CWELCC funding for children up to 6 years of age. For kindergarten children turning 6 in 2023, CWELCC funding is available for children until the end of the month of their birthday.

#### **PAYMENT**

Each registration form must be accompanied by payment in full.

- a. For families who belong to Rolph Road/Leaside Daycare Centres, payment will continue to be processed on the 1<sup>st</sup> of the month, by EFT.
- b. For families who are attending the summer camp program only. First week of camp must be paid at time of registration, which is non-refundable. Then a cheque, post- dated for June 7<sup>th</sup> for the balance of remaining weeks.
- c. Any families who have subsidy with Toronto Children's services pay their daily rate for the camps. If you are transferring in for the summer, please contact your intake worker and ask to be transferred to Rolph Rd Daycare summer camp. Please indicate on the form if you have subsidy.

## **REFUND POLICY**

Refunds must be requested in writing and received at the office no later than June 7<sup>th</sup>, 2024. We will not be able to refund any money on canceled weeks after this date.

Switching weeks may be accommodated if there is availability.

Enclose Registration form with payment and mail to:

Rolph Road Daycare Summer Camp 2024  
206 Laird Drive, Suite 100  
Toronto, Ont, M4G 3W4

For more information, please call Mashal Khan 416-421-3862 or email at [rolphroaddaycare2015@gmail.com](mailto:rolphroaddaycare2015@gmail.com)

**Return camp forms no later than March 1<sup>st</sup>, 2024. Priority will be given to families who attend Rolph Road/Leaside Daycare up to this date.**

**PLEASE NOTE THAT THE CAMP AND ROLPH ROAD DAYCARE  
WILL BE CLOSED MONDAY JULY 1<sup>ST</sup>, AUGUST 5<sup>TH</sup>.**

**THERE WILL BE NO CAMP THE WEEK OF AUGUST 26<sup>TH</sup> - 30<sup>ST</sup>.**

Child's name \_\_\_\_\_, Grade (as of June 30) \_\_\_\_\_

Please indicate by week number which week(s) the camper will attend.

Week Number	From Day	To Day	Amount	Balance
1	July 2 <sup>nd</sup>	July 5 <sup>th</sup>	\$340.00 \$160.50 (KG)	
2	July 8 <sup>th</sup>	July 12 <sup>th</sup>	\$420.00 \$189.00 (KG)	
3	July 15 <sup>th</sup>	July 19 <sup>th</sup>	\$420.00 \$189.00 (KG)	
4	July 22 <sup>nd</sup>	July 26 <sup>th</sup>	\$420.00 \$189.00 (KG)	
Number of Weeks booked			Total Monthly Cost	
5	July 29 <sup>th</sup>	August 2 <sup>nd</sup>	\$420.00 \$189.00 (KG)	
6	August 6 <sup>th</sup>	August 9 <sup>th</sup>	\$340.00 \$160.50 (KG)	
7	August 12 <sup>th</sup>	August 16 <sup>th</sup>	\$420.00 \$189.00 (KG)	
8	August 19 <sup>th</sup>	August 23 <sup>rd</sup>	\$420.00 \$189.00 (KG)	
Number of Weeks booked			Total Monthly Cost	

### Medical Emergency

In case of a medical emergency when we are not immediately available for consultation or the daycare is unable to contact parent/guardian, I hereby authorize the physician selected by the Executive Director to hospitalize and treat the camper as named below.

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

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## Rolph Road Summer Camp Registration/Medical Form

Please fill out one form per person and return with week selection and payment.

### Camper Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name Goes by \_\_\_\_\_

Birthdate: (dd/mm/yyyy) \_\_\_\_\_ Camper's age on July 1<sup>st</sup>2024 \_\_\_\_\_ Gender M / F

Home Address: \_\_\_\_\_

City/ Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

### Parents /Guardians & Emergency Contacts (print clearly)

Legal Custody: Who has Custody and is Legally Responsible for this camper (be sure to include their contact information below)

☐ Both Parents (Live together) ☐ Joint Custody ( Live apart) ☐ Mother ☐ Father ☐ Grandparents ☐ Guardians ☐ Other

**List in order who should be contacted in case of emergency- be sure to include parents/guardians.**

1 <sup>st</sup> Contact	2 <sup>nd</sup> Contact	3 <sup>rd</sup> Contact
Name _____	Name _____	Name _____
Relationship: _____	Relationship: _____	Relationship _____
Home Phone _____	Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Home Address _____	Home Address _____	Home Address _____
Work Address _____	Work Address _____	Work Address _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Camper's Health Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Allergies:** Does your child have any allergies. Be specific. attach separate sheet if necessary.

Indicate Type: Drug, Food, Environmental, Insects, Other	Allergen (please be specific)	Type & Severity Of Reaction (indicate if life-threatening)	Management/ Treatment/Medication	Date of Last Reaction

**Epi-Pen:** Does your child require an EpiPen? ☐ No ☐ Yes. If yes please provide details about your child's anaphylaxis, including the date and description of any reaction. **ANAPHYLAXIS EMERGENCY PLAN FORM** on file will be posted at camp.

If your child is required to carry an EpiPen (i.e. bee/wasp allergy), please provide two (2) non-expired EpiPens on the first day of camp.

**Dietary Restrictions** ☐ Vegetarian ☐ Vegan ☐ Lactose Intolerant ☐ Gluten Free ☐ Other \_\_\_\_\_

**Asthma/Inhaler:** Does your child have asthma ☐ No ☐ Yes. If yes, indicate severity ☐ Mild ☐ Moderate ☐ Severe ☐ Made worse by activity. What are the triggers for these attacks? \_\_\_\_\_

### Medication At Camp:

If your child is taking a prescription medication, it MUST be brought into the camp in its original package, labeled with Doctor's name, child's name, dosage, schedule and date. Over the counter medication can only be given when accompanied with a doctor's note. Please fill in medication sign-in sheet each day your child needs medication.

### Health History

Has your child experienced or is currently experiencing any of the following conditions.

<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Athlete's foot <input type="checkbox"/> Back/Neck Pain or Injury <input type="checkbox"/> Behavioural Issues <input type="checkbox"/> Blackouts/Fainting <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Chest Pain <input type="checkbox"/> Chrons/Colitis/IBS <input type="checkbox"/> Concussion <input type="checkbox"/> Constipation / Diarrhea <input type="checkbox"/> Dental Braces/Caps/Bridges <input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infections /Hearing Problems <input type="checkbox"/> Epilepsy/ Seizures <input type="checkbox"/> Fetal Alcohol Syndrome <input type="checkbox"/> Headaches/ Migraines <input type="checkbox"/> Heart Condition <input type="checkbox"/> Hernia <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Sinus Infections	<input type="checkbox"/> Skin Problems <input type="checkbox"/> Speech Problems <input type="checkbox"/> Stomach Aches <input type="checkbox"/> Sprains, Strains or Fractures <input type="checkbox"/> Visual Problems/Wear Glasses <input type="checkbox"/> Other. Please Explain _____ _____ _____ _____ _____
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**Additional Information:** Please list any other medical information the camp should know about your child.

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Who can this child be released to (other than Parent/Guardian), must be 18 years of age or older.

1)Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone \_\_\_\_\_

2)Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone \_\_\_\_\_

3)Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

<div> <div>July 2024</div> <div>Daily Needs: Sunscreen, Hat &amp; Water bottle.</div> </div>					
	MON	TUE	WED	THU	FRI
Lego Week July 1-5	<b>CLOSED</b>	AM: LITTLE FINGERS MUSIC PM: SA GYM W. JULIE	KG SYNERGY PM:KG GYM W. JULIE PM: SA SWIM	<b>Cineplex Movie Trip</b>	AM:SA SYNERGY PM: SA SWIM AM: KG GYM W. JULIE PM: KG SPLASH
Disney Week July 8-12	AM:KG GYM W. JULIE PM: CRAFTY MONDAY	AM: LITTLE FINGERS MUSIC PM: SA GYM W. JULIE	KG SYNERGY PM:KG GYM W. JULIE PM: SA SWIM	<b>Epic Planet Fun Trip</b>	AM:SA SYNERGY PM: SA SWIM AM: KG GYM W. JULIE PM: KG SPLASH
Space Week July 15-19	AM:KG GYM W. JULIE PM: CRAFTY MONDAY	AM: LITTLE FINGERS MUSIC PM: SA GYM W. JULIE	KG SYNERGY PM:KG GYM W. JULIE PM: SA SWIM	<b>Science Centre Trip</b>	AM:SA SYNERGY PM: SA SWIM AM: KG GYM W. JULIE PM: KG SPLASH
Reptile Week July 22-26	AM:KG GYM W. JULIE PM: CRAFTY MONDAY	<b>Reptilia Show</b> PM: SA GYM W. JULIE	KG SYNERGY PM:KG GYM W. JULIE PM: SA SWIM	<b>Centre Island Trip</b>	AM:SA SYNERGY PM: SA SWIM AM: KG GYM W. JULIE PM: KG SPLASH

<div> <div>August 2024</div> <div>Daily Needs: Sunscreen, Hat &amp; Water bottle.</div> </div>					
	MON	TUE	WED	THU	FRI
Jurassic Week July 29- Aug 2	AM:KG GYM W. JULIE PM: CRAFTY MONDAY	CHAMELEA DINOSAUR EXHIBIT WORKSHOP	KG SYNERGY PM:KG GYM W. JULIE PM: SA SWIM	<b>Royal Ontario Museum Trip</b>	AM:SA SYNERGY PM: SA SWIM AM: KG GYM W. JULIE PM: KG SPLASH
Ocean Week August 5-9	<b>CLOSED</b>	AM: LITTLE FINGERS MUSIC PM: SA GYM W. JULIE	KG SYNERGY PM:KG GYM W. JULIE PM: SA SWIM	<b>Ripley Aquarium Trip</b>	AM:SA SYNERGY PM: SA SWIM AM: KG GYM W. JULIE PM: KG SPLASH
Superhero Week August 12-16	AM:KG GYM W. JULIE PM: CRAFTY MONDAY	AM: LITTLE FINGERS MUSIC PM: SA GYM W. JULIE	KG SYNERGY PM:KG GYM W. JULIE PM: SA SWIM	<b>Trip to Little Canada</b>	AM:SA SYNERGY PM: SA SWIM AM: KG GYM W. JULIE PM: KG SPLASH
Animal Week August 19-23	AM:KG GYM W. JULIE PM: CRAFTY MONDAY	AM: LITTLE FINGERS MUSIC PM: SA GYM W. JULIE	KG SYNERGY PM:KG GYM W. JULIE PM: SA SWIM	<b>Jungle Cat World Trip</b>	AM:SA SYNERGY PM: SA SWIM AM: KG GYM W. JULIE PM: KG SPLASH