FABS CHILDCARE EDUCATION
Camp Registration Form

CHILD INFORMATION - CAMP REGISTRATION

Child's First Name		Child's Last Name	
Preferred Name	Date of Birth (MM/DD/YYYY)	Age at Start of Care	Gender: Female ☐ Male ☐
Home Address (street number, unit number and street name)			
City, Province		Postal Code	
Primary Email		Primary Telephone	
Applying for Subsidy: Yes ☐ No ☐	Full Time ☐ Part Time ☐	Start Date (MM/DD/YYYY)	
Part-Time Days: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐			
How did you hear about us?		Referred by?	

A security deposit is due upon registration once a spot is confirmed with management. Please see deposit and fee schedule below.

FAMILY DATA

If there are custody, and/or access issues, legal documentation must be provided to the Centre.

Please ensure parents names are legal names - meaning if the Centre needs to write you a cheque that cheques can be cashed in your name or that federal tax receipts are created with the correct legal names. A $25 service charge will apply to re-issue cheques and re-issue year end tax receipts.

Parent/Guardian #1

First Name (Legal Name)		Last Name (Legal Name)	
Preferred Name		Relationship: Mother ☐ Father ☐ Other: Please Specify ☐	
If different from child	Home Address (street number, unit number and street name)		
	City, Province, Postal Code		
Primary Phone	Work Phone	Cell	Home Phone
Employer's Name		Address	
City, Province, Postal Code		Email	
Occupation			

Parent/Guardian #2

First Name (Legal Name)		Last Name (Legal Name)	
Preferred Name		Relationship: Mother ☐ Father ☐ Other: Please Specify ☐	
If different from child	Home Address (street number, unit number and street name)		
	City, Province, Postal Code		
Primary Phone	Work Phone	Cell	Home Phone
Employer's Name		Address	
City, Province, Postal Code		Email	
Occupation			

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Medical Information			
Child's Full Name	Doctor's Full Name		
Address (street number, unit number and street name)		Phone Number	
City, Province, Postal Code	**EPIPEN:** **YES** ☐	**NO** ☐	
List any allergies/anaphylaxis or any other medical concerns:			
Special requirements or preferences (food or other):			

Emergency Contacts & Persons Authorized to Pick up Child

Persons over 16 years of age and who have consent to pick up your child if you are unable to and/or in case of an emergency. In an emergency, your child must be picked up within 1 hour of notification from Kids Zone. Please list in order of notification priority.

Name	Address	Phone #	Relationship
Name	**Address**	**Phone #**	**Relationship**
Name	**Address**	**Phone #**	**Relationship**

Your child will only be released to persons authorized above or with written permission from parents(s) or guardian(s). Any change in the above information MUST be reported IMMEDIATELY to the Centre to ensure the safety of your child. **Please note identification will be required.**

In case of emergency and parent(s)/guardian(s) cannot be reached, I authorize FABS CHILDCARE EDUCATION INC. to release my child to the emergency contacts above.

Parent/Guardian Signature	**Date (MM/DD/YYYY)**

FOR OFFICE USE ONLY

Date of Enrolment	Date of Graduation

☐ Key Fob Issued ($20 per fob)

Fob# _____ Fob# _____

Fob# _____ Fob# _____

Parent requests/considerations

_____

_____

_____

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Consent Authorization

Child's Name: **Date of Birth:**

(MM/DD/YYYY)

Program Participation: Please check the appropriate response.

1. **I do** ☐ **do not** ☐ grant permission for my child to use all the play equipment and to participate in all the activities of the Centre.
2. **I do** ☐ **do not** ☐ grant permission for my child to leave the daycare property under the supervision of the qualified staff for walks in the neighbourhood. I understand that field trips requiring transportation in a vehicle will be announced in advance and a separate consent form will be provided for each trip.
3. **I do** ☐ **do not** ☐ grant permission for the staff to apply sunscreen provided by me.
4. **I do** ☐ **do not** ☐ grant permission for the staff to apply any over the counter diaper cream and/or skin lotion that I have provided to the program for my child.
5. I do give permission for staff to assist or to apply that I have provided for my child. (Indicate the name of the topical over the counter item or note N/A if nothing.)

Emergency Treatment: Please check the appropriate response.

In case of an emergency **the staff does** ☐ **the staff does not** ☐ have my permission to administer First Aid for the benefit of my child. The Centre guarantees that one staff on duty in the Centre is trained and currently certified in Children's First Aid and CPR.

I do ☐ **do not** ☐ grant permission for the Centre staff to secure appropriate medical treatment and /or hospitalize my child, named above, in the event of an emergency, accident, or sudden illness for the benefit of my child. I understand that the staff will make every effort to promptly contact me or a person I have authorized to inform me of my child's condition.

Parent/Guardian Signature **Date (MM/DD/YYYY)**

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CAMP FEE PAYMENT POLICY

1) Payment when holding a camp spot for 1-2 weeks is required upon registration and for any of the Christmas or March break camps (see deposit schedule below). For camp a deposit is required to hold your campers spot and the deposit is applied to August fees (if there are weeks in both months). Deposits are paid according to the deposit schedule noted below. Fees or balance for July weeks are due prior to your campers start date for that month (for those with multiple weeks). If after the deposit is applied to August fees and there is residual balance owing, that amount would be due on or before August 1st. Fees are paid by e-transfer to our email address fabschildcare@gmail.com. Please reference your campers first name and last initial so payment can be applied properly. FABS CHILDCARE EDUCATION INC. reserves the right to remove any camper after fees have not been paid after day 1 of the start date.

2) Deposit Schedule:
    a. Attending 9 weeks or more - $1,500 at time of registration
    b. Attending 5–8 weeks - $1,200 at time of registration
    c. Attending 3-4 weeks - $500 at time of registration
    d. Attending 1-2 weeks – 100% of amount owing at time of registration
    e. Attending Christmas or March Break camps – 100% of amount owing at time of registration

3) Refund Policy:
    a. Greater than 45 days notice or change = 100% refund
    b. 30-45 days notice prior to start date = 50% refund
    c. 0-30 days notice prior to start date = 0% (unless accompanied with a medical note)
    d. There is no adjustment in fee when a camper arrives late or leaves early, or is sick

4) Key Fob entry: Your child's safety is our first concern. Key Fobs are $20 each and are added to your first month fees. This is a refundable fee. Lost Fob's are $20 each.

5) Late Fees: If a camper has not left the facility with an authorized guardian by 6pm, that family is considered late and will be responsible for a charge of $2 per minute per family and the guardians will be responsible for paying in cash or by e-transfer at the time of pick up or the next day. The pick up at that time will be in the office area.

6) Federal Tax Receipts will be issued annually by the end of February for the previous year.

7) FABS CHILDCARE EDUCATION INC. reserves the right to change its fees or any of its' policies at any time.

I/We understand the Camp Fee Payment Policy above of FABS CHILDCARE EDUCATION INC. and agree to meet the requirements of this policy as outlined

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Parent/Guardian Signature **Date (MM/DD/YYYY)**

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In order to hold your campers spot please complete steps 1-3 below.

1) Choose your campers weeks.

CHRISTMAS CAMP – 2026

	Week #	Date	Weekly Rate
☐	1	Dec 21-23	$210
☐	2	Dec 29-31	$210

MARCH BREAK CAMP - 2026

	Week #	Date	Weekly Rate
☐	1	Mar 16-20	$350

SUMMER CAMP -2026

	Week #	Date	Weekly Rate		Week #	Date	Weekly Rate
☐	1	July 2-3	$140	☐	6	Aug 4-7	$280
☐	2	July 6-10	$350	☐	7	Aug 10-14	$350
☐	3	July 13-17	$350	☐	8	Aug 17-21	$350
☐	4	July 20-24	$350	☐	9	Aug 24-28	$350
☐	5	July 27 - 30	$280			**NOT OFFERED**	

Quantity

Key Fob - $20 each

2) Complete the information below.

Camper Name:

Total # of Weeks:

Total # of Fob's

Total Cost: $

3) Deposit must be paid. (Please see Camper Fee Policy for amount)

Deposit: $ _____ Paid: Y N

Date Paid: _____

(Office use only)

I/We understand the Camp Fee Schedule of FABS CHILDCARE EDUCATION INC.

Parent/Guardian Signature **Date (MM/DD/YYYY)**

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Pre-Authorized Payment (PAD) Authorization

Payor Name(s):

Address:

City, Prov. & Postal Code:

Phone Number

I/we authorize FABS CHILDCARE EDUCATION INC., to process a **personal** electronic debit, in the amount of "$x", with "variable payment amount $X" being stated on a statement I have electronic access to 3 days before the debit date, on my (our) account on the 1st day of each month beginning with the approved start date of care. I may revoke my authorization at any time, by giving at least 10 days notice via email to fabschildcare@gmail.com or mail to the address below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.payments.ca. I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca

Signature of Payor(s):

Date (MM/DD/YYYY):

FABS CHILDCARE EDUCATION INC
2275 Speakman Drive
Mississauga, ON, L5K 1B1 (905) 403-9351
fabschildcare@gmail.com

****Please provide a VOID cheque or account information so that it is available for the first payment, this is required upon registration and will be used for the first payment.****

Account information

Bank Code: _____
Transit Number: _____
Account Number:
_____

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PROTECTION OF CONFIDENTIAL INFORMATION POLICY

It FABS CHILDCARE EDUCATION INC. policy, as directed in the Child Care and Early Years Act (CCEYA), that all staff, parents, volunteers, and students are made aware of the confidential nature on information concerning children and their families.

The confidential nature of such information will be respected.

All reasonable care and caution in protecting printed or written confidential information from casual observations, unauthorized perusal, or other abuse will be exercised. Children's files will only be made accessible to the FABS CHILDCARE EDUCATION INC. educators, supervisor and director as well as authorized agents from the Ministry of Education and Public Health. Information will NOT be released to any other organization, agency or third party without the signed authorization of the parent(s) or guardian(s).

All clients' information that I have become aware of will be considered confidential and will be respected.

Parent/Guardian Signature **Date (MM/DD/YYYY)**

Parent Manual and review of Program Statement (Centre Policies)

I _____ (please print) parent of _____ (please print) acknowledge that I have been provided a copy of the Parent Manual for review, I have read specifically the **sleep policy**. I also acknowledge that during the enrollment process a Management staff provided a general overview of the Parent Manual and provided opportunity for questions to be asked or concerns to be addressed.

Parent/Guardian Signature **Date (MM/DD/YYYY)**

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Participation Agreement

Re: to email and publish my child's work, photographs or videos via HiMama

To: Parent/Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "**Program**"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may be featured in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the Centre. It is important that we have the contact information of both parents/guardians if applicable. We encourage you to contact us if you have anyquestions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child/ren's Name(s): _____

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Parent/Guardian 1 Email: _____

Parent/Guardian 2 Email: _____

Parent/Guardian Signature:_____Date (MM/DD/YYYY): _____