



## Glimpse Lake (nk<sup>w</sup>r'itk<sup>w</sup> Day Camp)



# Literacy Program ages 4 to 7

☐ Children: AGE 4-7 years: Week 1 – July 5 – 8

**(Drop off time: 9:30 a.m. – Pick up time: 3: 00p.m)**

**“No bus runs - Parents responsibility”**

☐ Children: AGE 4-7 years: Week 2 – July 11 – July 14<sup>th</sup>

**(Drop off time: 9:30a.m – Pick up time: 3: 00p.m)**

☐ Children: AGE 4-7 years: Week 3 – July 18 – July 21<sup>st</sup>

**(Drop off time: 9:30a.m – Pick up time: 3: 00p.m)**

Child's Name \_\_\_\_\_ AGE \_\_\_\_\_ Birthday \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent's/Guardian \_\_\_\_\_ HOME #: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

In the case the parents(s) caregiver cannot be reached, we should contact:

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **Medical:**

Please list any medical conditions or medication we should be made aware of (i.e., allergies, ADHD, physical disabilities, learning disabilities or anything special we should know about your child.(Our staff are unable to do one to one as there will not be enough staff or special trained).

If your child has an allergy, symptoms, or special diet/foods, please list, if not enough room use back of page:

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

\*\*\*\*\*Parent /Supervisor consultation should take place on first day at camp.

BC Medical Number: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctors Number: \_\_\_\_\_

### **Behavior Contract:**

UNB Day Camp Event reserves the right to ask parents to withdraw their child from the Summer Day Camp if basic behavior expectations are not met.

I hereby give my consent knowing that my child will be learning and participating in Cultural Activities and events taken at the Day Camps, by the knowledge keepers and UNB staff and K<sup>w</sup>úStəmtíma?. It is understood that participants will be properly supervised and that reasonable safety precautions will be taken.

**I understand and accept these terms:**

Name of Parent/Guardian: \_\_\_\_\_

DATE: \_\_\_\_\_

Signature: \_\_\_\_\_