



SUMMER PROGRAM REGISTRATION

This application involves the Summer program ONLY. Please review the program below and choose what will work best for your family. Summer program begins in July until August. Below are the hours of operations for the Summer program:

Please note that there is an extra \$5 per hour in case you plan to drop your child an hour earlier – before 8:00 a.m. or after 5pm.

To Enroll your child, Please fill this form and Sign. Then you will need to email it back to us at sashlabelle@outlook.com.

Once we receive this application, you will be sent an email e-transfer request from Sash Labelle Early Learning Center.

You will have one Week to complete the payment of **ONLY \$75** non-refundable administrative fee to hold a spot, otherwise the spot will be given to someone else.

The First Month, July 1st fee will be due when you visit the center in person.

Summer Program Hours are as follows.

_____Monday	8:00 – 5:00 p.m.	Children 2.5 years Old to School Age
_____Tuesday	8:00 – 5:00 p.m.	
_____Wednesday	8:00 – 5:00 p.m.	
_____Thursday	8:00 – 5:00 p.m.	
_____Friday	8:00 – 5:00 p.m.	
Saturday – DROP Ins ONLY	8:30 – 2:00 p.m.	



SUMMER PROGRAM

Please select the days that your child will be attending the care services at SLELC. Complete registration to hold a spot for your child.

WE ARE ACCEPTING REGISTRATION FOR SUMMER - JULY/AUGUST 2024



Explorers - July 2 - 5 2024

Sash Labelle Early Learning Center (SLELC) will encourage kids (4years +) to be nature explorers which will benefits their physical, cognitive, and emotional development but also fosters a lifelong love and respect for the natural world.

\$175



Creative Artists - July 8 - 12th 2024

Kids have an innate ability to express themselves creatively, and encouraging them to explore their artistic talents can have numerous benefits such as Self-expression, enhancing their Fine motor skills, confidence and critical thinking.

\$175



Collaborative Activities - July 15 - 19th 2024

Collaborative games for kids are fantastic for fostering teamwork, communication, and problem-solving skills while having fun. SLELC will introduce student-led learning games such as course relay, Jigsaw Puzzles, Scavenger Hunts etc.. These will provide hours of entertainment, but will also teach valuable skills that kids can apply in their everyday activities.

\$175



Kids Sport Games - July 22- 26th 2024

Here at SLELC, our focus will be to engage children in multi-sport indoor and outdoor activities depending on the weather. These will include but not limited to basketball skills circuit, indoor soccer, Free dance party, and many other adventures. Children will be encouraged to engage actively, learn and work cooperatively with their team. **Color-coded Sport shirts will be provided to all participating children.

\$250



Fun and Fit Activities - July 29 - August 2, 2024

With the warm Summer weather, what a better way to keep our little ones creative and fit!! At SLELC, children will be actively engaged in fitness activities such as animal themed yoga and dance, Nature and sensory walks, and guided moves. These and many more fun and fitness activities for kids will encourage physical learning, creativity and exploration while promoting active lifestyle.

\$225



Creative Artists - August 6 - 9th 2024

Kids have an innate ability to express themselves creatively, and encouraging them to explore their artistic talents can have numerous benefits such as Self-expression, enhancing their Fine motor skills, confidence and critical thinking.

\$175



**Mini Super-Heroes
August 12th - 16th
2024**

During this week, our objective will be to provide age appropriate (4 years+) approach that focuses on the basic concepts and practical skills involving safety rules, pretend first aid techniques etc.. game based activities, as well as role playing scenarios. At the end of this training, children will be empowered through fun learning to overcome their fears when exposed to injuries and to approach the incidents with a better "super-hero" mindset.

\$250



**Basketball Camp -
August 19 - 23rd 2024**

Basketball is a rewarding game and many families love to engage in with their children. SLELC carefully selected basketball training camp for this week, with guided activities that will enable children to practice their skill set exclusively for a whole week. Throughout the week, emphasis is placed on sportsmanship, teamwork, and fun while learning and playing. Children will leave the camp with improved skills, greater confidence and lasting memories and interests that parents can encourage with time.

\$175



**Free Play - August 26 -
30th 2024**

Kids are creative by nature. When provided appropriate tools, they are able to engage freely and support one another in a loving and productive way. At SLELC, we will encourage creative expressions through art and craft activities, Music and Movement, Activity stations, organized outdoor games, Story telling, songs, and many more. The goal will be to allow students the freedom to explore, play, and discover at their own pace. This is to foster independence, creativity, and self confidence.

\$225



FULL-TIME SUMMER CAMP COST

<p>Age 2.5 to 5 years ONLY Full –Time program July 2 – to July 26th, Cost = \$720</p>	<p>Age 2.5 to 5 years ONLY Full –Time program July 29 – to August 30th, Cost = \$720</p>

For Children **ages 5.5 Years and above**, please select your dates below

Child's Name	Your child's age	Summer Week	Cost	Total
		July 2-5	\$175	
		July 8-12	\$175	
		July 15-19	\$175	
		July 22-26	\$250	
		Jul 29 – Aug 2	\$225	
		Aug 6-9	\$175	
		Aug 12-16	\$250	
		Au 19 – 23	\$175	
		Aug 26 – 30	\$225	

Enroll your child for the Full Month -**Ages 2.5 Years to 5 Years** Old ONLY

Child's Name	Child's Age	Summer Month	Cost
		July 2-26	\$720
		July 29 – Aug 30	\$720



Summer Registration Form

This personal information is being collected under the authority of the Child Day Care Act and the Child Day Care Standards Regulations and is used to monitor the safety of children in the facility. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act. If you have any questions about the collection, contact the Director of Child Day Care Services, Department of Education, Culture and Employment @ 867-920-3491.

Applicant Information – Child Information

Full Name: _____ Date of Birth: _____
Last *First*

Health Care Card No.

Home Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Parent 1 / Guardian Information

Full Name: _____ Relationship to child: _____
Last *First*

Home Address: _____
Street Address *Apartment/Unit #*

Work Address: _____ Postal Code _____

Phone: _____ Email _____

Parent 2/ Guardian Information

Full Name: _____ Relationship to child: _____
Last *First*

Home Address: _____
Street Address *Apartment/Unit #*

Work Address: _____ Postal Code _____

Phone: _____ Email _____

Emergency Contact (If Parent or guardian cannot be reached)

Please list Minimum of Two.

Full Name: _____ Relationship: _____
 Home Address: _____ Phone: _____
 Work Address or contacts (if applicable): _____

Full Name: _____ Relationship: _____
 Home Address: _____ Phone: _____



Work Address
or contacts (if
applicable:

Full Name:
Home
Address:
Work Address
or contacts (if
applicable:

Relationship:
Phone:

Authorized Individuals to Whom the Child May be Released.

Name:
Name:
Others:

INDIVIDUALS RESTRICTED. PROHIBITED FROM ACCESS TO THE CHILD

If applicable: The name of any parent or other person who, by court order or agreement, is restricted in or prohibited from exercising access to the child or from picking up the child. Please attach a copy of the applicable court order agreement.

Name:
Name:
Other:

Health Care Information

Name of Health
Care Provider/
Family Physician:

Please attach
the following:

1. Copy of the Child's Immunization Record (Required)

2. Does your child have any record of medical, physical, developmental, or emotional condition relevant to his or her care? YES (Please attach a copy)

NO

Consent Form for Emergency Care and Transportation

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I give permission to Sash Labelle childcare staff to take whatever emergency measures they deem necessary for the protection of (First Child)

Or of (second child if applicable)

While in their care.

I understand that this may involve contacting a doctor, interpreting, and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.



SPECIAL PERMISSIONS

PLEASE CHECK THE FOLLOWING PERMISSIONS AND SIGN AT THE BOTTOM TO THE FORM

PERMISSION FOR THE CHILD TO BE TAKEN ON EXCUSIONS BY THE DAY CARE STAFF

Yes (I give permission for my child to leave Sash Labelle Child Care Facility in the company of qualified staff for walks and excursions in the local Community)

No

PERMISSION FOR THE CHILD TO BE TRANSPORTED BY A VEHICLE FOR THE PURPOSE OF EMERGENCY/EXCURSIONS/ SCHOOL DROP-INS OR PICK-UPS

Yes (I give permission for my child to travel in a vehicle provided by Sash Labelle Child Day Care Facility for the purpose of Emergency, excursions, school drop in or pick up. *NOTE: For each excursion using vehicles the parents/guardians will be informed as to how their child will be secured/restrained (e.g. booster seat) or if the vehicle does not have seat belts (e.g. school bus).*)

No

PERMISSION FOR THE CHILD TO BE PHOTOGRAPHED OR VISUALLY RECORDED (VIDEO TAPED DURING PLAY-TIME)

No

Yes (I give permission for my child to be photographed or visually recorded while at Sash Labelle Child Day Care Facility for the following reasons:)

- Yes No Newsletter
- Yes No Website
- Yes No Day Care Facility Promotions
- Yes No Other (Please specify)

Signature: _____

Date: _____

———— **FOR CHILD CARE FACILITY USE ONLY** ————

CHECK DOCUMENTS ATTACHED	
REQUIRED:	<input type="checkbox"/> Copy of child's immunization record Dated _____ (d/m/y)
IF APPLICABLE:	<input type="checkbox"/> Copy of any court order or agreement restricting or preventing a person from accessing or picking up the child Dated _____ (d/m/y)
	<input type="checkbox"/> Record of any medical, physical, developmental or emotional condition relevant to the child's care Dated _____ (d/m/y)



Consent form for emergency care and transportation Name of child:

_____ Date:

_____ If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the child care staff to take whatever emergency measures they deem necessary for the protection of my child while in their care. I understand that this may involve contacting a doctor, interpreting, and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance. If possible, the hospital will be

_____ or the doctor contacted will be (include doctor's name and address)

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Parent's signature _____

Director's or childcare operator's signature _____

Date _____

Please Note,

- **A non-refundable \$75 registration FEE is due with this application to help hold your child's spot
- You may also make the full year payment in one or two payments Once the center is open before July 1st.
- Feel free to drop off 10-15 mins before start time for convenience, especially for students with school age siblings.