osns
Child & Youth Development Centre | Together Towards Tomorrow

ASPIRE to Excellence® carf CANADA ACCREDITED

Early Childhood Education Summer Camp Intake Form

Child's Name: _____
Gender: _____ ___
Street Address: _____
Postal Code: _____
Email: _____
Date of Birth: _____
Mailing Address: _____
Phone #: _____

Family Information

Please list all **adults** currently living in the home with your child:

Name	Relationship to Child (Gender)	Work Phone #	Occupation

Who has legal custody of child? _____

Emergency Information

Please list allergies or medical conditions we should know about your child: _____
_____

Please provide emergency contact information (who to call if we are unable to reach a parent or guardian):
Name: _____ Relationship to Child: _____ Phone #: _____
Name: _____ Relationship to Child: _____ Phone #: _____

Who is authorized to pick up your child (List Names): _____
_____

List any specific person(s) **NOT** permitted access to your child: _____

Please provide your child's doctors information below:
Name:
Title:
Phone#:
Organization/location:

Medical Information and History

Does your child have any diagnosis, medical condition or special need? If so please let us know any special consideration or adaptations that will help them be successful?

_____ _____
_____

Has your child been immunized? ☐No ☐Yes
(Please provide a copy of your child's immunization record)

Current Developmental Information

Do you have any concerns regarding your child's current development:

Motor Skills: ☐No ☐Yes
Expressive Communication (e.g.: pronunciation, speech): ☐No ☐Yes
Receptive Communication (e.g.: understanding, following directions): ☐No ☐Yes
Hearing: ☐No ☐Yes
Vision: ☐No ☐Yes
Cognitive Skills (e.g.: knowledge of body parts, colours, numbers, letters, shapes): ☐No ☐Yes
Behaviour: ☐No ☐Yes
Interactions with other children (Social Development): ☐No ☐Yes
Emotional Developmental: ☐No ☐Yes

If yes to any of the above, please describe:

_____
_____
_____

Please describe your child's strengths, gifts, and talents (e.g.: musical skills, pretend skills):

_____
_____
_____

Tell us about your child's, favourite toys/objects/activities/books/ what they do for fun?

_____
_____
_____

Is your child on a special diet? Is there information regarding food likes / dislikes?
Please describe:

_____

Has your child been toilet trained? ☐No ☐Yes
Do you have any special instructions, words for potty time, particular toileting routine you do at home?

_____

Does your child have security items, fears, religious or cultural observances, or other things we should know about?

_____
_____

#103-550 Carmi Avenue, Penticton, BC V2A 3G6 Phone: 250-492-0295 Fax: 250-492-2164 www.osns.org

Summer Week Attending: [please put an X beside the week(s) your child will attend the summer camp(s)].

July 7-10		August 11-14	
July 14-17		August 18-21	
July 21-24		August 25,26 &27 (3days)	
July 28-31			

☐ In case of accident or serious illness, I the undersigned, hereby authorize Kinderplace Staff to contact a physician and/or an ambulance if parent cannot be reached immediately.

*** Please let us know if you provide your consent for OSNS to take pictures and videos of your child. We can better engage our community by showing the work we do at OSNS.*

☐ Yes, I consent ☐ No, I do not consent

Today's Date:_____

_____ _____

Signature of Parent or Guardian Signature of Staff Person Checking Registration

Note: Once you have filled out this form, please email it to info@osns.org

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