



Personal information is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25. The information will be used by the City of Brampton to administer Child Care Subsidy registrations, determine eligibility, process program participation requirements, and maintain participant records in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Questions about the collection of personal information may be directed to recreation@brampton.ca. The City of Brampton reserves the right to request updated documentation to validate the account if required. The City of Brampton also reserves the right to verify the qualifications of the health professional providing supporting documentation.

NOTE: Please ensure before proceeding that you have an active City of Brampton Recreation Account.

A: FAMILY INFORMATION

Do you have a City of Brampton family account? Yes No	If no, please note a City of Brampton family account is required to register for camp. Please create an account here before submitting this form.
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FIRST LEGAL PARENT/GUARDIAN

Legal parent/guardian name (last name, first name)		Gender
Address		City
		Postal Code
Home phone #	Alt phone #	Email

SECOND LEGAL PARENT/GUARDIAN

Legal parent/guardian name (last name, first name)				Gender	
Address			City		Postal Code
Home phone #		Alt phone #		Email	
1	Emergency contact last name	Emergency contact first name		Phone #	Relationship
2	Emergency contact last name	Emergency contact first name		Phone #	Relationship
3	Emergency contact last name	Emergency contact first name		Phone #	Relationship

B: PARTICIPANT INFORMATION

[illegible]

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C. PAYMENT (IF PARENTAL CONTRIBUTION)

A valid credit card is required on file for all registrations, regardless of whether you pay in full or request a payment plan.

We understand paying camp fees in full at registration may not be feasible for every family. If you'd like to be considered for a payment plan, please indicate this during registration. Payment plans are subject to eligibility and approval and are not guaranteed.

- **If approved:** camp fees will be automatically charged to the card on file according to the approved schedule.
- **If not approved:** the full camp balance is due at registration and will be charged to the card on file.

By completing your registration, you authorize us to charge the card on file for either the full registration balance or the approved payment plan installments, whichever applies.

- ☐ **I am interested in being considered for a payment plan.** I understand a valid credit card must be on file and, if approved, the agreed-upon payment plan will be charged incrementally. (Payment plan requests are subject to eligibility and approval and are not guaranteed.)
- ☐ **I am not** requesting a payment plan. I understand a valid credit card must be on file, and the full camp balance will be charged at the time of registration

D. MEDICATION INFORMATION

Does the participant have any allergies or medical condition(s)? ☐ Yes ☐ No

If yes, please list:

Does the participant require an auto-injector? ☐ Yes ☐ No

Does the participant require asthma inhaler? ☐ Yes ☐ No

Does the participant require medication be administered by staff? ☐ Yes ☐ No

Please indicate if there is any other information about the camp participant that staff should be aware of? ☐ Yes ☐ No

E. SUPPORT WORKER INFORMATION (PLEASE COMPLETE THE FOLLOWING WHERE APPLICABLE)

Does the participant receive support at school? ☐ Yes ☐ No

Will the participant be accompanied by their own personal support worker? If YES, complete the section below. ☐ Yes ☐ No

Support worker name (last name, first name)	Phone #	File # for VSC staff use only

Please note: Anyone attending as a personal support worker (including family member or friend), must be 16 years of age or older, provide a valid Vulnerable Sector Check (VSC) dated within 3 months, attend program regularly with participant (no additional worker allowed within same week of program), wear PPE, provide contact information and participate in daily health screening as applicable (individuals that do not pass screening will not be permitted to enter or attend).

F: WAIVER

I agree to release, indemnify and save harmless the City from and against all claims, proceedings and/or actions in respect of any costs, losses, damage or injury arising by reason of my or the Dependent Registrants' participation in any activities offered by the City of Brampton's Community Services Department, or by reason of the provision of medical care by the City to me or the Dependent Registrants.

I, the undersigned, hereby:

- Certify that the information recorded above is accurate and complete.
- Authorize City of Brampton staff to administer the above-mentioned medication(s) to my child/dependent applicable to the timeframes and dosages identified.
- Acknowledge that any support workers I provide to assist the participant must be a minimum of 16 years of age and have a current and satisfactory Vulnerable Sector Police Record Check, to be presented to City of Brampton staff if requested.

Parent/Guardian Signature

Date (MM/DD/YYYY)