

Polaris School and Centre
235 Donald St., Suite 159
Ottawa, ON K1K 1N1

Summer Program Registration 2022

Please keep this page for your information and return the registration form to the school office.

The Summer Program at the Polaris School and Centre runs Monday-Friday from July 4 to August 12, 2022 9:00 am-3:30 pm. *(We will be closed on August 1st for the Civic Holiday)*

Once you receive confirmation of registration you will be provided with your Camp Leader's name and contact information.

Summer Contact Information

July 4 to August 12

E-mail: camps@polarisschool.ca

Camp Leader: _____

Contact: _____

Fee Structure

Weekly Registration

Early Bird Rates (registrations received by April 8th):

\$250 for first child and \$225 per additional child

Early Bird 4-day Week Rate (week of August 2nd):

\$200 for first child and \$175 per additional child

Weekly Rate (after April 8th):

\$300 for first child and \$270 per additional child

4-day Week Rate (week of August 2nd):

\$240 for first child and \$210 per additional child

Payment/Refund Policy:

Full payment is due upon receipt of invoice, which will be sent along with confirmation that your child(ren)'s registration has been accepted.

Full refund will be provided only if camps are unable to run due to COVID-19 restrictions and/or low enrollment (there is a minimum number of students needed to proceed with any camp).

Arrivals and Departures

Days will begin and end at the Gil-o-Julien Park, across from the Hardini Centre's parking lot and/or indoors at their respective classrooms. You will receive more details in the welcome email sent one week before camp begins with the exact location for your child(ren)'s camp.

Drop off is from 9:00 to 9:30 am and pick up from 3:00-3:30 pm.

If you will be dropping your child off or picking your child up outside of the normal times, please advise the summer camp lead teacher in advance.

Extended care, until 4:30pm, will be offered if there is sufficient interest and families must sign up beforehand (extra fees will apply).

Snacks and Lunches

Please note that we are a **peanut-free** school. Please pack a nutritious lunch (no candy, chocolate bars or pop). We strongly encourage re-usable containers. Please send your child with a reusable water bottle.

Toys/Electronic Devices

We are fostering an environment that develops imagination and physical awareness. Please do not send electronic devices to the school. This includes iPods, cell phones, cameras, etc. It is requested that children not bring toys from home. If you feel that there is something that will help your child be more comfortable please speak to the lead teacher in advance. We ask for your understanding and cooperation as we work toward non-commercial, co-operative, imaginative play.

Clothing

Footwear and shirts must be worn at all times on school premises. The children spend time outdoors every day, so please dress them appropriately. Please bring the following items:

- A bag with an extra set of clothes (i.e.: shirt, pants, socks) and a pair of indoor shoes. Your child may leave this bag at the school until clothes need to be washed and/or the end of the program.
- Please ensure that your child has sturdy shoes for running and outdoor games.
- A sun hat should be brought every day.
- Sunscreen (labeled with your child's name)
- Please pack swim wear in their bag for days when they have water play (does not apply to each program).
- Children should bring waterproof rain gear and boots if rain is expected. Umbrellas are not permitted for safety reasons.
- We discourage clothing with advertisements or images from media.

Lost and Found

A Lost and Found box is kept inside the school office. Please check for misplaced articles. Remaining contents will be donated to charity at the end of the summer. Please label your child's items with their name to keep them out of the lost and found.

Payment

Please note sibling pricing applies to children registered for the same program weeks. Full payment is due once registration is confirmed. An electronic invoice will be sent and you will have 3 days to complete payment to secure your child(ren)'s spot in the program. We reserve the right to charge interest at a rate of 1.5% per month on any amounts 30 days overdue and to refuse attendance if payment arrangements have not been made. There will be a \$25 fee for all payments that are returned for non-sufficient funds.

Contact

The phone number for the program is 613-842-4322. We will not answer during program hours but messages will be checked at the beginning and end of each day. You will be given your Camp Leader's contact information prior to the start of camp as well.

Please let me know if you have any questions!

Dina Cristino
Administrator
613-842-4322
info@polarisschool.ca

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Student Information Page
(Complete one per student)

Student's Given Names (underline name used):

Student's Surname:

Age _____ DOB _____

Resides with _____(relationship)

Current school: Grade _____

School Name _____

Names and ages of siblings:

MEDICAL INFORMATION

Health Card # and Expiry _____

Family Doctor _____

Phone _____

Medical conditions/allergies and/or food sensitivities to be aware of:

Terms and Conditions

I/we hereby give permission for emergency treatment to be administered in the event that my child requires it. I understand that every effort is made to ensure the safety and well-being of my child, and I release the Polaris School and Centre, its employees, volunteers, and Board of Directors from liability. In consideration of acceptance into the Summer Camp Care Program, I wave, release, and forever discharge the Polaris School and Centre, its Board of Directors, staff, and their successors, all rights and claim from losses or damages due to any injury suffered by my child while participating in the program.

Parent's Initial: _____

In addition, I/we hereby agree to be responsible to reimburse Polaris School and Centre in the event that my child should cause voluntary damage to school property or equipment.

Parent's Initial: _____

Payment is due upon receiving invoice.

Parent's Initial: _____

Privacy:

I/we **AGREE** to allow my/our child(ren) to have photographs or videos taken and possibly used in promotional materials for the school, including the website.

I/we **DO NOT AGREE** to allow my/our child(ren) to have photographs or videos taken and possibly used in promotional materials for the school, including the website.

Parent's Initial: _____

Expectations and Understandings:

1. Children are expected to be respectful of each other, care providers, and others they may interact with on school property. Children who are unwilling to co-operate with care providers may be asked to leave the program after consultation with the parent(s).
2. No electronic or digital devices of any kind are to be used during the Summer Camp Programs.
3. Climbing trees without explicit permission and vigilance by the caregiver(s) is not allowed.
4. No activity is permitted out of sight, without supervision of the caregiver(s).
5. **STORM DAYS:** In the event that the program is cancelled in the morning due to inclement weather or for any other reason, there will be NO After School Care Program. Announcements can be heard on local radio stations and the school will send an email to all parents in the event of cancellation. If the program is cancelled during the day, parent(s)/guardian(s) will be notified and are encouraged to pick up children as soon as possible.
6. We agree to abide by Polaris' COVID-19 guidelines and protocols which may change throughout the summer.

I/We understand and agree to the above expectations and understandings

Parent's Initial: _____

Parent or Guardian Name (please print)

Signature

Date

Tell us more about your child: The more we know about your child, the easier it is to make their camp experience at Polaris enjoyable and a success.

Describe your child in a few words. _____

What are your child's interests or hobbies? _____

Please describe your child's educational experience to date? _____

How would you describe your child's social/emotional development? _____

What languages does your child speak? _____

Please describe your child's fine and gross motor development. Have there been any challenges? _____

Does your child have any health conditions that we should be aware of? _____

Have you ever sought counselling or a professional evaluation for your child?

Yes No

Additional Comments (Is there anything else we should know?):

Please indicate the weeks you would like to register for:

Please wait until you receive confirmation of availability and receive an invoice before proceeding with payment.

Early Childhood Program (4-6 years of age)

- Week of July 4 / Over the Rainbow
- Week of July 11 / Adventureland
- Week of July 18 / Puppetry
- Week of July 25 / Earth Friendly Arts & Crafts
- Week of August 2* / Hunters & Gatherers (*Short week - Civic Holiday)
- Week of August 8 / Fairy Tales

Elementary Program (7 to 11 years of age)

- Week of July 4 / Crafts & Stories Camp (ages 7 to 9)
- Week of July 11 / Creative Nature Camp (ages 7 to 11)
- Week of July 18 / Music, Music, Music (ages 7 to 9)
- Week of July 25 / Creative Innovate Camp (ages 7 to 11)

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Family Information Page
(Complete one per family)

Parent / Guardian # 1 Information

Name: _____

Address:

Street _____

City, Province _____

Postal Code _____

Phone #:

Work _____

Home _____

Mobile _____

Email:

Occupation:

Work Hours:

Parent / Guardian # 2 Information

Name: _____

Address:

Street _____

City, Province _____

Postal Code _____

Phone #:

Work _____

Home _____

Mobile _____

Email:

Occupation:

Work Hours:

Before Care available starting at 8:30 am and After Care available until 4:30 pm at an additional cost.

We require before care (\$5/day) Please indicate days/full week: _____

We require after care (\$10/day) Please indicate days/full week: _____

Authorized Persons to pick up child(ren):

Please note, children will only be released to Parents/Guardians, or individuals noted on this list, unless special arrangements have been made with the office/Camp Leader beforehand.

Name	Phone Number	Relationship to family

Emergency Contact:

Name: _____ Relationship to the family: _____

Phone: _____