

## Teens Summer Day Camp 2021 - First Time Registrant

**July 19 - 22 or Aug 16 - 19, 2021**

**Ages 12 - 16**

All groups are held at S204-750 Cottonwood Ave, 9-3pm

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Email:</b>
<b>Phone:</b>	<b>Parents:</b>

Please choose from the following options:

Please check below for <b>MONDAYS</b>		Please check below for <b>TUESDAYS</b>		Please check below for <b>WEDNESDAYS</b>		Please check below for <b>THURSDAYS</b>	
July 19		July 20		July 21		July 22	
Aug 16		Aug 17		Aug 18		Aug 19	

**Note:**

**Teens Camp \$130/Day for 4 or more consecutive days.**  
**If space allows and 4 or more sporadic days are chosen \$135/Day**  
**Choose 3 or less sporadic days @ \$140/day**

<b>TOTAL # OF DAYS</b>	<b>@ Rate</b>	<b>Grand Total \$</b>	<b>Please Initial &gt;&gt;&gt;</b>
<b>Estimated Cost - Admin will verify enrollment and cost by email</b>			

**Please initial here if you would like to use ASD Funding for this program.** Funds must be made available in My Family Services Autism Funding portal or a RTP signed and submitted to Social Butterflies *before a child's placement can be confirmed.* **Please allocate ASD funds to "Social Skills Groups"**

**OR**

Please invoice the following service: \_\_\_\_\_  
***I understand that my child's placement in camp/group can not be confirmed until fund allocation is verified. I will ensure the service will be notified to process a confirmation by email to office@SocialButterflies.ca .***

I understand that I will be responsible for any amount outstanding.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Date Signed

**Space is limited. Camp placement will be confirmed by email**

Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Parents Names: \_\_\_\_\_

**I hereby acknowledge and agree to the following terms:**

**Please *initial* each box as you read.**

- I agree that any missed days will not be reimbursed. No additional hours or days will be made available for any time a child is absent.
- I agree to pick up and drop my child off on time for agreed session. I understand that I will be billed \$1 per minute that I am late. Autism funding will not be billed for late charges. Parents/Guardians are responsible for late charges. I also understand that I am responsible for calling Social Butterflies Activities and Learning Ltd. Group leader any time my child will be dropped off or picked up late. This will be at the discretion of group co-ordinator. **This will be strictly enforced.**
- I agree to call Social Butterflies Activities and Learning Ltd. Group leader any time my child will be absent.
- I understand that I will not be able to send my child to the group if they are ill. I agree to follow Social Butterflies Activities and Learning Ltd. - ILLNESS POLICY FOR CHILDREN that I acknowledge to have received and read.
- I agree to inform the staff of any important information regarding my child that may impact their or others participation in the group.
- I agree to provide any medications or epi-pen that the child may need inside a Ziploc that is labelled with child's name and instructions stapled to the bag.
- I understand that group activities are subject to change due to unforeseen circumstances.
- Please initial in box.**  
I/we have read this page and agree to follow the terms and conditions on this page.

Special Diet Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Please **initial** each box as you read.

### Electronic and Digital Services

Social Butterflies Activities and Learning Ltd. is committed to your child’s safety and security in every way, including online services. To that end we seek to keep all identifying information confidential. These digital services are ‘cloud-based’ programs, which means they are accessed from servers outside of Social Butterflies Activities and Learning Ltd., and some student data is retained on those servers like Cloud base Google Documents and emails. Parental consent is given so that information regarding student may be communicated by digital means within our organization and to parents.

### Consent for Field Trips

Social Butterflies Activities and Learning Ltd. requires parental consent for students to participate in Routine Field Trips throughout the school year and for group sessions. Examples of Field Trips may include parks, farms, museums, concerts, plays, sporting events, waterslides, City Hall, swimming in supervised pools with certified lifeguards (Canada Games Pool and other municipal pools). These field trips are one day (or less) in duration, take place within the general Kamloops area, and do not involve high risk activities. Parents accept the responsibility for any incident that may occur on a field trip and, in the event of an emergency, give Social Butterflies Activities and Learning Ltd. staff permission to act on their behalf without fear of legal repercussion. By allowing your child to participate in the group activities outside the premise, you are agreeing that the activity is suitable for your child and that there is a risk of injury associated with the activity.

### Consent for Private Transportation

Social Butterflies Activities and Learning Ltd. requires parental consent for students to be transported in private vehicles by Social Butterflies Activities and Learning Ltd. parents and/or staff to field trip locations and other school events. Parent or staff volunteer drivers must submit a copy of a valid, current driver’s license and a copy of insurance with liability of \$2,000,000 or more and be kept on file at office.

### Neighbourhood Walking Trip

Social Butterflies Activities and Learning Ltd. requires permission for your child to participate in these walks or activities. Rather than sending home a permission form for each trip, we are asking that you sign below to cover all neighbourhood walking field trips or activities for this group session. Should you not wish your child to participate in an outing, please inform the group instructor.

**I/we give consent and agree with all the above statements as indicated.**

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Social Butterflies

\_\_\_\_\_  
Date Signed

2019-12-12 1:34:00 PM

## Surveillance, Photos & Video Taping - Policy & Contract

I, \_\_\_\_\_, give permission for my child,  
Parent(s) /Guardian Full Name

\_\_\_\_\_, to be photographed and/or video taped  
Childs Full Name  
during Social Butterflies Activities and Learning Ltd. programs.

**I understand that surveillance cameras are present in therapy rooms and classrooms for security and safety purposes. The surveillance tapes are kept for a limited time only in a secure location and can only be accessed by management unless required by law.**

**I agree that Photo's/Video's may be used for the following purposes:**

Please *initial* all that apply.

- To be sent home with the child, for the family's personal use.
- To be sent or distributed to other children in the program. (example: group photos.)
- To be used for future program advertisements and appear in brochures, flyers, or posters.  
 Without full face or full profile
- To be used on Social Butterflies Activities and Learning Ltd. website and social media.  
 Without full face or full profile
- I do not wish for my child ever to be photographed or videotaped

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

Please send written notice to [office@socialbutterflies.ca](mailto:office@socialbutterflies.ca) if you wish to make any changes to this consent form.

**Parental Permission Form – Child Transportation in a Privately-Owned Vehicle**

Child's Name: \_\_\_\_\_ Driver: Social Butterflies Activities and Learning Ltd. Staff

Pick up and Drop off location: Social Butterflies Activities and Learning Centre

Effective as of Date: \_\_\_\_\_ End Date: Until notified in writing or on \_\_\_\_\_

I authorize Social Butterflies Activities and Learning Ltd and its staff to transport my minor child in privately owned vehicles driven by an individual authorized by Social Butterflies Activities and Learning Ltd. Staff are required to submit a copy of a valid, current driver's license and a copy of insurance with liability of at least \$2,000,000 or more and to be kept on file. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff.

I have read, understand, and have discussed with my child:

1. My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
2. My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
3. Riding in a motor vehicle may result in person injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
4. My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Initial Each Statement

\_\_\_\_ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

\_\_\_\_ As a condition for the transportation received, I for myself, my child, my executors and assigns, further agree to release and forever discharge Social Butterflies Activities and Learning Ltd, and their employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

\_\_\_\_ I have read this entire waiver and authorization form, I fully understand its terms and condition, and I agree to be legally bound by its terms.

I/we give consent and agree with all the above statements as indicated.

Date: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

This form must be completed and submitted to the Social Butterflies Activities and Learning Ltd. office or activity instructor/advisor before the transportation arrangements described herein take effect.

## Appendix A - ILLNESS POLICY FOR CHILDREN guide Symptoms Which Should Exclude a Child from Attending Session

### During Covid - 19 Coronavirus Pandemic

- BCCDC states that children who have one or more of the following symptoms should stay home and be monitored for a minimum of 24 hours: fever, chills, cough, shortness of breath, nausea, vomiting or diarrhea. If anyone has two or more of the symptoms it is recommended that they seek medical advice (see a doctor, call 8-1-1 or get tested).
- We encourage families to follow the guidelines from Public Health and call 8-1-1 if you or family member have any symptom concerns. Public Health decides the risk level and will dictate the appropriate response given the level of contact and risks.

Parents should be advised to keep their child at home or to seek alternate care arrangements for the following conditions:

- Pain - any complaints of unexplained or undiagnosed pain.
- A common cold with listlessness, runny nose and eyes, coughing and sore throat. Once the child's temperature, well being and energy have returned to normal, the child may no longer be contagious, and may be able to return to the child care facility even though coughing and runny nose may persist.
  - Generally speaking, a person who catches a cold can spread it to others for one day before symptoms appear, and about five days after the cold symptoms (above) begin.
  - If the symptoms (runny nose and eyes, coughing) are caused by a known allergy (e.g. hay fever, asthma) the child is not contagious and does not have to be excluded.
- Difficulty in breathing - wheezing or a persistent cough.
- Fever (100 degrees F/38.3 degrees C or more) accompanied by general symptoms such as listlessness or sluggishness may be an early sign of an illness that requires a doctor's attention.
- Sore throat or trouble swallowing.
- Infected skin or eyes, or an undiagnosed rash
- Headache and stiff neck (should see physician)
- Unexplained diarrhea or loose stool (may or may not be combined with nausea, vomiting or stomach cramps). These symptoms may indicate a bacterial or viral gastrointestinal infection which is very easily passed from one child to another via the fecal-oral route. The child should be kept home until 24 hours after all symptoms have stopped.
- Nausea and vomiting may be early signs of illness.
- Severe itching, dry skin of either body or scalp if caused by head or body lice or scabies.
- Children with known or suspected communicable diseases.

### **In Summary, a child must be kept at home (or taken home) when the child:**

Is suffering from one or more of the above symptoms, or is not well enough to take part in the regular programs of the facility.

*Ultimately, the care of a child who is ill is the parent's responsibility.*

## Practicum Students

Dear Parents

In our effort to support students training and aid recruitment of future employees with the proper skill sets that are in line with the needs of children with special needs, we will be allowing practicum students to shadow and/or participate in intervention sessions with our employees. All practicum students will undergo criminal record checks and will be held to the same Client Privacy Policy that is in effect for our employees.

On occasion the supervisor/instructors from the educational facility that oversees practicum student placement may need to observe practicum student in an active session.

Social Butterflies Activities and Learning Ltd. understands and upholds your right to privacy. There are times that Social Butterflies staff may need to share your child's information. Only necessary information regarding your child's individual needs and programming will be shared. The sharing of this information will be used to enhance the education of the practicum students and ensure that they will have the skills to provide quality therapeutic services in the future.

We request your permission for practicum students to attend and observe therapy sessions (in person or via video session), groups, camps or the Individualized Inclusion Program. If you have any questions or concerns, please send us an email to: [office@socialbutterflies.ca](mailto:office@socialbutterflies.ca) or call 778-470-1005.

### Consent for Disclosure

I/We, \_\_\_\_\_, authorize  
Print (Parent(s)/Guardian(s))

Social Butterflies Activities and Learning Ltd. representatives to allow practicum students to observe and participate in supervised sessions, to exchange verbal summaries, written records, or documents about myself, my child, and/or my family with practicum students. Practicum student's instructor or supervisor may be present on occasion.

The purpose for sharing information is to assist in the education and training of practicum students regarding your child needs, development and implementation of behavioural programs that will effectively and appropriately serve the client.

\* On sight observation and/or information will be exchanged with or from the practicum student(s).

\*This document may be revoked by the Parent/ Guardian providing written notice, at any time, and given to a Social Butterflies Activities and Learning Ltd representative. If no written notice is given at the time your file is closed, this document will expire 6 months after the closing date.

\_\_\_\_\_  
Print (Child's Name)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Print (Parent's Name)

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Print (Parent's Name)