

# MARCH BREAK IS COMING!



## Kids Connection Care and Education Grade 1 – Grade 6 March Break Camp 2024

We will be operating Adventure Camp during March Break at the locations listed below. Space is available on a first come first served basis, **as space is limited. Part Time care is NOT available.** Snacks, lunches, and trip are included in the cost:



**\*\*SPACE IS LIMITED\*\***

**COST : \$375.00/week**

Attached is the registration form with highlights of our March break activities.

Please complete the attached registration form.

Send completed form to: [kzentena@kidsconnectionce.com](mailto:kzentena@kidsconnectionce.com)

E-transfer: [contact@kidsconnectionce.com](mailto:contact@kidsconnectionce.com)

Please complete the attached registration form and submit it **no later than Friday February 16th, 2024. Late forms will not be accepted.**

Thank you for your cooperation.

KCCE Management Team

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**The following sites will be OPEN.**

**Beckett Farm,**

78 Beckett Ave., Unionville ON, L6C 0T3

**Black Walnut,**

30 John Allan Cameron St, Markham ON L6B-0P4

**Carnegie CCC,**

575 Via Romano Blvd, Vaughan, ON L6A-0G1

**Christ The King CCC,**

329 Valleysmede Drive, Richmond Hill, ON L3T-2L8

**Kids Connection Richmond Hill,**

155 Red Maple Rd., Richmond Hill, ON L4B 4P9

**Michaëlle Jean**

320 Shirley Dr, Richmond Hill, ON L4S 2P1



## Choose your Adventure this March Break!!

### ADVENTURE CAMP HIGHLIGHTS ( Grade 1-6)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TikTok Trends	Art Through the Ages	Pick your Adventure	Escape The Day	TRIP: SpringFest TO

**TikTok Trends:** *explore viral TikTok challenges, food trends and choreography.*

**Art Through The Ages:** *participate in a Sip & Paint event and various hands-on projects inspired by art history from around the world.*

**Pick Your Adventure:** *participate in a variety of 2-hour clubs that will be offered both in the morning and in the afternoon. (Selections will be done on Monday)*

**Escape The Day:** *Participate in games and tournaments that challenge the mind and body.*

**Trip SpringFest TO: (formerly known as Wizard World)** *offers children an indoor fun park with the latest in children's entertainment, games, and activities. Located at Markham Fairgrounds 10801 McCowan Rd, Markham, ON L3P 3J3.*

**All inclusive of :** Care from 7:00am to 6:00pm, 2 snacks, lunch, trip, and activities that will inspire creativity, expression, teamwork, and a sense of adventure!

**Weekly rate \$375.00 Part Time Care is NOT available.**

## MARCH BREAK CAMP REGISTRATION 2024

**I would like to register my child:** Click or tap here to enter text.

**For March Break camp at :** Choose an item.

I give permission for my child to go on a trip to SpringFest TO at Markham Fairgrounds, 10801 McCowan Rd, Markham, ON L3P 3J3 via a chartered school bus, accompanied by the staff of KCCE.

In the case of my child's absence, I will notify the centre by 10:00 am for each day that they are away, as per the \* New Safe Arrival & Dismissal Policy\* (all policies are available online at [www.kidsconnectionce.com](http://www.kidsconnectionce.com))

I agree to make the payment via E-Transfer to [contact@kidsconnectionce.com](mailto:contact@kidsconnectionce.com)

*\*\*please include your child's full name and location your child will attend in the comments section when sending your E Transfer\*\**

**Parent Name:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

### OFFICE USE ONLY

**Supervisor Signature:**

**Date**

CAMPERS INFO			
First Name:Click or tap here to	Last Name:Click or tap	Date of Birth: Click or tap to enter .	Gender Click or ta
Address:Click or tap here to enter text.		City: Click or tap here to enter text.	
Postal codeClick or tap here to enter text.			
Are there any specific custody arrangements: Click or tap here to enter text.			<b>*Custody</b>
<b>documents MUST be attached</b>			
For income tax purposes who should tax receipts be issued to? Click or tap here to enter text.			
PARENT INFO			
Parent/Guardian #1		Parent/Guardian # 2	
Name:Click or tap here to enter text.		Name:Click or tap here to enter text.	
Work address:Click or tap here to enter text.		Work address:Click or tap here to enter text.	
Work # Click or tap here to enter text.		Work # Click or tap here to enter text.	
Cell #Click or tap here to enter text.		Cell #Click or tap here to enter text.	
Email: Click or tap here to enter text.		Email:Click or tap here to enter text.	
EMERGENCY CONTACT- Other Than Parents			
Name:Click or tap here to enter text.		Name: Click or tap here to enter text.	
Address:Click or tap here to enter text.		Address:Click or tap here to enter text.	
Phone: Click or tap here to enter text.		Phone: Click or tap here to enter text.	
Alternate: Click or tap here to enter text.		Alternate:Click or tap here to enter text.	
AUTHORIZED PICK UP- Other Than Parents			
Name:Click or tap here to enter text.		Name:lick or tap here to enter text.	
Phone # Click or tap here to enter text.		Phone # Click or tap here to enter text.	
Alternate #Click or tap here to enter text.		uAlternate #Click or tap here to enter text.	
Doctor Name: Click or tap here to enter text.		Phone #:Click or tap here to enter text.	
Address: Click or tap here to enter text.		City: Click or tap here to enter text.	
Has your child had any of the communicable disease YES <input type="checkbox"/> NO <input type="checkbox"/> if yes, please indicate: Click or tap here t			
If your child becomes ill with any of the following communicable diseases, please keep your child at home.			
➤ Pink Eye Impetigo Strep Throat Scarlett Fever Chickenpox Fifth Disease Whooping Cough Gastrointestinal (i.e. Norwalk virus)			
MEDICAL INFO			
<b><u>Does the camper have any medical condition or life-threatening allergy or allergies you would like us to know?</u></b>			
YES <input type="checkbox"/> NO <input type="checkbox"/> if yes, please indicate: Click or tap here to enter text.			
<b><u>Does your child use an Auto Injector:</u></b> YES NO If yes does he/she carry their own Auto Injector YES <input type="checkbox"/> NO <input type="checkbox"/>			
<i>If yes, please complete and submit the Individual Anaphylaxis Plan Form. Completed forms must be signed and submitted along with registration form prior to camp. You are required to train staff via Zoom on how to administer the child's epinephrine auto-injector on the first day of camp.</i>			

**PARENT CODE OF CONDUCT**

Parents, guardians, volunteers, staff and/or Board Members must be treated courteously, impartially, and respectfully at all times. This standard applies to whether they are on centre’s property or at centre-sponsored events and activities. All members of the centre’s community are to be treated with dignity regardless of race, creed, sexual orientation, disability, or any other grounds protected by the Ontario Human Rights Code. All adults must model appropriate behaviour, refrain from such behaviours such as swearing, name calling, shouting etc. Individuals engaging in such behaviours will be asked to leave the premises immediately. Failure to comply may result in police intervention. Confidentiality must be maintained, respecting the privacy of our families, staff, and volunteers; therefore, gossip within the centre, written notes, gestures, or body language and/or electronic information sharing will not be tolerated. Inappropriate behaviour or harassment of any kind will result in immediate intervention up to and including dismissal of family from the centre.

The privacy and confidentiality of our parents, staff, guardians, volunteers, and students is important to us. All concerns and comments should be addressed with the staff. Should this discussion not address your concerns the next step is to review the situation with the Area Supervisor or Management Team. Failing resolution with the Supervisor or Management Team, the matter will be referred to the Board of Directors.

This code of conduct must be signed by any and all adults that is involved in your child’s experience at all KCCE Childcare Centre’s, Before and After School and Summer Camp programs including parents, grandparents, siblings, emergency contact pickups etc.

**CONSENT/ AGREEMENT FORM**

<b>Please read the following policies and procedures and initial your understanding of the policy and your willingness to abide by it</b>	Please check that you have read and understand/consent
KCCE will not be responsible for any incident that may occur as a result of false information given at the time of enrollment. I/We understand that my child(ren)s enrollment is contingent on all information outlined in these forms to be full and accurate.	<input type="checkbox"/>
KCCE reserves the unilateral right to cancel any arrangements, if policies of KCCE are not followed by a child or parent	<input type="checkbox"/>
I/We give permission for my child to go on neighbourhood walks accompanied by the staff of KCCE.	<input type="checkbox"/>
I/We grant permission for the operator or designate of KCCE to take any necessary steps to obtain emergency medical care if warranted. A full outline of emergency procedures, policies and practices is in the Policy Manual. Any expenses incurred during an emergency will be the responsibility of the child’s family.	<input type="checkbox"/>
<b>In the case of my child’s absence, I will notify the centre by 10:00 am for each day that they are away, as per the * New Safe Arrival &amp; Dismissal Policy* (all policies are available online at <a href="http://www.kidsconnectionce.com">www.kidsconnectionce.com</a>)</b>	<input type="checkbox"/>
We will abide by the Parent Code of Conduct that is included in this brochure.	<input type="checkbox"/>

**I have read and consent to all the forms listed above.**

**Step 1. Check the box below.**

By checking this box and typing my name below, I am electronically signing this form.

**Step 2. Type in your name**

**Parent Name:** Click or tap here to enter text.      **Date:** Click or tap to enter a date.