

Dear Parents & Guardians:

The Robin Hood Association Children & Youth Services will be offering a summer recreational program for children 2 ½ years and older. The program provides recreational experiences, social interaction, skill maintenance and development to children with special needs. Through crafts, cooperative play, music and community outings, the program provides opportunities to explore, imagine, create and experience a wide variety of summertime activities.

REGISTRATION INFORMATION:

Program start: July 4, 2011 – August 26, 2011
Program Hours: 9:00 a.m. – 3:30 p.m.
Location of Program: Children & Youth Community Centre, 3 Spruce Ave., Sherwood Park, AB
Contact Information: Laurie Massie
Phone: (780) 640-9401 ext. 225 **Fax:** (780) 640-9404
Website: www.robinhoodassoc.com **email:** massie@robinhoodassoc.com

Registration Fees: Full Day: \$40.00 Half Day: \$25.00 (9:00 a.m. – 12:00 p.m. or 12:30 p.m. – 3:30 p.m.)

Field Trip Days: Field trip days are full day registration only.

Registration fees are due at the time of registration. If services are to be directly billed to F.S.C.D., a copy of the F.S.C.D. agreement **confirming summer program funding MUST** be included with registration. Registrations will not be accepted over the phone.

Early registration for families residing in Strathcona County including Sherwood Park and the City of Fort Saskatchewan prior to May 16, 2011. After May 16, 2011, spaces will be filled on a first come basis.

Mail applications to: Robin Hood Association
Children & Youth Services
#101, 3 Spruce Ave., Sherwood Park, AB T8A 2B6

*Please note: all outstanding accounts must be paid in full before summer registration can be confirmed.

Cancellation Policy: registered days cancelled without 7 days notice or unattended days will be billed directly to parents at full camp rate. Sick days are considered unattended days and are billed at full camp rate.

Before & Aftercare: may be available upon request. Services will be billed for time registered at Family Support rates. Cancelled shifts or no shows without 24 hours notice will be billed as per times registered. If picked up later than times registered, billing will be adjusted. **Please note that registering for this service does not guarantee we will be able to meet your relief needs. For more information contact Becky @ 780-640-9401 ext. 231 or email: familysupport@robinhoodassoc.com**

Date:

Summer Program 2011

#101, 3 Spruce Ave. Sherwood Park, AB T8A 2B6 Phone: (780) 640-9401 ext. 225 Fax: (780) 640-9404
 website: www.robinhoodassoc.com email: massie@robinhoodassoc.com

Personal Information

Name:	Parent/Guardians:
Address:	Diagnosis:
City P.C.	
Phone No: Cell:	Allergies:
Email: Work:	
Date of Birth:	Seizures: (Please describe)
Medication: (Please list all) .	
Other information:	Emergency Name: Relationship: Emergency No.:

FIELD TRIP PERMISSION

I hereby give permission for _____ to participate in any outings planned by the Robin Hood Summer Program during July and August 2011. I understand transportation will be by Robin Hood Vans, contracted buses, public transportation or staff vehicle.

Parents/Guardians _____ Date _____

PHOTOGRAPHIC AUDIO – VISUAL RELEASE

I hereby give authorization to Robin Hood Summer Program to photograph and/or use video recordings of _____:

for the promotion of the summer program individual use by family

Parents/Guardians _____ Date _____

GENERAL MEDIA PHOTOGRAPHIC AUDIO – VISUAL RELEASE

I hereby authorize general media (T.V., newspaper, etc.) personnel to photograph and/or video tape recordings of _____ for promotion of the Robin Hood Summer Program.

Parents/Guardians _____ Date _____

Name _____

Summer 2011 - July

Full Days: 9:00 a.m. – 3:30 p.m.

Half Days: AM – 9:00 a.m. – 12:00 p.m. (3 hr. max.)
 PM – 12:30 p.m. – 3:30 p.m. (3 hr. max.)

**** Please check all boxes that correspond to the days and times you wish your child to attend****

Week of:

July 4-8

	Mon (4)	Tue (5)	Wed (6)	Thu (7)	Fri (8)
<i>Full Day</i>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>
<i>Half Day</i>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available	AM PM <input type="checkbox"/> <input type="checkbox"/>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available

July 11-15

	Mon (11)	Tue (12)	Wed (13)	Thu (14)	Fri (15)
<i>Full Day</i>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>
<i>Half Day</i>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available	AM PM <input type="checkbox"/> <input type="checkbox"/>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available

July 18-22

	Mon (18)	Tue (19)	Wed (20)	Thu (21)	Fri (22)
<i>Full Day</i>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>
<i>Half Day</i>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available	AM PM <input type="checkbox"/> <input type="checkbox"/>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available

July 25-29

	Mon (25)	Tue (26)	Wed (27)	Thu (28)	Fri (29)
<i>Full Day</i>	Full Day <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>
<i>Half Day</i>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available	AM PM <input type="checkbox"/> <input type="checkbox"/>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available

I understand that: Registered days cancelled without 7 days notice or unattended will be billed directly to families at full camp rate. Sick days are considered unattended days.

Parent initials _____

Please add me to the waitlist if selected days are full.

Name _____

Summer 2011 - August

Full Days: 9:00 a.m. – 3:30 p.m.

Half Days: AM – 9:00 a.m. – 12:00 p.m. (3 hr. max.)

PM – 12:30 p.m. – 3:30 p.m. (3 hr. max.)

**** Please check all boxes that correspond to the days and times you wish your child to attend****

Week of:

August 1-5

	Mon (1)	Tue (2)	Wed (3)	Thu (4)	Fri (5)
<i>Full Day</i>	Program Closed	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>
<i>Half Day</i>	Program Closed	Half Day not available	AM PM <input type="checkbox"/> <input type="checkbox"/>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available

August 8-12

	Mon (8)	Tue (9)	Wed (10)	Thu (11)	Fri (12)
<i>Full Day</i>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>
<i>Half Day</i>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available	AM PM <input type="checkbox"/> <input type="checkbox"/>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available

August 15-19

	Mon (15)	Tue (16)	Wed (17)	Thu (18)	Fri (19)
<i>Full Day</i>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>
<i>Half Day</i>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available	AM PM <input type="checkbox"/> <input type="checkbox"/>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available

August 22-26

	Mon (22)	Tue (23)	Wed (24)	Thu (25)	Fri (26)
<i>Full Day</i>	Full Day <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>	Full <input type="checkbox"/>
<i>Half Day</i>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available	AM PM <input type="checkbox"/> <input type="checkbox"/>	AM PM <input type="checkbox"/> <input type="checkbox"/>	Half Day not available

I understand that: Registered days cancelled without 7 days notice or unattended will be billed directly to families at full camp rate. Sick days are considered unattended days.

Parent initials _____

Please add me to the waitlist if selected days are full.