

2021 Summer Camp - Registration Form (for all camps)

Which Camps are you registering for *(please check all that apply at this time - we can add on later as well)*

- June 15-16 & June 23-24 : Buttercup I (ages 3-7) Tuesdays & Wednesdays: 9am to 2:30
- June 29-30 : Junior Counsellor Training - Overnight, pick up Wed @ 11am
- July 5-8 : Field & Forest (ages 6-12), Monday to Thursday: 9am to 3pm
- July 12-15 : Yoga, Art, and Plant Magic (ages 6 – 12) : Monday to Thursday : 9am to 3pm
- July 20-22 : Ancestral Skills Overnight Camp (ages 8 to 13) : Drop-off 9am Tues; Pick-up 3pm Thursday
- July 26-29 : Watershed Rangers (ages 6 to 12) : Monday to Thursday : 9am to 3pm
- August 3-4 & August 10-11 : Buttercup II (ages 3-6) Tuesdays & Wednesdays: 9am to 2:30
- August 12-15 : Teen Overnight Camp, Ages 13-16 : Drop off 9am Thursday; Pick up 11am Sunday
- Aug 19-22: Luna's Rising, Ages 11-15: 9am to 3pm daily & overnight 21st-22nd.

CAMPER INFORMATION

First Name: _____ Last Name: _____

Age: _____ Birth date (yy/mm/dd): ____/____/____ Preferred Pronoun (s/he, they, other): _____

Allergies/Dietary Restrictions or Preferences:

Healthcare Number: _____

Family Doctor: _____ Doctor phone number: _____

Medications: Y or N If yes, please list: _____

CONTACT INFORMATION

Parent/ Guardian

First Name: _____ Last Name: _____

Address: _____

Postal Code: _____ E-mail: _____

Phone #: _____ Work #: _____ Cell #: _____

Relationship to participant parent guardian other _____

Authorized to pick up participant (must be given in writing or in person by the legal guardian)

1) _____ 2) _____

Secondary Contact

First Name: _____ Last Name: _____

Phone #: _____ Work #: _____ Cell #: _____

Relationship to participant parent guardian other _____

Emergency Contact (used only in an emergency when the two primary contacts can't be reached)

First Name: _____ Last Name: _____

Phone #: _____ Work #: _____ Cell #: _____

Relationship to participant parent guardian other _____

Additional Questions for Overnight Camps (answer only if your child is planning on attending one of the following overnight camps this summer : *Junior Counsellor Training, Ancestral Skills, Teen Overnight Camp and/or Luna's Fire*)

First Overnight Camp Experience?: Y or N ; Slept in Tent before?: Y or N

Any Medications that will be brought to camp? Y or N

Any other medications that are usually / occasionally used? Y or N

Any other information that may be helpful for a successful overnight camp experience for your child:

Knife Use Release Form:

During our some of our programs children (ages 8 and up) will have a chance to learn about knife safety and carving. If a child does not follow our safety rules they will not be permitted to use a knife. A staff member might hold on to their knife until the end of the day.

Children will only be allowed to carve if their parent has signed and turned in this form.

I give my child permission to use a knife at Camp/Enrichment/School/ or other KAN programs after they have received the knife safety instruction.

Child's Name: _____
(Please print)

Signature of Parent/Guardian _____ Date: ____/____/____

Parental Confirmation and Acknowledgment of Covid-19 Screening Responsibility:

I _____ (parent/guardian), hereby acknowledge that I understand my responsibilities for the screening of my child/children for COVID-19 symptoms prior to bringing my child/children to the Knowlesville Art & Nature Centre every day.

I understand that bringing my child/children to the above-named facility signifies that I take full responsibility and attest that all questions in the screening questionnaire were answered with a "no". The pre-screening questionnaire is included as a print out at the end of this registration form.

Signature of Parent/Guardian _____ Date: ____/____/____

Medical Information & Consent Form

It is the policy of **Knowlesville Art & Nature Centre** to notify a parent/guardian when a child is ill or needs medical attention. If we cannot contact parents/guardians and need to get immediate medical assistance for the child, our procedure is to take the child to the nearest emergency service. Please sign the consent below so that we can take appropriate action on behalf of your child.

In the event that I cannot be contacted, I hereby give consent for my child _____ to be taken to the nearest emergency centre by the staff at **the Knowlesville Art & Nature Centre** to receive medical treatment.

Signature of Parent/Guardian _____ Date: ____/____/____

Release of Liability:

As a condition of my child's participation in the Art & Nature School, I agree to release the Knowlesville Art & Nature Centre, any establishment where the program is held, its employees and agents from any and all liability for any bodily injury, property damage, death or loss of any nature and kind that may occur from participation in any activities of the Art & Nature School.

Signature of Parent/Guardian _____ Date: ____/____/____

Photo Consent

During our activities and events staff and parents like to take photos, which we use to promote and showcase our school through social media, our website, and occasionally newsletters or blogs. By signing our photo consent you are agreeing that we may use pictures of your child for these purposes.

For those preferring not to sign we are happy to accommodate. Please communicate your wishes with staff on the form provided (i.e. taking photos is ok, but you don't want them on facebook, or if you'd rather no photos be taken at all).

I hereby give permission for images of my child, captured during regular and special Knowlesville Art & Nature Centre activities through video, photo and digital camera, to be used solely for the purposes of Knowlesville Art & Nature Centre promotional material publications, and waive any rights of compensation or ownership thereto.

Signature of Parent/Guardian _____ Date: ____/____/____

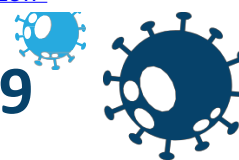
Additional Information on your child that you wish to include :

Thank you for registering! Please send the completed form to admin@knowlesvillenature.ca or you can mail it along with your camp fees to 111 Simms Road, Knowlesville NB, E7L1B1. We can also accept faxed registrations when someone is in the office, please call ahead to 506-375-6400.

FOR YOU TO KEEP - Not to be sent with registration

Source: <https://www.nbed.nb.ca/parentportal/Content/Covid-19/Screening%20Questionnaire%20for%20COVID-19%20YELLOW-ORANGE.pdf>

Screening Questionnaire for COVID-19



Yellow and orange phase

for Early Learning and Childcare Facilities

Note: Children or staff who have been identified by their primary care provider (or another health care provider) as having seasonal allergies or who suffer from chronic runny nose/nasal congestion are not required to be excluded.

1.	Do you have any 2 of the following symptoms: • fever or feverish (flushed, warm to touch) • sore throat • headache • runny nose • a new cough or worsening of a chronic cough • fatigue/exhaustion • diarrhea • muscle pain • loss of sense of smell and taste • in children, purple fingers and/or toes	YES	NO
2.	Have you been advised by Public Health, a health-care provider or a peace officer that you are currently required to self-isolate?	YES	NO
3.	Are you waiting for a COVID-19 test or COVID-19 test results AND have been told you need to self-isolate?	YES	NO
4.	For households with HCPs, have you or anyone in the household had close contact (face to face contact within 2 meters) with a confirmed case of COVID-19 within the last 14 days, outside the health care setting?	YES	NO
5.	a) Have you travelled outside of New Brunswick in the past 14 days?	YES	NO
	b) Has an individual in your household returned from outside of New Brunswick in the past 14 days for any reason, and now someone within the household has developed one or more symptoms of COVID-19 as listed above?	YES	NO
	c) Are you exposed to other members of your household who are required to self-isolate due to travel within the last 14 days and are unable to follow the Self-Isolation Guidance for Asymptomatic Individuals?	YES	NO
6.	In the last 14 days, have you or anyone in the household been diagnosed with COVID-19?	YES	NO
7.	Have you been told by Public Health that you may have been exposed to COVID-19?	YES	NO
8.	In the last 14 days, have you had close contact with an individual who is suspect of COVID-19 while providing direct patient care, and you were not wearing proper Personal Protective Equipment (PPE)?	YES	NO

If you have answered “Yes” to any of the above questions, stay home, and do not return to the facility/ camp until clinical evaluation excludes COVID-19 or a COVID-19 test is negative. If you are experiencing any symptoms, you should get tested. You can register for a test online by clicking « Get tested » on the GNB Coronavirus website, calling Tele-Care 811 or by contacting your primary health-care provider. If the COVID-19 test is positive, then you must stay home and self-isolate for 14 days. Public Health will advise when isolation may be lifted.

Regarding question #5, self-isolation is not required for those that are healthy and:

- are a regular cross border commuter attending work or attending an educational institution;
- are a person who returns to New Brunswick following medical care in Nova Scotia or Prince Edward Island; or following specialized emergency veterinary care in Nova Scotia or Prince Edward Island;
- operate a commercial vehicle, aircraft, train and water vessel delivering goods;
- are a resident of Campobello Island entering New Brunswick in compliance with the Mandatory order
- are a person traveling as required to facilitate children sharing their time between parents under an order or agreement providing for joint custody;
- are a resident of Listuguj First Nation and Pointe-à-la-Croix entering Campbellton for essential goods/services

Travel for these purposes requires that you go directly to and from your appointment/destination and/or your accommodations; self-monitor for symptoms; avoid close contact with vulnerable individuals (for which you are not the primary care giver); and follow the guidance of the Chief Medical Officer of Health.