



Canada 2024 Summer Camp

Dear camper, parent/guardian,

Welcome to ECDI Canada 2024 Summer Camp registration.

ECDI has partnered with Universities and colleges of higher learning in Canada to present an opportunity for international integration of Nigerian children with Canadian children through the fun learning setting of summer camp.

We are glad you have chosen to work with us to prepare your child for a successful future in Canada.

In our commitment to your child's safety and recognition of the importance of keeping you connected while your child is away, we have put in place the following procedures;

1. Your child will be assigned to a small group under the guidance of a chaperon who will have an assigned phone.
2. Upon arrival in Canada, Parents/guardians will be informed of children's safe arrival, and regular updates will be provided through the entire camp period.
3. You are invited to call and speak with your children as often as you wish between the hours of 6-9pm EST during the week and between 10am-10pm EST on the weekends.
4. Secure and comfortable accommodations have been reserved for all campers and chaperons with the chaperons' rooms located nearest to the exit.
5. Overnight security services have been engaged to provide additional safety.
6. Each small group will be escorted daily to and from their activities by their chaperons and a camp guide
7. Transportation will be provided for all weekend group activities.
8. Professional animators will provide additional adult support during other organized on-campus activities.

Parents/Guardians are required to complete the Camp 2024 registration package, which comprises:

1. Camper Registration form (2 pages)
2. Parent/Guardian Informed Consent
3. Fee payment information
4. Comprehensive medical information

We look forward to welcoming our campers to our next Canada Summer Camp. We commit to providing an awesome and fun integration experience for your child.

Sincerely,

Kikelomo Osobu
Summer Camp Coordinator

Camper Information	
All the details below are mandatory and must be provided by parents/guardians. Use N/A for any questions that do not apply to your child	
First & middle Name	
Last Name	
Date of birth Example: January 7, 2019	
Gender Check only one box	Male Female
Perm. Home Address	
School Name	
Current School Grade	
Allergies	(Please list All known allergies that your child has. Children MUST report with all prescribed allergy medication/emergency medication, including epipen).
Dietary restrictions	
Campers interests	<p>(Please place a number 1, 2, 3 in the box below each option to indicate campers preference. 1 = highest, 3 = lowest)</p> <p style="text-align: center;">Sports Arts Science</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>
Camp session	<p>* Campers from one school must choose the same session dates.</p> <p style="text-align: center;">Session 1: 28 July – 10 August 2024</p> <p style="text-align: center;">Session 2: 11 – 24 August 2024</p> <p style="text-align: right;">Both Sessions</p>
*Please provide any other relevant information to help us know your child better	

Primary Contact Information

Please provide the contact details of the parent/guardian to be reached with regular updates & in case of an emergency

Title	
First Name	
Last Name	
Mobile phone(s) (Mobile Phone 1 must be a WhatsApp No.)	1. 2. 3.
Work phone	
Email address	
Relationship to camper	

Secondary/Emergency Contact Information (Must be an Adult)

* In the event of an emergency, all efforts will be made to reach the primary contact first

Title	
First Name	
Last Name	
Mobile phone(s) (Mobile Phone 1 must be a WhatsApp No.)	1. 2. 3.
Work phone	
Email address	
Relationship to camper	



Name of Camper _____

Parent/Guardian Informed Consent (please check all boxes that apply)

Sports and Recreation Programs:

I understand that ECDI staff will endeavor to provide the maximum safety and supervision required to keep all campers safe. I further understand that ECDI will do everything within its power to contact me in the event of any incidents or accidents. In the event of ECDI inability to contact either myself or my emergency contact, I hereby give ECDI or its delegate, permission to seek out any necessary medical assistance my child may require while attending the ECDI Summer Sport and Recreation Program.

Yes

Media and Audio-Visual Consent

I understand that videos/images of my child and/or their work may be taken during group activities. I give ECDI permission to use photo, video and/or audio content of my child for ECDI camp promotion purposes, including but not limited to publicity, advertising, and web content.

Yes

Consent and Waiver of Liability

In consideration of my child's attendance and/or participation in ECDI Canada 2024 Summer Camps and Community Recreation Programs, I, the undersigned, hereby certify that my child is fully capable of participating in activities offered in the Program and acknowledge that there are inherent and usual risks and dangers in participation in sports and/or recreational activities, particularly the recreational sports and activities offered in the Community Recreation and Summer Camp Programs, including, but not limited to, mountain biking, zip lining, rock climbing, high ropes, sailing and kayaking, and traditional sports, such as soccer, dance, gymnastics and basketball or an art or science program.

I agree that Early Childhood Development Initiative (ECDI) and its directors, officers, employees or agents shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from my child's participation in camp activities, unless such injury, loss, or damage is caused by the sole negligence of ECDI and its directors, officers, employees or agents while acting within the scope of their duties.

I understand that I am responsible for informing ECDI and its directors, officers, employees or agents in writing of any medical condition(s) my child has at the time of registration or prior to the start of the program in which my child is enrolled.

Yes

Parent/Guardian Name	
Signature	
Date signed	



Name of Camper _____

Fee Payment Information

Evidence of payment of CAD 5,500 (+ CAD 300 for Canada Education Orientation if applicable) is required along with camp registration submission by/before 27 January 2024

INTERNATIONAL WIRE TRANSFER INSTRUCTIONS

Bank Name: TD Canada Trust

Account Name: Early Childhood Development Initiative

Account Number: 5239848

Branch Transit Number: 01932

Institution Number: 004

Branch Address: 1440 Royal York Road, Etobicoke, ON M9P 3B1

Branch Phone: +1 416 243 0855

Swift Code: TDOMCATTOR

Note: Please ensure that the Full names of your child (including first, middle and surnames) and Date of Birth is quoted in the notes of your payment.

Comprehensive Medical Form

Part A: Medical History (To be completed by Parent or Camper's Physician)

Camper's last, first name:

Has the camper ever suffered from/currently suffers from: (please check as applies)

Asthma	Yes	No	Convulsions	Yes	No
Athletic Injuries	Yes	No	Diabetes	Yes	No
Bedwetting	Yes	No	Ear Infections	Yes	No
Behavioral Problems	Yes	No	Epileptic Seizures	Yes	No
Reaction to Medication	Yes	No	Sickle Cell Anemia (SS Genotype)	Yes	No
Broken Bones	Yes	No	Respiratory Problems	Yes	No
Sleeping Problems	Yes	No	Does the camper carry an EpiPen?	Yes	No

Other:

Has the camper ever suffered from a concussion? If so, please provide dates. Insert NA if not applicable

Does the camper have allergies or intolerances or ever suffered from an allergic reaction to: (Check All that apply)

Food or Food Products

Hay Fever

Insect Stings

Physical Activity

Others (please provide details below)

No allergies, intolerances or allergic reactions

If you answered "Yes" to any of the above, please give a detailed explanation below, including activity restrictions, treatment requirements and current medications. Please specify any other significant past medical history or current medical conditions that our medical staff should be aware of. Attach a separate sheet if necessary.



Name of Camper _____

Comprehensive Medical Form

Part B: To be completed by the camper's physician. (Please print.)

Name of Physician	
Address	
Phone number	
Date of Examination	

Physician's Authorization:

I have examined this camper and checked the health information in Part A. In my opinion, the camper is physically fit to engage in all prescribed camp activities.

Signature

Date (mm-dd-yyyy)



Name of Camper _____

Comprehensive Medical Form

Part C: Parental Authorization: (Please check boxes as they apply)

I (Parent/Guardian's name) _____ certify that to the best of my knowledge, the health history provided in Part A above is fully correct in all details. The camper (camper's name) _____ has my permission to engage in all prescribed camp activities except as noted in Part A above.

I hereby authorize the chaperon and or staff of ECDI to administer ongoing medication prescribed by my child's physician. I have submitted the prescription along with the medication.

I give permission to qualified health personnel (physician, nurse, other outside emergency medical/dental personnel, and/or staff who possess a current First Aid certificate) to provide treatment for my child in case of an emergency. I understand that neither ECDI nor its directors, staff, or affiliates will be responsible for medical/dental expenses beyond the limit of the travel health insurance purchased.

ECDI strongly recommends that every child be examined by a physician prior to camp (Please check one of the options below).

I understand and will comply with above recommendation

OR

I understand that ECDI recommends that my child be examined by a physician prior to camp but I choose not to do this because my child is not currently on any medication, has no injuries, and does not have any current health conditions. I take full responsibility for this decision.

Parent/Guardian Signature

Date (mm-dd--yyyy)