



**BUILDING BLOCKS
CHILDCARE CENTRES**

SUMMER CAMP PROGRAMS

FOR CHILDREN AGES 2-6 • JULY 6-AUGUST 21, 2026

These camps will operate for **Six (6) weeks**, from **July 6, 2026**, to **August 21, 2026** and are for children ages 2-6.

Each week will include indoor & outdoor time, plenty of crafts and a variety of other activities, all based on the theme of the week. Every Friday is Fun Friday, with special activities throughout the day to wrap up each week.

REGISTRATION OPTIONS



Part-time (Free!)

Monday to Friday
Mornings 8:30-11:30
Afternoons 12:30-3:30

Full-time (Paid)

8:30 am - 3:30 pm
Extended care available:
7:30-8:30 am and 3:30-5:30 pm
\$200 per month



Parents are asked to pack two healthy, nut-free snacks each day, plus a lunch for all full-time participants, a water bottle, an extra change of clothes, a hat and a bottle of sunscreen in a backpack. Please have sunscreen already on your child before you come to school. If your child is in diapers, please be sure to have a couple extras as well as wipes in the backpack as well. Please make sure everything is labeled with your child's name.



Each registration form needs a **\$25.00** non-refundable registration fee payable at time of registration. These fees are payable via E-transfer at andrea@bbps.ca. If you have any questions, please do not hesitate to call Andrea at **403-504-7544**. We are looking forward to a great summer!!!

Please select the weeks) and sessions you are registering for below:

Insect Investigations Jul 6-10

AM

PM

Full Time



Let's Pack a Picnic Jul 13-17

AM

PM

Full Time



Out of this world Space Explorers Jul 20-24

AM

PM

Full Time



Pet Palooza Aug 3-7

AM

PM

Full Time



Color me crazy Aug 10-14

AM

PM

Full Time



Sports Mania Aug 17-21

AM

PM

Full Time



SUMMER CAMPS

Registration Form 2026



CHILD INFORMATION

Child's Full Name: _____ Nickname: _____
Birth Date (Month/Day/Year): _____ Date of Enrolment: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Home Phone: _____
Alberta Health Care Number: _____



MOTHER'S INFORMATION

Mother's Full Name: _____
Mother's Address: _____ City: _____
Province: _____ Postal Code: _____ Mother's Home Phone: _____
Mother's Employer: _____
Work Phone: _____ Ext.: _____ Cell Phone #: _____
E-mail: _____



FATHER'S INFORMATION

Father's Full Name: _____
Father's Address: _____ City: _____
Province: _____ Postal Code: _____ Father's Home Phone: _____
Father's Employer: _____
Work Phone: _____ Ext.: _____ Cell Phone #: _____
E-mail: _____

Our summer programs transition directly into our Fall Preschool and Kindergarten sessions starting in September. The full-time Kindergarten with extended care is available for \$200 per month, while part time preschool is FREE! Please be sure to indicate that you wish your child to continue in the Fall. Our team will reach out with the necessary registration details and next steps.

Yes I would like my child to continue on to the Fall Programming.

EMERGENCY CONTACT & MEDICAL INFORMATION



EMERGENCY CONTACT

Emergency Contact (other parents/guardian):
MUST BE A LOCAL ADDRESS

Name: _____ Home Phone: _____
Cell: _____ Work Phone: _____
Emergency Contact Address: _____
City: _____ Province: _____ Postal Code: _____
Relationship to Child: _____



AUTHORIZED PICK-UP

Person(s) authorized to pick up my child
(Besides Parents/Guardians or Emergency Contacts):

#1: _____ Phone Number: _____
#2: _____ Phone Number: _____



MEDICAL INFORMATION

- Child's physician: _____ Phone: _____
- Regular medications: _____
- Medicine allergies: _____
- Food allergies: _____
- Any other allergies: _____
- Any special health conditions: _____
- Are your child's Immunizations up to date? **(Please circle) YES / NO**
- Is your child toilet trained? If not, please provide further detail: _____
- Are there any special learning needs (e.g., speech therapy, physical therapy, occupational therapy, learning disability, CHADS, etc.) the school should be aware of which would relate to the programming needs for your child? (Please circle and describe if yes) YES / NO

- Please tell us why you are registering your child in day care? _____

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child may be given emergency treatment by Building Blocks Child Care. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment if necessary. We will always try and contact you first.

Parent/Guardian Signature: _____

Date: _____

_____/_____/_____





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Consent to Medical Care and Treatment



In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in case of an accident or emergency, as prescribed by a treating physician. Building Blocks Child Care Centres will not be responsible for paying for the child's health care.

Parent / Guardian
Signature: _____

Date: ___ / ___ / ___

Nature of First Aid

Due to licensing regulations section 11, we need all children that are registered in our program to sign a consent that allows Building Blocks Childcare Centres to provide health care in the nature of first aid to children in the case of minor incidences.

Only staff that are certified to provide first aid would attend to your child.

Parent / Guardian
Signature: _____

Date: ___ / ___ / ___



Custody Order

Do you have an existing court-ordered custody agreement? If yes, please provide copies to the school. Please note that our policy states that we honor only what is ordered by a judge (e.g. pick-up arrangements).

We cannot withhold children from either parent unless it is ordered by the court.

(Please circle) YES / NO.



Parent Handbook Policies

We hereby state that we have received a parent handbook and understand and will adhere to all policies and procedures stated within.

Parent / Guardian
Signature: _____

Date: ___ / ___ / ___





Activities that are not supervised by a primary staff:

I agree that my child can take part in activities such as peer role model pull outs, walks, sessions in sensory rooms, being taken to the bathroom, etc accompanied by an educational assistant and or an approved service provider such as speech, occupational, play, behavioral and physical therapists and not primary staff.

These activities may take place in or out of the classroom however never outside of the building.

Parent / Guardian Signature: _____ Date: ___/___/___

Release of Information to agreed upon agencies

Should your child start receiving supports from agreed upon agencies, you are consenting that Building Blocks can share information that would enhance programming needs with them.

Parent Signature: _____ Date: ___/___/___

Consent for Photos on Facebook & Instagram

By signing below, I agree that my child's picture can be posted on Building Blocks Childcare Centres Facebook and Instagram pages along with crafts, field trip and day activities.

Your child's name would never be posted.



Parent Signature: _____ Date: ___/___/___

Contact Us



andrea@bbps.ca



+1 (403) 504-7544



www.bbps.ca