



## JDS Day Camp Liability Insurance Application

**Day Camp:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Web Page:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_

1. Is the camp licensed by a Government Agency? Y/N
2. Number of Children per day? \_\_\_\_\_
3. Ages of Children? \_\_\_\_\_
4. Number of Supervisors? \_\_\_\_\_
5. Age of Supervisors? \_\_\_\_\_
6. Qualifications of Supervisors? \_\_\_\_\_  
\_\_\_\_\_
7. Hours and Days of Operation? \_\_\_\_\_
8. Receipts per week? \_\_\_\_\_
9. Does a Nurse visit the centre? Y/N
10. If yes, by whom is the Nurse employed? \_\_\_\_\_
11. Is this a Registered Nurse? \_\_\_\_\_
12. Duties of the Nurse? \_\_\_\_\_
13. Describe fully all playground equipment and supervision maintained when in use: \_\_\_\_  
\_\_\_\_\_
14. Are there any outside activities planned? eg., field trips, etc., describe: \_\_\_\_\_  
\_\_\_\_\_
15. If so, describe mode of transportation and supervision? \_\_\_\_\_  
\_\_\_\_\_
16. Please provide copy of contract and/or registration form signed by parents or guardian.
17. Ratio of qualified staff to children under 2 1/2 years- over 2 1/2 years: \_\_\_\_\_  
\_\_\_\_\_



18. What rules relative delivery and pick-up of children; especially when parents delayed or otherwise unable to pick up child? \_\_\_\_\_  
\_\_\_\_\_
19. What is policy regarding sickness or communicable diseases? \_\_\_\_\_  
\_\_\_\_\_
20. Do all your staff have first aid training? \_\_\_\_\_  
\_\_\_\_\_
21. What procedures employed relative handling of potentially harmful items? ie., paints, cleaning materials, medication kept on premises, etc? \_\_\_\_\_  
\_\_\_\_\_
22. Are children segregated by age group? Y/N
23. Any parent participation? Y/N
24. Are fire drills held? Y/N
25. Location of nursery premises in context of building? ie., basement egress in case of fire:  
\_\_\_\_\_
26. What type of maintenance program is there relative indoor/outdoor play equipment?  
\_\_\_\_\_
27. Do outside activities include swimming classes, visits to amusement parks? Y/N
28. At the time of registration, does the Day Care Centre ask parent if the child has any allergic or other medical problems? Y/N
29. If yes to above, does Day Care Centre obtain written instructions from parents, and will medication be administered (if needed) as directed? Y/N
30. If yes, will Day Care keep a written record of time, medication and by whom it was administered? Y/N

Please complete this application and Fax/Email to Mark Smith @ JD Smith Insurance  
Email: [Mark@jdsmithinsurance.com](mailto:Mark@jdsmithinsurance.com)  
Fax: 905-764-9618  
Phone: 905-764-7868 Ext 228