



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
Fax: 905-764-9618
Phone: 905-764-7868 Ext 228