



# CAMPER REGISTRATION FORM 2018

**IMPORTANT NOTE:** ADVENTURE DAY CAMP is accepting children who have completed Grade 1 to 8.

**DATE RECEIVED**

**PLEASE PRINT**

Child's **LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

Gender M / F (circle) Grade completed June 2018 \_\_\_\_\_ Birth date M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
First Last First Last

**Address:** (Apt. # \_\_\_\_\_) Street \_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Parent's email address: \_\_\_\_\_ or \_\_\_\_\_

Business Phones: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Cell Phones: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Other emergency numbers (i.e. relatives) \_\_\_\_\_

**If you would like to request your child be placed on the same team as another camper please list a friend attending camp in the same grade group (1-3 or 4-8) and week. We will do our best to place them on the same team as your child:**

**Friend Request:** Name \_\_\_\_\_ Group \_\_\_\_\_

**Has your child attended Adventure Day Camp before?** Yes \_\_\_\_ No \_\_\_\_

**How did you hear about Adventure Day Camp?** \_\_\_\_\_

**Do you belong to a church where you regularly participate in programs? (circle one) yes no Name of Church** \_\_\_\_\_

**To get to camp, will your child be (check one):**

walking in \_\_\_\_\_ dropped off and picked by parent/guardian: \_\_\_\_\_

taking the Queen Elizabeth bus (**available week 2 and 3 ONLY**) \_\_\_\_\_

taking the Glen Street bus (**available week 3 ONLY**) \_\_\_\_\_

**DATES & FEE SCHEDULE:** (Note: visiting friends or relatives do not count as a member of the family!)

**Please circle the weeks you would like to register for camp:**

**Week 1:** July 16 - 20 **Week 2:** July 23 - 27 **Week 3:** July 30 - Aug. 3

**Daily time:** 8:30 a.m. - 4:00 p.m.

**Campers will be accepted for a max of 2 weeks. If registering for 2 weeks they must be consecutive** (ie. Week 1 and 2 OR 2 and 3, NOT week 1 and 3).

1 CHILD attending

\$ 125.00 per child per week

OR

2 or more children in the same family

\$ 115.00 per child per week

**AMOUNT ENCLOSED** \_\_\_\_\_ \* Please make cheques payable to CALVARY BAPTIST CHURCH

**PLEASE NOTE:**

(1) **Full fees** must be received to reserve your place at camp (post dated cheques must be dated on or before **June 22, 2018**)

(2) **NSF Cheques** will be charged \$20.00 and the cheque must be replaced within 2 days.

(3) **Refunds** will be sent only by mail by the church office manager. Refunds requested after June 22, 2018 will have an administration fee of \$10.00 per camper/week withheld.

(4) **Registration closes** Friday Noon preceding your desired week, **as space is available.**

**FOR OFFICE USE ONLY:**

Date of payment	Date of Receipt	Receipt #	Cheque	Cash	Total

# MEDICAL INFORMATION and PERMISSIONS

Child's name \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

1. Does your child have any allergies? NO \_\_\_\_ YES (please specify). (Ask for special form for campers who carry an epi-pen)
2. Is your child on any medication? NO \_\_\_\_ YES (please specify)
3. Does your child have any MEDICAL/HEALTH NEEDS (Physical, emotional, mental or behavioural)? NO \_\_\_\_ YES (please specify)

## IMPORTANT NOTE: IN CASE OF ILLNESS OR INJURY AT THE CHURCH OR ON EXCURSIONS

*Every effort will be made to contact parents. It is understood that by permitting my child to attend Adventure Day Camp, I am agreeing that Calvary Baptist Church/Adventure Day Camp, and anyone acting on its behalf, will be released from any liability for injuries to my child that may be occasioned at the camp or on an excursion via bus or walking to the park, and that I give permission to the Church Staff, Director and Assistant Director of Adventure Day Camp to make decisions in case of an emergency on behalf of my child when I am not immediately available for consultation. I am aware that I will be informed of camp excursion details prior to the event.*

- \* All medical information about the camper must be completed on the application form.
- \* A camper who brings medication to camp must hand it in at the camp office as soon as he/she arrives at the church.
- \* All medication must be kept in the camp office to safeguard loss and to keep it out of the reach of other campers with the exception of epi-pens which need to be in a 'fanny pack' on the child's person or with the group leader.
- \* By sending your child's medications we assume that you are giving consent to administer them according to directions.
- \* All medication must be clearly marked for:
  - a) name of camper
  - b) name of medication
  - c) dosage
  - d) how often it must be administered.

PLEASE NOTE: IF THE ABOVE REQUIREMENTS ARE NOT MET THE MEDICATIONS WILL NOT BE ADMINISTERED.

PHOTOGRAPHS: From time to time photos of the children are taken for promotional purposes.

To decline use of photo's please check this box . ☐

## CONDITIONS OF ENROLMENT

1. The camp directors reserve the right to dismiss a camper who in his/her opinion is a hazard to the safety and the rights of others, or who appears to him/her to have rejected the reasonable controls of the camp.
2. The parents or guardians submitting this application are those having legal custody or guardianship over the child. Foster children require the signature of the CAS worker for attending camp, attending outings and medical forms.
3. I have read each page of this application form and I accept the conditions of enrolment.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Note: foster children require CAS case workers signature)

## MAIL APPLICATIONS TO:

CALVARY BAPTIST CHURCH  
300 Rossland Road East  
Oshawa, Ontario L1G 2X1  
**905 433 4734**

## FAX TO:

## OR BRING IN PERSON TO THE CHURCH OFFICE

Office hours: Mon – Fri, 9am to 5pm. Please use east entrance of the church. (Church office phone: 905.433.2960)