

CAMPER REGISTRATION FORM 2019

IMPORTANT NOTES: JOIN THE CAST: Creative Arts day camp is accepting children who have completed Grade 3 through Grade 8 Campers will be divided into 2 separate divisions "Band" (Grades 3 to 5) and "Orchestra" (Grades 6 to 8). Campers are required to bring their own lunches and snacks to camp. Please respect camp as a "nut free" environment - no peanuts or nut products. PLEASE PRINT Child's FIRST NAME ______ LAST NAME _____ Gender M / F (circle) Grade completed _____ Birth date M___ D ____ Y ___ ____ Father's Name _____ Last Mother's Name First First Last City____ Address: (Apt. #) Street Home Phone: Postal Code: _____ Parent's email address: ______ or ______ or ______ Business Phones: Mother: Father: Mother: _____ Father: _____ Cell Phones: Other emergency numbers (i.e. relatives) Has your child attended a Day Camp program at Calvary before? Yes _____ No _____ Do you belong to a church where you regularly participate in programs? Yes No Name of Church How did you hear about this program? Have you been to Join the Cast! Day Camp before? Yes No To get to camp, will your child be: walking: _____ dropped off by car: ___ Note: Please use the office doors of the church (closest to Rossland Rd.) DATES AND FEES JOIN THE CAST will be running August 12 - 16, 2019 from 8:30 - 3:30pm. Performance Night: August 16 from 7:00-8:20pm. Parent reception to follow. Cost: \$125.00 per child, \$110.00 for 2 or more in the same family (Note: visiting friends or relatives do not count as a member of the family) T shirt size: XS _____ S ____ M ____ L ____ XL ____ XXL ____ AMOUNT ENCLOSED _____* Please make cheques payable to CALVARY BAPTIST CHURCH SPONSORSHIP REQUIRED Yes _____ No _____

PLEASE NOTE:

- (1) Full fees must be received to reserve your place at camp (post dated cheques must be dated on or before June 21, 2019)
- (2) NSF Cheques will be charged \$25.00 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 21, 2019 will have an administration fee of \$40.00 per camper/week withheld.
- (4) **Registration closes** Friday August 9, 2019 OR when we have reached capacity.

FOR OFFICE USE ONLY:

Date of payment	Date of Receipt	Receipt #	Cheque	Cash	Total

J.T.C. MEDICAL INFORMATION

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 PHYSICAL, EMOTIONAL, MENTAL, OR E	3EHAVIOURAL challenges? N0 YES (please specify)
am agreeing that Calvary Baptist Church/Join the Cast D liability for injuries to my child that may be occasioned a	tood that by permitting my child to attend Join the Cast Day Camp, I ay Camp, and anyone acting on its behalf, will be released from any It the camp, and that I give permission to the Church Staff, Director and cisions in case of an emergency on behalf of my child when I am not
 * All medication must be kept in the camp office to safe with the exception of epi-pens which need to be in a 'd * By sending us the child's medications we assume that * All medication must be clearly marked for: a) name of b) name c) dosage 	it in at the camp office as soon as he/she arrives at the church. eguard loss and to keep it out of the reach of other campers fanny pack' on the child's person or with the group leader. c you are giving consent to administer them according to directions. of camper e of medication
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 take To <u>decline</u> use of photo's please check this box	
CONDITIONS OF ENROLMENT:	
 The camp directors reserve the right to dismiss a camper who ir or who appears to him/her to have rejected the reasonable com 	

- 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

(Note: foster children require CAS case workers signature)

Mail application to: Calvary Baptist Church 300 Rossland Rd. East, Oshawa, Ontario L1G 2X1 OR drop it off at the church office (Office hours: Mon – Fri, 9 am - 5 pm). Date

JTC 2019: WORKSHOP SIGN UP SHEET

NAME: (First / Last)_

GRADE:

Campers will participate in **four** (4) workshops throughout the day and will be placed in workshops on a **first come first service basis**. Therefore, <u>please select your workshops based on order of preference</u>, '1' being your <u>first choice</u>.

Completed Grade 3, 4, or 5 in June

WORKSHOP A	Dance	Drama	Crafts	Drums
PREFERENCE				
WORKSHOP B	Cooking	Drama	Woodworking	Crafts
PREFERENCE				
WORKSHOP C	Art	Ukelele	Sign Language	Crochet
PREFERENCE				
WORKSHOP D	Dance	Drama	Singing	Hairstyling
PREFERENCE				

Completed Grade 6, 7 or 8 in June

WORKSHOP A	Dance	[Drama	Art	Photography
PREFERENCE					
WORKSHOP B		ums Croo		chet	Sign Language
PREFERENCE					
				·	
WORKSHOP C	Cooking	Woodwor	king	Hairstyling	Worship Rods
PREFERENCE					
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WORKSHOP D	Dance	Dram	na	Singing	Ukelele
PREFERENCE					

Photography requires campers to bring their own non-DSLR camera (ie: point & shoot, phone camera...)

- Cooking may come in contact with nuts, wheat and dairy
- *Ukelele* registration is limited to due instrument availability

Check to participate in afternoon *Talent Show*. *Please confirm your talent*_