

SUMMER CAMPS 2015 REGISTRATION FORM

ALL INFORMATION MUST BE COMPLETED BEFORE YOUR CHILD WILL BE CONSIDERED REGISTERED.

CAMPS REGISTERING FOR: *Please check all that apply*

SONSATIONAL DAYCAMP

CAMP LEAD

VBS EXTEND

ROKHAWAH

First Name: _____ Last Name: _____ Male Female

Birth Date: / / Grade in Fall 2015: _____ Parent email: _____
M D Y

Child's Address: _____
Street City Postal Code

Mother/Female Guardian: _____ Father/Male Guardian: _____
Name Name

Mother's Best contact Phone Numbers: _____

Father's Best contact Phone Numbers: _____

ADDITIONAL INFORMATION

Additional Emergency Contact Person: (other than parents) _____
Name

Phone Number: _____ Relationship to Child: _____

Tax receipt to be issued in name of: _____

Is there a friend in the same age group that your child would like to be in a group with (when activities permit)?

If YES, Name of friend _____

Can your child swim? Yes No

If there are life jackets available at our swimming locations, would you like your child to wear a life jacket for the whole swimming time? Yes No

Please note that we cannot guarantee the availability of life jackets at every swimming location. You may send a labeled life jacket with your child's name on it

Do you attend Bramalea Baptist Church? Yes No

If no, how did you find out about our Summer Camps? _____

In the event I cannot be reached in an emergency, I/We the parents or guardians named above hereby give my permission to the medical personnel selected by the Bramalea Baptist Ministry staff to secure emergency medical treatment including but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anaesthesia.

I/We, named above, undertake and agree to indemnify and hold blameless Bramalea Baptist Church, its Pastors and Board of Directors from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Bramalea Baptist Church. This consent and authorization is effective only when participating in or traveling to/from events of the Bramalea Baptist Church.

I/ We understand that electronic devices are not allowed during camp hours. However pictures may be taken at designated times and events by participants. Photos or videos taken for camp purpose will never be published with names (unless parental permission is obtained), cell phones may be signed in to Camp leadership for emergency purposes.

I/ We understand that the information being collected may be used for mail and electronic communication purposes ONLY by Bramalea Baptist Church. Information will never be given to a third-party.

I/We understand that the Camp Director reserves the right to dismiss a camper, who in his/her opinion, is a hazard to the safety or rights of others, who refuses to participate in the designed program, or who appears to have rejected the reasonable expectations of the camp. Refund of camp fees will not be provided for campers expelled due to disciplinary action or who leaves the church property without approval by church staff.

I have read the camp information and registration form, I have provided true and accurate information, and by signing below, I accept all the above terms and agreements.

Parent/ Guardian Signature: _____ Date: _____

MEDICAL INFORMATION (please fill in as much information as possible)

Camper's First Name: _____ Last Name: _____

OHIP Health Card #: _____ Height _____ ft. _____ in. Weight _____ lbs.

Last Tetanus Shot: ____/____/____ Last Immunization Date: ____/____/____ Immunization details: _____
D M Y D M Y

1. Are there any health issues, emotional or behavioural conditions we should be aware of? If yes, please explain:

2. Does the camper have any allergies (including drugs and food)? If yes, please explain:

⇒ 2a. If yes to allergies, do parents agree to provide an epi-pen to be packed with the camper? Yes No

⇒ 2b. List special health-related diet requests:

3. Is the camper currently receiving medication of any kind? If yes, please list medications and explanations:

4. In your opinion, is the camper physically & emotionally fit to actively participate in rigorous camp life? Yes No

5. Name of family doctor: _____ Telephone: _____

6. Are there any restraining orders or custody situations we should be aware of? If yes, please provide details:

*The camp provides first aid on the camp grounds during the camp session.
The parent or guardian is responsible to provide adequate medical coverage for the camper.*

CAMPER CONDUCT AGREEMENT - Please read with your child.

I agree that it is a privilege to attend camp. To honour that privilege, I will abide by the guidelines set by Bramalea Baptist Church camp staff concerning my attitude, my participation in activities, respect towards camp leadership, respect for my coaches, respect towards fellow campers, and respect for camp property. I realize that my failure to be co-operative in these and other areas could result in my being dismissed from camp. I understand that at camp we will not be allowed to have or use electronics (including cell phones). The cost to repair any damage to the camp property will be paid by my parent or legal guardian. I promise to do my best so that I can have an amazing summer

This registration form will **NOT** be accepted as completed without both the camper and parent or legal guardian's signatures.

Camper's Signature: _____ Date: _____

Parent or Legal Guardian's Signature: _____ Date: _____

If you have any concerns regarding this agreement, please contact the Camp Director.

Purpose and Extent

Bramalea Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Bramalea Baptist Church to limit the information collected, or to view your child's information, please contact us.

9050 Dixie Road, Brampton, ON L6S 1J3
Phone: 905.451.6088



PRICES/ PAYMENT FOR SUMMER CAMPS 2015

DEADLINE for registration: All funds are due on the first day of each week of camp.

Regular camp and VBS Extend hours are 8:30 a.m. — 5:00 p.m.

Sonsational Daycamp's extra care is an additional \$10/week which extend camp hours from 7:30 a.m. — 6 p.m.

*Deposit payments are due with registration. **Deadline for EARLY BIRD discount June 1, 2015***

A \$20 (Sonsational & VBS Extend) or \$75 (Rokhawah) non-refundable deposit is required per child (included in camp fee) per week of camp to hold your spot.

SPACE IS LIMITED

SONSATIONAL: (Students Currently in JK - Grade 5) SK - GRADE 6 in Sept 2015 (please circle choices):

| | | <i>Regular Rates</i> | <i>Early Bird Special</i> | <i>Extended Care</i> |
|----------------|------------------------|----------------------|---------------------------|-------------------------|
| WEEK 1: | July 6 - July 10: | \$120 | \$100 | \$10 |
| WEEK 2: | July 13 - July 17: | \$120 | \$100 | \$10 |
| WEEK 3: | August 4 - 7 (4 days): | \$110 | \$90 | \$10 |
| WEEK 4: | August 10 - 14: | \$120 | \$100 | \$10 |
| | | | | TOTAL DUE: _____ |

CAMP LEAD: 12 spots/wk (Students Currently in Grades 5 & 6) Grades 6 & 7 in Sept 2015 (please circle choices):

| | | <i>Regular Rates</i> | <i>Early Bird Special</i> | <i>Extended Care</i> |
|----------------|-----------------------|----------------------|---------------------------|-------------------------|
| WEEK 1: | July 6 - July 10: | \$85 | \$75 | \$10 |
| WEEK 2: | July 13 - July 17: | \$85 | \$75 | \$10 |
| WEEK 3: | August 4 - 7 (4 days) | \$80 | \$70 | \$10 |
| WEEK 4: | August 10 - 14: | \$85 | \$75 | \$10 |
| | | | | TOTAL DUE: _____ |

VBS EXTEND (Students Currently in JK - Grade 5) SK - GRADE 6 for Sept 2015

| | | | | |
|----------------|--------------|------|--|-------------------------|
| 1 WEEK: | July 20 - 24 | \$60 | | TOTAL DUE: _____ |
|----------------|--------------|------|--|-------------------------|

CAMP ROKHAWAH (Students Currently in Grades 1 - 7) Grade 2—Grade 8 for Sept 2015 (please circle choices)

| | | <i>Regular Rate</i> | <i>Early Bird Special</i> |
|--|----------------|---------------------|-------------------------------|
| 1 WEEK: | August 23 - 28 | \$325 | \$300 or \$275 (sibling) |
| TUCK SHOP ALLOWANCE FOR ROKHAWAH: | | \$10 | \$15 \$20 Other Amount: _____ |
| | | | TOTAL DUE: _____ |

TOTAL AMOUNT DUE FOR ALL CHOICES: _____

For Credit card payments please fill in below (if deposit box is not checked full amount will be charged to credit card)

Visa MC Deposit ONLY

Number: _____ Expiry: _____

I hereby authorize the above deposit and / or balance to be processed with the credit card number provided:

Name of cardholder: _____ Date: _____

PLEASE PRINT NAME

Signature: _____

***Please note:** Monthly payments and post-dated cheques are both allowed with all funds being due by the 1st day your child starts camp.

OFFICE USE ONLY

Payment made by: Cash Cheque made payable to: Bramalea Baptist Church Debit available in church office only

Notes for amounts paid/ payment schedules (including Credit cards):
