## **SUMMER CAMPS 2016 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 ☐ CAMP ROKHAWAH
First Name:Last Name:
Birth Date:/ Current Grade: Parents email:
Child's Address:  Street  City  Postal Code
Mother/Female Guardian:  Name  Father/Male Guardian:  Name  Father/Male Guardian:
Mother's Best contact Phone Numbers:
Father's Best contact Phone Numbers:
ADDITIONAL INFORMATION  Additional Emergency Contact Person: (other than parents)  Name  Phone Number:  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
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 personne selected by the Bramalea Baptist Ministry staff to secure emergency medical treatment including but not limited to, first aid, CPR, admission to an 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 an 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 an 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.

Date: \_\_\_

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Parent/ Guardian Signature:

## MEDICAL INFORMATION (bolded parts must be answered for all camps/vbs - for Camp Rokhawah all parts need to be filled out) Camper's First Name: \_\_\_\_\_Last Name: \_\_\_\_ Height ft. in. Weight lbs. OHIP Health Card #: Last Tetanus Shot: \_\_\_\_/\_\_\_ Last Immunization Date: \_\_\_\_/\_\_\_ Immunization details: \_\_\_\_\_ 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 \int 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: 5. Name of family doctor: 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 our 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 the parent or legal guardian's signature.

**Purpose and Extent** 

Parent or Legal Guardian's Signature:

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



Date:

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

## PRICES/ PAYMENT FOR SUMMER CAMPS 2016

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

Regular camp hours are 9:00 a.m.— 4:30 p.m. with a 30 minute grace period on either side.

If you arrive before 8:30 or after 5 p.m. the \$15 dollar charge will be applied to your account.

Sonsational Daycamp's extended care is an additional \$15/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, 2016

Sign-up for ALL 4 weeks of Sonsational Day Camp or Camp Lead and receive \$25 off of Camp Rokhawah

A \$20 (Sonsational) or \$75 (Rokhawah) non-refundable deposit (included in camp fee total) is required per child

per week of camp to hold your spot. SPACE IS LIMITED SONSATIONAL: Students Currently in JK - Grade 5 SK (please circle choices): Early Bird Special Extended Care Regular Rates WEEK 1: July 4 - July 8: \$125 \$100 \$15 \$15 WEEK 2: July 11 - July 15: \$125 \$100 July 18 - July 22: \$100 \$15 WEEK 3: \$125 WEEK 4: July 25 - July 29: \$125 \$100 \$15 **TOTAL**:\_\_\_\_\_ CAMP LEAD: 20 spots/wk Students Currently in Grades 5 & 6 (please circle choices): Regular Rates Early Bird Special Extended Care WEEK 1: July 4 - July 8: \$125 \$100 \$15 \$15 WEEK 2: July 11 - July 15: \$125 \$100 July 18 - July 22: \$125 \$100 \$15 WEEK 3: WEEK 4: July 25 - July 29: \$125 \$100 \$15 TOTAL: VBS: Students Currently in JK - Grade 5 1 WEEK: Tuesday August 2—Friday August 5 \$10 TOTAL: CAMP ROKHAWAH: Students Currently in Grades 1 - 6 Early Bird Special Regular Rate 4 weeks Camp Discount 1 WEEK: August 21 - 26 \$350 \$300 or \$275 (sibling) - \$25 T-SHIRT SIZE: \_\_\_\_\_ TOTAL: \_\_\_\_ TUCK SHOP ALLOWANCE FOR ROKHAWAH: \$10 \$15 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 I hereby authorize the above deposit and / or balance to be processed with the credit card number provided: Name of cardholder: PLEASE PRINT NAME Signature: \_\_ \*Please note: Monthly payments and post-dated cheques are both accepted (please fill out payment plan sheet at office) 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):