

# Join the Cast!

fine arts day camp

## CAMPER REGISTRATION FORM

**IMPORTANT NOTES:** JOIN THE CAST day camp is accepting children who have completed Grade 3 to Grade 9  
Campers will be divided into 2 separate divisions "Orchestra" (Grades 3 to 5) and "Band" (Grades 6 – 9).

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 **LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

Gender M / F (circle)    Grade completed \_\_\_\_\_    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) \_\_\_\_\_

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 here about this program? \_\_\_\_\_

Have you been to Join the Cast! Day Camp before? Yes \_\_\_\_\_ No \_\_\_\_\_

Would your child be interested in a photography elective and have a digital camera to bring to camp for 2 days? Yes \_\_\_ No \_\_\_

To get to camp, will your child be: walking: \_\_\_\_\_ dropped off by car: \_\_\_\_\_ Note: Please use North West entrance.

### DATES AND FEES

JOIN THE CAST day camp will be running **August 13 – 17, 8:30 – 3:30**

**Cost: \$75.00 per child, \$65.00 for 2 or more in the same family**  
 (note: visiting friends or relatives do not count as a member of the family)

**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 25, 2012**)
- (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 27, 2011 will have an administration fee of \$10.00 per camper/week withheld.
- (4) **Registration closes** Friday August 10, 2012 OR when we have reached capacity.

**FOR OFFICE USE ONLY:**

Date of payment	Date of Receipt	Receipt #	Cheque	Cash	Total

# 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 BEHAVIOURAL challenges? NO \_\_\_\_\_ YES (please specify)

## IMPORTANT NOTE: IN CASE OF ILLNESS OR INJURY

*Every effort will be made to contact parents. It is understood that by permitting my child to attend Join the Cast Day Camp, I am agreeing that Calvary Baptist Church/Join the Cast 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, and that I give permission to the Church Staff, Director and Assistant Director of Join the Cast Day Camp to make decisions in case of an emergency on behalf of my child when I am not immediately available for consultation.*

- \* 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 us the 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.

## CONDITIONS OF ENROLMENT:

1. The camp director reserves 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 give permission for JOIN THE CAST day camp to use any photograph of my child/children taken at camp for promotional material (please strike out if you do not give such permission).
4. 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 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).