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500 Central Park Drive,

Brampton, ON

L6S 2C8

905-793-4265

**CAMP ODYSSEY REGISTRATION FORM 2019**

**SUMMER DAY CAMP**

*Please complete one registration form per registrant and fill in EVERY box (i.e. please avoid writing “same as above”)*

***Camp Dates***

***Please check off only the camp dates for which you are signing up. (****Camp hours are from 8:00 am – 5:00 pm****)***

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| * July 2 – July 5 (no camp on July 1)\*
* July 8 – 12
* July 15 – 19
* July 22 – 26
 | * July 29 – August 2
* August 6 – 9 (no camp on August 5)\*
* August 12 – 16
* August 19 – 23
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***Camp costs is $85/week per child (\*for short weeks camp cost is $68/week per child)***

*Payments for each camp week are required to ensure a space.*

***Payment methods available: Cash, e-transfer and Cheques (Payable to Central Park Baptist Church)***

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| **Child’s Information** *(print clearly)* |
| Returning Camper 🞏 New Camper 🞏Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt/Unit #: \_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Province: ON Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_ Tel (Home): ­­­­(\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Gender: Female 🞏 Male 🞏Age: \_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_­­­­\_\_  |
| **Medical Information:** |
| **Note:** *Complete medical information is required for each child. Failure to complete any of the information on this form could endanger your child’s safety.*Health Card No.: \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctor’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Are all immunization requirements met (*please check one)*? Yes 🞏⁬ No 🞏

(If not, please explain why) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Has your child had any of the following illnesses or injuries (*check all that apply)*? Mumps 🞏⁬Measles 🞏⁬

Chicken Pox 🞏 Whooping Cough 🞏⁬Previous Injuries 🞏 (*please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Does your child have any special medical conditions or special needs (including behavioural)? Yes 🞏⁬ No 🞏⁬

(If yes, please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Does your child have any allergies? Yes 🞏⁬ No 🞏 ⁬ If yes, please complete the following:

Type of allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High Risk 🞏⁬ OR Low Risk 🞏⁬ Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High Risk 🞏⁬ OR Low Risk 🞏⁬  Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Does your child take any medication on a regular or emergency basis? Yes 🞏⁬ No 🞏⁬ Puffer 🞏⁬ Epipen 🞏⁬

(If yes, please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Does your child have any special requirements regarding diet, rest or exercise? Yes 🞏⁬ No 🞏⁬

(If yes, please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Primary Contact Information:** *Parent/Guardian “A” will be the primary contact, and Parent/Guardian “B” will be the secondary contact* |
| **PARENT/GUARDIAN A**: Ms.🞏 Mrs. 🞏 Mr. 🞏 Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt/Unit #: \_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: ON Postal Code: \_\_\_\_\_\_ \_\_\_\_\_\_Tel (Home): (\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Tel (Bus): (\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_Tel (Cell)/Pager: (\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PARENT/GUARDIAN B**: Ms.🞏 Mrs. 🞏 Mr. 🞏 Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt/Unit #: \_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: ON Postal Code: \_\_\_\_\_\_ \_\_\_\_\_\_Tel (Home): (\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Tel (Bus): (\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_Tel (Cell)/Pager: (\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Alternate Pickup authorization:** In the event that I/We are not able to pick up my/our child, he/she has my/our permission to leave with the following individual(s): Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Emergency Contacts Information:** *Two people to be contacted in an emergency when a parent/guardian is unavailable and to whom the child may be released.* |
| **CONTACT 1**Ms. 🞏⁬ Mrs. 🞏⁬ Mr. 🞏⁬ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel (Home): (\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Tel (Bus): (\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_Tel (Cell)/Pager: (\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**CONTACT 2**Ms. 🞏⁬ Mrs. 🞏⁬ Mr. 🞏⁬ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel (Home): (\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Tel (Bus): (\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_Tel (Cell)/Pager: (\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ |
| How did you hear about Central Park Baptist Church’s Summer Camp Program?Newspaper 🞏⁬ Flyer🞏 ⁬ Church Sign 🞏⁬ Friends/Relatives 🞏⁬ Church Member🞏⁬ Camp Staff/Alumni 🞏 Other 🞏 |
| Office Use Only: | Extend Care Required? Yes 🞏 No🞏*Camp hours are from 8:00 am -5:00 pm* | Would you be interested in receiving more info about Central Park Baptist Church’s events after camp is finished Yes 🞏 No 🞏  |
| Payment Type: Cash 🞏 Cheque 🞏Payment Amount:$\_\_\_\_\_\_\_Receipt Given/Date \_\_\_\_\_\_\_\_\_\_\_ | Drop off as early as 7:30 amPick up as late as 5:30 pmThere is an additional fee and form required |
| **PARENT/GUARDIAN AGREEMENT: (read carefully)****Waiver**I, ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(parent/guardian)**, hereby certify and represent that I have legal authority to authorize medical care and consent for the dependent registrant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I authorize Central Park Baptist Church to provide such medical care to me and all dependent registrants as it may deem necessary in the event of injury and agree to pay for all expenses incurred thereby. In part consideration of Central Park Baptist Church permitting me or any dependent registrants to participate in activities of its day camp I agree to release and discharge and to indemnify and save harmless Central Park Baptist Church from and against all claims and proceedings by whomsoever made and brought, in respect of any costs, losses, damage or injury arising by reason of my or their participation in such activities, or by reason of the provision of medical care to me or them.**Field Trip Consent**I give permission to Camp Odyssey staff to transport my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ off Church property to attend and participate in camp programming which involves leaving the Church premises (e.g. weekly field trips, activities). I give the Camp Odyssey staff permission to apply or assist with the application of sunscreen and bug repellent (must be sent with the camper) to my child.**Photo Consent**Throughout the duration of the day camp, photos will be taken of different activities in which the children are engaged. These photos are taken for security purposes and in-house display **only** (e.g. display boards, etc). These photos **will not** be used for external purposes (i.e. promotion/advertising on websites or in newspapers, flyers, etc). I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission to the staff of Central Park Baptist Church to take photos of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and use these photos within the guidelines set out above.⁫**Camper Conduct**Issues with camper conduct will be dealt with on an individual basis. Coarse language, bullying, theft, physical and aggressive behaviour, inappropriate or uncooperative behaviour are unacceptable and will not be tolerated. All rules will be explained to campers on the first day of camp. All Campers displaying unacceptable behaviour will be spoken to immediately, informed of appropriate behaviour, and reminded of the rules. Camp staff will make every effort to ensure that parents/guardians are informed of issues with camper conduct. In some cases the participant may be asked to leave for the remainder of the day, or in extreme cases may be asked not to return for the remainder of the Week.Campers are asked not to bring unnecessary items to camp such as money, iPods, gameboys, cell phones or other electronic devices. All unnecessary items will be the sole responsibility of the campers and if seen been used during camp hours will be taken away and returned at the end of day.I have read the information regarding **camper conduct** and understand that my child may be asked to leave the program if their conduct is not acceptable.**Registration and Payment**I understand that Registration Forms cannot be processed unless signed and accompanied by payment. Camp Odyssey reserves the right to cancel a camper’s enrollment if camp fees are not paid in full before a camper’s arrival at camp. I understand there is a $45 admin fee for all NSF/returned cheques. **I have read, understand and agree to all Camp Odyssey policies, terms and conditions of registration.**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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