



CAMP ARNES • DAY CAMP REGISTRATION FORM • 2021

Box 28009 RPO North Kildonan, Winnipeg, MB R2G 4E9 Ph: (204) 338-4647 Fax: (204) 338-4706

PARENT/GUARDIAN INFORMATION *we require at least two guardian phone numbers

Parent 1 Name: _____ Parent 1 Email: _____
 Parent 1 Primary Phone: (_____) _____ - _____ Parent 1 Alternate Phone: (_____) _____ - _____
 Parent 2 Name: _____ Parent 2 Email: _____
 Parent 2 Primary Phone: (_____) _____ - _____ Parent 2 Alternate Phone: (_____) _____ - _____
 Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ / _____

CAMPER INFORMATION *the form is considered incomplete without medical numbers and your child will not be registered!!!

Camper Name: _____ Birthdate (MM/DD/YYYY): ____ / ____ / _____ Male Female
 Personal MB Health #: _____ / _____ / _____ Family MB Health #: _____ / _____
 *if the child is in foster care, the following information must be provided
 Custody: Mom Dad Joint Foster Care
 Social Worker's Name: _____ Social Worker Phone: (_____) _____ - _____
 Social Worker's Email: _____ Agency Fax Number: (_____) _____ - _____
 Financial Department Contact: _____ Financial Department Phone: (_____) _____ - _____

ALTERNATE CONTACT INFORMATION

Alternate Contact Name: _____ Relationship to Camper: _____
 Alternate Contact Phone 1: (_____) _____ - _____ Alternate Contact Phone 2: (_____) _____ - _____

CARPOOL INFORMATION (PHOTO ID WILL BE REQUIRED FROM ANYONE PICKING UP A CHILD) *parents will also need ID

In addition to the parents/guardians, only people on this list will be allowed to pick up your child: _____

HEALTH INFORMATION

List of Allergies _____
 List of Medications to be given at Camp: Medication 1 _____ Dosage: _____ Time of day: _____
 Med # 2: _____ Dosage: _____ Time of day: _____
 Med # 3: _____ Dosage: _____ Time of day: _____

Any medication that your child **SHOULD NOT** take while at Camp (besides allergies): _____

----- Medication must be in the ORIGINAL PRESCRIPTION BOTTLE/PACKAGING. -----
Bubble Packs are encouraged and are FREE OF CHARGE, ask your pharmacist.

My child has: Asthma Migraines Seizure Disorder Bedwetting

Please provide any helpful information regarding this child. If yes to any of the above, please provide a brief explanation.

PROGRAM SELECTION

Must be required age by December 31, 2021

Day Camp – City (ages 7-15)			
<input type="checkbox"/> July 12-16 - City			
<input type="checkbox"/> July 26-30 - City			
<input type="checkbox"/> August 16-20 - City			

FEES INFORMATION

- Complete **one form per camper** and mail or fax, along with payment (cash, cheque or credit card) in full. **Payment cannot be post dated.**
- Cheques are payable to Camp Arnes. NSF cheques will result in a \$15 fee and cancellation of registration for that camper if payment is not received with additional fee within two weeks.
- **CANCELLATION POLICY:** Day Camp and Ultimate Day registration may be cancelled up to one week prior to Camp; if one week notice is given fees will be refunded less a \$10.00 administrative fee. No refund will be issued with less than 24 hours notice. No refund will be issued for late arrival, early departure or dismissal due to disciplinary action. Deposits and fees are non-transferable.

DISCOUNT INFORMATION	
<input type="checkbox"/>	I am applying to the Sunshine Fund or UGM for funding. Please send this registration to us and, if they approve the funding, we will send you a Camp confirmation. Note: we do not hold a place until the funding is approved.

FEES CALCULATION			
NO BUSSING IS AVAILABLE FOR DAY CAMP		Camp Fee (see left):	
		GST on Camp Fee (see left):	
		Total Balance Owing:	
		Are you applying to the Sunshine Fund?	Yes / No
Day Camp – City (\$20.00 Tuck Fee Included)	\$145.00 (+ \$6.25 GST)		

REQUIRED SIGNATURE (by signing below you agree to ALL terms)

CONDITIONS OF ENROLLMENT:

1. **The Director reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety of others, or who appears to have rejected the reasonable controls of the Camp Arnes Code of Conduct. If this occurs, the fee is non-refundable and parents/guardians are responsible to ensure that any child dismissed from the Camp is picked up in a timely manner.**
2. I give permission to **Camp Arnes to use photographs/videos of the camper** for promotional material.
3. The parents/guardians submitting this form are those having legal custody of the child. If applicable, must be fully communicated in writing to the Camp.
4. The parents/guardians recognize that Camp Arnes will do its part to provide qualified, well trained staff and a safe environment; agree to assume all risk and to release, indemnify, and save harmless Lake Winnipeg Mission Camp Society Inc., its affiliated organizations and its employees and representatives (on whose behalf this agreement is made) from **injury, loss or damage that may occur to the camper or camper's property.**
5. The camper is covered by Provincial Health or equivalent medical insurance **and that information is included on this registration.**
6. I agree to allow Camp Arnes to mail or e-mail me correspondence pertaining to the ministry. I also agree to allow Camp Arnes to share my personal mailing address, email and phone number with churches affiliated with Camp Arnes for the purpose of Summer Camp follow up events and programs.
7. All prescribed medication **must be in the Original Prescription Bottle** (please send sufficient supply with a few extra). All medications will be administered by the Camp Nurse. If the medication is not in the original bottle or the label is not legible it **will not be administered.** Please do not send non-prescription medication unless camper uses them on a regular basis (i.e. Tylenol).
8. I herewith give consent for the Camp Administration to secure medical treatment in the event of an emergency. I give permission for the medical staff to administer medication. I give permission for qualified staff to administer an Epi pen if needed. **I will notify the Camp in writing if any change occurs in the camper's health within six weeks prior to attending Camp.**
9. I have read this registration form and the program guide, and I agree to be **responsible for the payment of all fees** due to the Camp.
10. I certify that the information given above is complete and accurate to the best of my knowledge. I have read and agree to the terms and conditions of enrolment.

Note without the following information, this form will not be processed. Please check everything off before sending it in.

- Medical #s At least 2 phone #s for the parent/guardian At least 1 phone # for an alternate contact Parent/Guardian Signature Full Payment

PRINT NAME:	SIGNATURE:	DATE (M/D/Y):
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This personal information is being collected under the authority of The Personal Information Protection and Electronic Documents Act (PIPEDA). It will be used for the registration and admission applicant in Camp Arnes programs. It will not be used or disclosed for other purposes, unless permitted by PIPEDA. If you have any questions about the collection of your personal information, contact the Privacy Officer at 204-642-4262.

PAYMENT OPTIONS			
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque (payable to Camp Arnes) <input type="checkbox"/> Credit card <input type="checkbox"/> Agency or Sunshine Fund			
Name on Card: _____	Signature: _____	Date: _____	
Card #: _____ / _____ / _____ / _____	Expiry: ____ / ____		
- Payment made by credit card will result in deposit <u>and</u> balance being used as payment method unless otherwise specified.			
- Credit Card payments will show up as "Lake Winnipeg Missions".			