

CAMP ARNES • SUMMER CAMP REGISTRATION FORM • 2022

Box 28009 RPO NK, Winnipeg, Manitoba R2G 4E9 Ph: (204) 338-4647 Fax: (204) 338-4706

REMEMBER TO REGISTER EARLY AS SPOTS ARE LIMITED! All registrations must be submitted a minimum of one week prior to your chosen Camp session. You will be contacted if your chosen session is full.

PARENT/GUARDIAN INFORMATION	I *we require at least two	o 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 wit	hout medical numbers and your chi l	d will not be registered!!!				
Camper Name:	Birthdate	(MM/DD/YYYY): / / /	🗆 Male 🗆 Female				
Personal MB Health #:/		Family MB Health #:					
Custody: ☐ Mom ☐ Dad ☐ Joint ☐ Fo	ster Care *if the child	d is in foster care, the following	information must be provided				
Social Worker's Name:	_	Social Worker Phone: ()					
Social Worker's Email:		Agency Fax Number: ()_					
Financial Department Contact:		Financial Department Phone: ()				
IMPORTANT INFORMATION							
How did you hear about Camp Arnes?			o Mailing				
☐ Other (specify) CABIN MATE REQUEST:		☐ Mall Display ☐ Brock	nure from School				
Both campers must request each other and l	Name 1:		Name 2:				
of the same Camp unit and same gender.							
Sign up a friend to come to Camp with you & receive a \$15 Tuck Shop credit as a thank you!							
Inis mena must be	•	ot a sibling. Two first time summer ca	ampers cannot sign up each other.				
ALTERNATE CONTACT INFORMAT							
Alternate Contact Name:		Relationship to Camper:					
Alternate Contact Phone 1: ()							
CARPOOL INFORMATION (PHOTO							
In addition to the parents/guardians, o	nly people on this list w	ill be allowed to pick up your child	1:				
HEALTH INFORMATION							
List of Allergies							
List of Medications to be given at Cam	n Medication 1	Dosage:	Time of day:				
List of Medications to be given at Can	Med # 2:		Time of day:				
			Time of day:				
Any medication that your child SHOUI	Med # 3:		Time of day.				
		AL PRESCRIPTION BOTTLE/	PACKAGING				
		FREE OF CHARGE, ask your					
My child has: ☐ Asthma ☐ Migr	aines ☐ Seizure Dis	order Bedwetting					
Any of the following needs that may require special attention at Camp: ☐ Physical ☐ Emotional ☐ Behavioural							
If YES to any of the above, will your child be attending with a one-on-one support worker? ☐ Yes ☐ No							
If your child is attending with a support worker, please indicate which agency the worker is from: *We do not provide the worker. Please contact us if you require information on how to get one for your child.*							
Please provide any helpful information regarding this child. If yes to any of the above, please provide a brief explanation.							
. 10000 p. 57.00 d.l.y Holpidi illiothidadii rogardiilg tillo olilla. Il yoo to dily of tilo abovo, ploado provide a biloi explanation.							
As per current Manitoba Public Health		The conf II and the conf II an					
Orders, is the camper you are registering vaccinated for COVID-19? Please circle one.	nave received their first dose	They are fully vaccinated (both doses and QR code).	They are not vaccinated.				

PROGRAM SELECTION								
Must be required age by Dec 31st, 2022			*Integration camping available (integration = campers with special needs)					
Teddy Bear*	Explorers*	Challengers*	Stoker*					
(ages 6-7)	(ages 8-10)	(ages 11-13)	(ages 14-15)					
☐ July 7-9	☐ July 11-16	☐ July 11-16	☐ July 11-16					
	☐ July 18-23	☐ July 18-23	☐ July 18-23					
Day Camp*	☐ July 25-30	☐ July 25-30	☐ July 25-30					
(ages 8-10)	☐ August 8-13	☐ August 8-13	☐ August 8-13					
☐ July 11-16	☐ Aug 15-20	☐ Aug 15-20	☐ Aug 15-20					
☐ July 25-30	☐ Aug 22-27	☐ Aug 22-27	☐ Aug 22-27					
☐ Aug 15-20								
CREW (ages 15-17) two week WORK EXPERIENCE Camp – campers must return home for the weekend in between sessions								
☐ July 11-23	Please indicate	when you will need	the bus: 🗆 1	st Monda	y □ 1s	t Saturday 🔲 2	nd Monday 🛛 2	nd Saturday
☐ August 15-27	Please select t	he size for your free	Crew t-shirt:	□ Small	☐ Med	ium 🗆 Large	□ X-Large	
	*Areas Crew w	ork in: Dining Hall, I	Kitchen, Maint	enance, c	r Housek	eeping. Areas may	y switch each week	, * \.
LEADERSHIP TRAINING PROGRAM (LTP) (ages 16-17) four week CHRISTIAN LEADERSHIP Camp – campers must return								
home for the weekends between sessions								
☐ July 4-30	Please indicate	when you will need	the bus:	☐ 1st Mo	nday	☐ 2nd Monday	☐ 3rd Monday	☐ 4th Monday
☐ August 1-27		•		☐ 1st Sa	turday	☐ 2nd Saturday	☐ 3rd Saturday	☐ 4th Saturday
REFERENCE To help us select those who will benefit from the LTP, we require applicants to complete an online questionnaire and to have a Pastor or Christian Leader complete an online reference. Once these have been done, an interview will be conducted and a decision made from there.								
Reference Name	·			Referenc	e Phone:		()	
Reference Email:				Church ye	ou attend	:		
EEES INFORMATION								

- Complete one form per camper and mail or fax, along with payment (cash, cheque or credit card) in full or a \$50 non-refundable, non-transferable deposit per camper per session. Deposit cheques or a full payment including deposit cheque cannot be post dated. PAYMENT IS DUE IN FULL BY JUNE 30, 2022. Discounts will be removed from any late payments.
- Cheques are payable to Camp Arnes. Post-dated cheques are accepted on balance of fees only. 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: If cancellations are made three or more weeks prior to session, the fee less the deposit (\$50 + GST) will be refunded. If less than three weeks prior to session, no refund will be issued (unless a doctor's certificate is provided in case of medical emergency). No refund will be issued for late arrival, early departure, or dismissal due to disciplinary action. Deposits and fees are non-transferable.
- CANCELLATION DUE TO COVID-19: If cancellation occurs due to COVID-19, a full refund will be issued in the method it was paid (i.e., credit card, cheque, etc.).
- If registering after June 30, 2022, payment MUST be paid in full. Cheques will not be accepted for payment if it is less than 10 business days prior to the Camp start date.
- LTP Applicants We suggest paying the deposit with the registration and then waiting for final acceptance before paying the balance

						
DÏ	COUNT INFORMATION					
П	Early Bird Registration Discount - Deduct \$30.00 per registration. Your registration with \$50 deposit must be received at Camp Arnes on or					
1	before Feb 28, 2022. Full balance must be received by May 1, 2022, or early bird discount will be removed and the FULL FEE will be applied.					
	Sibling Discount - Each sibling attending Camp Arnes will deduct \$25.00 from their registration form. All siblings must be registered for the					
	discount to apply.					
	Sibling(s) Name(s):					
	Volunteers - Parents who volunteer for a full Camp session (in the Laundry Room, Maintenance, Kitchen, or Dining Hall) will receive a discount of					
	half a regular camper fee, up to \$240.00. Please contact the Camp Office at 204-338-4647 or email registrar@camparnes.com for more information					
	and availability. Please submit Camper Registration Form & Volunteer Application together.					
	Nurse Volunteers - Nurses who volunteer for a full Camp session can get 100% off camper(s) fees. Nursing credentials required. Please contact					
	the Camp Office at 204-338-4647 or email registrar@camparnes.com for more information and availability. Please submit Camper Registration					
	Form & Volunteer Application together.					
	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. If you request a T-Shirt, Survival Pack or Tuck money, those fees must be paid directly to us as they do not provide funding for					
	those items. Note: we do not hold a place until the funding is approved.					

AGENCY PAYMENT INSTRUCTIONS

Please ensure that the Social Worker information and the Financial Department information is complete on the previous page. Fill out the FEES CALCULATION section including the "Agency portion" and the "Foster parent portion". If you do not fill out those sections, your agency will be billed for the full amount. If your agency does not provide funding for the full amount, it is your responsibility to inform the foster parent of the balance remaining. Social workers must submit the invoice for payment to the finance department as soon as the camper is registered.

PAYMENT PROCEDURE: Payment is due 30 days from the date you are invoiced. Interest at the rate of 2% per month will be added to any unpaid accounts beginning 30 days following the balance due date. Make cheques payable to Camp Arnes.

FEES CALCULATION						
BUSSING MUST BE SET UP ONE WEEK IN ADVANCE to guarantee space.				2 - (15)		
Bus to Camp: \$17.00 + (\$0.85 GST) Bus from Camp: \$17.00 + (\$0.85 GST)			Camp Fee (see left):			
NOTE: bussing is not available for Day Camp			Total Discounts:	-		
BUSSING REQUIRED:	☐ Bus to Camp	☐ Bus from Ca	mp	Total Taxable: (Camp Fee – Discounts)		
Camper T-Shirts MUS			ntee size			
☐ Pre-Order	red Camper T-Shirt: \$1	7.00 + (\$0.85 GST)		GST (taxable x 0.05):		
Size: Youth (6-12 years old) □ Small □ Medium □ Large			Subtotal: (total taxable + GST)			
Adult (10+ years		Medium □ Large		Bus Fare (\$17.00/each way + GST):	+	
*GST listed is without disc				, , , , , , , , , , , , , , , , , , , ,		
Three-Day Camps:	\$250.00	Recommended		Camper T-Shirt (\$17 + GST): Tuck Money Included:		
Teddy Bear	(+ \$12.50 GST)	Amounts per ses		Tuck Money Additional:		
Day Camp	\$250.00 (no GST)			See left for info & to specify which you a		
Regular Camps:	\$480.00	Teddy Bear Camp	o - \$10.00	Total Balance Owing:	are ordering.	
Explorer/Challenger/Stoker	(+ \$24.00 GST)	Day Camp - \$20.0		(subtotal + bus + t-shirt + SP + tuck)		
Crew	\$480.00 (+ \$24.00 GST)	One Week Re (Explorer/Challen		Deposit Included (minimum \$50):		
Leadership Training Program	, ,	- \$20.00 Crew (two weeks)		Total Balance Remaining: (balance owing – deposit)		
(11)	(+ \$20.23 G31)	LTP (four weeks)	- \$60.00	Are you applying to the Sunshine Fund?	Yes / No	
		There is a \$20.00 f	ivale manay anat	*Agency children only* Agency portion:	100 / 140	
		There is a \$20.00 the included on registive section (see right sides)	tration payment	, , , , , , , , , , , , , , , , , , , ,		
DDEDAID THCK - Don't cond co	sh with your campor! V			deposit within your selected session to be app	lied to your	
souvenirs. If you wish to add money to your camper's account for souvenirs or extra money for Saturday before departure, you may do so above. If you have registered for multiple sessions it is recommend that \$20.00/session be given for TUCK. Any unused money that was paid by cash will be returned in cash on the last day of Camp. Any unused money that was paid on a credit card will be returned to the credit card if it is over \$10.00. Anything under \$10.00 will not be returned and will be applied as a donation. If you send money with your child instead of pre-paying, it must be cash. Please do not send a cheque.						
PAYMENT OPTIONS						
	yable to Camp Arı	nes) 🗆 Credit ca	ard 🗆 Ager	ncy or Sunshine Fund or Other		
Name on Card:						
Card #:	1 1	/		Expiry:/		
	v \$50 deposit now a	<u> ′</u> nd the balance on ei		22, (Early Bird) or June 30, 2022 (Regular	registration)	
- Payment made by credit card	will result in deposit an	d balance being paid u			regionation,	
- Credit Card payments will show						
REQUIRED SIGNATURE		w you agree to A	LL terms)			
CONDITIONS OF ENROLLMEN 1. The Director reserves		camper who in their	oninion is a haz	ard to the safety of others, or who appears to	have rejected the	
				non-refundable and parents/guardians are responsi		
	Camp is picked up in a time			land makedal		
	mp Arnes to use photo submitting this form are				to the Camp	
 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. 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 Epipen 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 enrollment.						
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 ☐ \$50 deposit						
PRINT NAME:		SIGNATURE:		DATE (M/D/Y):		

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 204-338-4647.