

## Summer Day Camp – Day Camp Registration Form 2012

**Before your camper can be registered, the Wanakita office must receive all 4 pages of the form and a deposit. Please use one form per camper. We recommend you register early to ensure the time slot of your choice. However, we welcome registrations right up until the camp week begins.**

**Day Camp** – ages 5-13 • \$195.00 (No HST)

\*The Day Camp fee now includes the Lunch Plan for each Camper

Please Check (✓) Appropriate Section and Session

Week 1 July 2 – July 6

Week 5 July 30 – Aug 3

Week 2 July 9 - July 13

Week 6 Aug 6 – Aug 10

Week 3 July 16 - July 20

Week 7 Aug 13 – Aug 17

Week 4 July 23 – July 27

### Financial Assistance

Please visit our Home page or call our Main Office to request a Financial Assistance Package.

**Please Print Clearly** – Please Note that Confirmations of Registration and the majority of correspondence throughout the year is through email. Please be sure to use an address that you check often. Please be sure to disable any filters that you may have in place which would prevent our messages from reaching your family. Thank you.

Name: \_\_\_\_\_ Age at camp time: \_\_\_\_\_

(first)

(last)

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(day / month / year)

Sex:  M  F

Best method of contact with family:  Home  Dad work  Mom work Home email

Grade completed as of June, 2012: \_\_\_\_\_ School last attended: \_\_\_\_\_ Year: \_\_\_\_\_

Address (home): \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

First Parent's Name: \_\_\_\_\_ Second Parent's Name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

First Parent's Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Second Parent's Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Emergency Contact: (in case parents cannot be reached) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Custody (if other than both parents): \_\_\_\_\_ Request for friends in your day camp group: \_\_\_\_\_

Local/Cottage Phone: ( ) \_\_\_\_\_

Health Card # (include all #s & letters)\*:

**Those requesting to be together will be placed in the group of the younger participant. Groupings of 3 to 6 friends may need to be split into 2 groups. Note: To register for a program, you must be the minimum age indicated or be turning that age by December 31, 2011.**

\*Providing Health Card is not mandatory.



## Health Form – For Day Campers

We want this summer's Wanakita experience to be the best it can be! Please help us by answering the following questions carefully.

Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Family Physician Phone #: \_\_\_\_\_

**IMMUNIZATIONS:** Has the Camper been immunized against diphtheria, mumps, polio, red measles, rubella, and tetanus in accordance with the recommended immunization schedule in Ontario?

Yes  No

If no, state reasons below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** Please list all allergies and reactions. (i.e. peanuts – anaphylaxis, penicillin – hives, mosquito bites – swelling, etc)

Allergy	Reaction
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**MEDICATIONS:** Please list all medications (prescription and over the counter) and when to administer, that the camper will bring to camp. (e.g. epi pen – if stung by bee, benedryl – if bitten by mosquitoes, Ritalin – with breakfast and lunch, inhaler – as needed)

Medication	When to be administered
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you are sending/bringing medication (prescription or over the counter), please label it with the camper name in it's original container.

**HEALTH INFORMATION:** Please list any medical condition the camper has and give approximate dates. (i.e. asthma – ongoing, depression – 1999 to 2003, hemophilia – since birth, ADHD – diagnosed in grade 3 etc.)

Condition	Date of Onset
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**DIETARY INFORMATION:** Please list any dietary restrictions. (i.e. peanut allergy, lactose intolerant, vegan, vegetarian – eats fish etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recent operations/illnesses/injuries (within the past 6 months)

\_\_\_\_\_  
\_\_\_\_\_

List any restrictions to activities

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL NEEDS:** State any physical or behavioural challenges that may be useful to the Health Service Staff or the Day Camp staff:

\_\_\_\_\_  
\_\_\_\_\_

*Should the camper have special health needs (physical or behavioural), it is recommended that you consult the family physician for completion of this form.*

To the best of my knowledge, this person is in good health and has not been exposed to any infectious diseases. If he/she became exposed to any infectious diseases between the time of registration and the time of departure for Wanakita, I understand the Wanakita Health Staff must be notified in writing before arrival on site.

Parent/Guardian and/or Physician's Signature:

x \_\_\_\_\_ Date: \_\_\_\_\_

**Personal Data for** \_\_\_\_\_  
**Family** (Child's first and last name)

*In the last year, have there been any significant changes in family relationships or home life?*

- birth  marriage  death  divorce  
 separation  other \_\_\_\_\_

*Does child reside with*  mother  father  both  
 other \_\_\_\_\_

*Is there anything we should be aware of concerning school- i.e. relationships, grades, learning ability, eating habits?*

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*Does the camper have personal challenges which may require special assistance or program adaptations?*

- physical  learning  emotional  behaviour  
 medical  Other \_\_\_\_\_

*Please expand on any of the above areas or other areas. The more information you are able to provide, the better we are able to meet the needs of campers. If your child has special needs and requires 1:1 support. Please contact "Point in Time", our inclusion partner at (705) 457-5345.*

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*What are the things that the camper is most looking forward to?*

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**Cancellation and Refund Policy:**

- Day Camp – two weeks prior to your camp, a total refund will be issued less a \$20.00 administration fee.
- After this time, refunds will be given for medical reasons only (with medical certification).
- Refunds are not granted if parent/guardian withdraws camper from the session early, or if camper is sent home for misconduct.
- A \$35.00 service charge will be levied on all payments declined.
- We reserve all rights to charge any outstanding balance to your credit card on file unless other methods of payments are provided.