

# Glen Cairn Community Resource Centre Camp 2022 Registration

To be filled out by the legal guardian of applicants under 16 yrs old. **PLEASE PRINT.**

**Applicant:** (Please complete one form per child)

Child Name \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth (m/d/y) \_\_\_\_\_  
\*Must be 5 years old at start of camp

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Grade in Sept/22 \_\_\_\_\_ School \_\_\_\_\_

How did you hear about GCCRC Camps? \_\_\_\_\_

## Health Information:

Health Card # \_\_\_\_\_

Allergies Yes No  
If yes, please list \_\_\_\_\_

Symptoms/Reactions \_\_\_\_\_ Treatment \_\_\_\_\_

Epi pen carrier? Yes No Other medical concerns \_\_\_\_\_

Medications \_\_\_\_\_

Diagnoses or Disabilities \_\_\_\_\_

Does your child have extra supports in the classroom? Yes No (IEP, EA, etc)

Please provide details of these supports

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

Will your child have a successful summer in camp with a ratio of 10:1 (10 children to 1 counsellor)

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

Provide some information to help me get to know your child and their specific needs for success in camp

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

**Parent/Guardian Information:**

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

I, (name of parent) \_\_\_\_\_ give permission for applicant to travel with the GCCRC staff to locations within the community (local parks, etc.) Separate forms completed for trips.

**Emergency Contact:** in the event parent/guardian cannot be reached, please contact

Name \_\_\_\_\_ Ph# \_\_\_\_\_ Relation to youth \_\_\_\_\_

**Photo Release:** I, (name) \_\_\_\_\_ give permission for the applicant to be photographed for GCCRC promotional material.

For the safety and benefit of all registrants, all youth must participate under the direction of the leadership. Those choosing to not cooperate with the leadership will forfeit their spot and funds paid. Please note, once spaces have been registered and paid for, GCCRC will not issue refunds under any circumstance.

Please provide a list of individuals that your child may be released to

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Does your child have permission to walk home from camp independently? Yes No

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please selection your top **4** week choices (maximum) for this camper  
\*We will place accordingly within 2-3 weeks of camp, more if possible

LOCATION: Hillside Church (138 Thompson Road)

July 4-8

July 25-29

July 11-15

LOCATION: Compass Community Church (345 Pond Mills Road)

July 4-8

August 2-5

July 11-15

August 15-19

July 25-29

August 22-26

LOCATION: Chelsea Green Community Church (123 Chesterfield Ave)

July 4-8

August 2-5

July 11-15

August 15-19

July 25-29

August 22-26

FEEES:

\$85 per camp week

\*August 2-5 will be \$70 due to the Holiday Monday.

Camp shirts are a required purchase. Shirts will be \$10 and must be worn on trip days.

Children: SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_

Adult: SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_

Total Amount Due \_\_\_\_\_

Preferred Payment Method \_\_\_\_\_

We will do our best to accommodate all 4 weeks selected, however please be aware you may only receive 2-3 weeks, in order to accommodate many families, while continuing to maintain a small camp ratio due to Covid-19 safety measures.

Thank you for understanding. Please send this completed registration form to Chelsea ([ccameron@gccrc.ca](mailto:ccameron@gccrc.ca)) to complete the registration process.

You will be contacted with information regarding your child's camp weeks and to make payment arrangements. Please wait for your confirmed weeks before making any payments.

Payment methods include:

Cash

Debit/Credit (including over the phone)

E-transfers

Let's have a great summer!

Chelsea Cameron

Office Manager/

Child and Parenting Program Coordinator

[ccameron@gccrc.ca](mailto:ccameron@gccrc.ca)

519-668-2745

519-639-7578