



Rhenish Church of Canada Sunshine Adventures Children Summer Camp Registration Form (2019)

Please use a separate form for each participant. Registrations are processed on a first come first serve basis. Registration received by mail will be dated according to postal date mark.

3 Ways to register:

1. **By email** – email the completed form to **sunshineadventures@rhenish.ca**. Payment can be mailed in or be dropped off at 2667 Bur Oak Ave., Markham ON L6B 1H8 (Please mark clearly your child’s name on the cheque). Please note that registration cannot be confirmed until we receive the correct payment with the form.
2. **By mail** - mail in your registration form and payment. Please note: we will not be able to process forms with incomplete information or missing consent.
(mail to 2667 Bur Oak Ave., Markham, ON L6B 1H8 with cheque payable to Rhenish Church of Canada)
3. **In person** – drop off complete application form along with payment on Sundays 9 a.m. to 1 p.m. (2667 Bur Oak Ave., Markham) or drop it in our mail box anytime (forms will be collected and dated every Saturday 9 a.m.)
 - Following receipt of registration form and fee, you will receive an email to confirm your place in the camp program. For inquiry, please email to **sunshineadventures@rhenish.ca**
 - All necessary camp information will also be e-mail to participants a week prior to the camp (please ensure the email addresses provided are accurate and clearly written!!)

<u>For Office Use Only</u>				
Date Received: _____				
Form completed	<input type="checkbox"/> Yes	<input type="checkbox"/> Info. Missing: _____		
Camp registered	<input type="checkbox"/> week 1	<input type="checkbox"/> week 2	<input type="checkbox"/> week 3	<input type="checkbox"/> week 4
	<input type="checkbox"/> week 5	<input type="checkbox"/> week 6	<input type="checkbox"/> week 7	<input type="checkbox"/> week 8
Amount received: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque # _____		
Additional sibling discount:				
	<input type="checkbox"/> name of sibling(s) _____			
Extended Care:	<input type="checkbox"/> Before-hour	<input type="checkbox"/> After-hour		
Other remarks:				

Information received is confidential and is being gathered for the purposes of serving your child while in the care of the Rhenish Church of Canada (RCC). Any medical information collected here serves to authorize Rhenish Church of Canada, and its staff and volunteers, to obtain medical assistance in emergencies.

A. Participant information:

Name: _____ Age: _____

Date of Birth: DD MM YY _____

Grade completed (by June 2019): _____

Health Card #: _____

Family doctor & phone #: _____

Does your child have any allergies? If yes, please specify.

Does this allergy require an epi-pen? Yes No

Does your child take any medication? Yes No

If yes, what medication? _____

Please list any medication and dose that your child will be taking to camp.
(Please note that all medication must be in its original container and all instructions attached.)

Are there any activity restrictions while at camp? Yes No

If yes, please specify _____

Is there any special consideration that our staff should know to facilitate a better camping experience for your child? Please specify.

** Changes to any health information need to be communicated to the camp coordinator
IN WRITING prior to the start of the camp.

B. Family information:

Parent / Guardian #1

Name: _____

Phone #: (business or cell) _____ e-mail: _____

Parent / Guardian #2

Name: _____

Phone #: (business or cell) _____ e-mail: _____

Address: _____

Home Phone # : _____

Emergency contact:

Name: _____ Relationship: _____

Phone #: _____

Does your child live with:

- Both parents
- Mother only
- Father only
- Other (please explain relationship to your child): _____

Is there any security or custody issues we should be aware of in regards to your child?

Any cultural or religious observances you would like us to know? _____

C. Pick up

Please list below anyone who is authorized to pick up your child from our camp.

Name: _____

Relationship: _____

Phone number: _____

To ensure the safety and security of your child, we follow closely our sign in/out procedure, no exception will be permitted. Parents are required to sign in/out their children in person (i.e. no dropping off by the curb). In addition, only the undersigned parents/guardians and people on the pickup list will be allowed to pick up your child. Attach additional page if more space is needed for your pick up list.

D. Camp Selection and Fee Calculation

(Please refer to PAYMENT Calculation CHART on p.10 for your convenience)

Payment information:

- Make cheque payable to Rhenish Church of Canada (no post-dated cheque).
- A \$20 administration fee will be applied to any changes to application after acceptance.
- There will be a charge of \$40 for any NSF cheques.

Please select the week(s) that you would like to register and calculate the require fee:

Week 1 – July 2-5: Multi-Sport Camp

**Please note that there's no camp on Canada Day holiday

**Please note there is no early bird or sibling discount for this week

	Mon	Tues	Wed	Thurs	Fri		Total
Full Time						\$ 176.28 (age 7+) \$ 198.89 (age 6 & under)	
Part Time (9 a.m.-noon)						\$ 114.58 (age 7+) \$129.27 (age 6 & under)	
Part Time (1-4 p.m.)							
Total camp fee: _____							
Extended Care (7:30 a.m. – 9 a.m.)						\$ 20 / week (sibling discount not applicable)	
Extended Care (4 p.m. – 6 p.m.)						\$ 20 / week (sibling discount not applicable)	
Total for this week: _____							

Sport Selection (please circle two): Basketball, Soccer, Biking, Ultimate Frisbee

Week 2 – July 8-12: Multi-Sport Camp

**Please note there is no early bird or sibling discount for this week

	Mon	Tues	Wed	Thurs	Fri		Total
Full Time						\$ 220.35 (age 7+) \$ 248.60 (age 6 & under)	
Part Time (9 a.m.-noon)						\$ 143.23 (age 7+) \$161.59 (age 6 & under)	
Part Time (1-4 p.m.)							
Total camp fee: _____							
Extended Care (7:30 a.m. – 9 a.m.)						\$ 25 / week (sibling discount not applicable)	
Extended Care (4 p.m. – 6 p.m.)						\$ 25 / week (sibling discount not applicable)	
Total for this week: _____							

Sport Selection (please circle two): Basketball, Soccer, Biking, Ultimate Frisbee

Week 3 – July 15-19: Multi-sports Camp

****Please note there is no early bird or sibling discount for this week**

	Mon	Tues	Wed	Thurs	Fri		Total
Full Time						\$ 220.35 (age 7+) \$ 248.60 (age 6 & under)	
Part Time (9 a.m.-noon)						\$ 143.23 (age 7+) \$161.59 (age 6 & under)	
Part Time (1-4 p.m.)							
Total camp fee: _____							
Extended Care (7:30 a.m. – 9 a.m.)						\$ 25 / week (sibling discount not applicable)	
Extended Care (4 p.m. – 6 p.m.)						\$ 25 / week (sibling discount not applicable)	
Total for this week: _____							

Please note:

Sport Selection (please circle two): Basketball, Soccer, Biking, Ultimate Frisbee

Week 4 – July 22-26: Camp's Got Talent

	Mon	Tues	Wed	Thurs	Fri		Total
Full Time						\$110 *tax included	
Part Time (9 a.m.-noon)						\$ 80 *tax included	
Part Time (1-4 p.m.)							
Total camp fee: _____							
10% Sibling discount (applicable to 2nd and subsequent children)							
Extended Care (7:30 a.m. – 9 a.m.)						\$ 25 / week (sibling discount not applicable)	
Extended Care (4 p.m. – 6 p.m.)						\$ 25 / week (sibling discount not applicable)	
Total for this week: _____							

Week 5 – July 29- Aug 2: Ultimate Adventures

	Mon	Tues	Wed	Thurs	Fri		Total
Full Time						\$130 *tax included	
Part Time (9 a.m.-noon)						\$ 100 *tax included	
Part Time (1-4 p.m.)							
Total camp fee: _____							
10% Sibling discount (applicable to 2nd and subsequent children)							
Extended Care (7:30 a.m. – 9 a.m.)						\$ 25 / week (sibling discount not applicable)	
Extended Care (4 p.m. – 6 p.m.)						\$ 25 / week (sibling discount not applicable)	
Total for this week: _____							

Week 6 - August 6-9: Engineering Fun

****Please note: there is no camp on Civic Holiday (Aug 5)**

	Mon	Tues	Wed	Thurs	Fri		Total
Full Time						\$110 *tax included	
Part Time (9 a.m.-noon)						\$ 80 *tax included	
Part Time (1-4 p.m.)							
Total camp fee: _____							
10% Sibling discount (applicable to 2nd and subsequent children)							
Extended Care (7:30 a.m. – 9 a.m.)						\$ 20 / week (sibling discount not applicable)	
Extended Care (4 p.m. – 6 p.m.)						\$ 20 / week (sibling discount not applicable)	
Total for this week: _____							

Week 7 – Aug 12-16: Creative Gamestorming

	Mon	Tues	Wed	Thurs	Fri		Total
Full Time						\$ 130 *tax included	
Part Time (9 a.m.-noon)						\$ 100 *tax included	
Part Time (1-4 p.m.)							
Total camp fee: _____							
10% Sibling discount (applicable to 2 nd and subsequent children)							
Extended Care (7:30 a.m. – 9 a.m.)						\$ 25 / week (sibling discount not applicable)	
Extended Care (4 p.m. – 6 p.m.)						\$ 25 / week (sibling discount not applicable)	
Total for this week: _____							

Week 8 – Aug 19-23: Summer Finale!

	Mon	Tues	Wed	Thurs	Fri		Total
Full Time						\$ 130 *tax included	
Part Time (9 a.m.-noon)						\$ 100 *tax included	
Part Time (1-4 p.m.)							
Total camp fee: _____							
10% Sibling discount (applicable to 2 nd and subsequent children)							
Extended Care (7:30 a.m. – 9 a.m.)						\$ 25 / week (sibling discount not applicable)	
Extended Care (4 p.m. – 6 p.m.)						\$ 25 / week (sibling discount not applicable)	
Total for this week: _____							

Final total for all weeks: _____

Camp Policies to ensure health and safety for ALL ☺

****please note that upon registering your child to this camp, you agree to abide to the following policies****

A. Our Camps are Nut Aware

Sunshine Adventures Children Summer Camp is “Nut Aware”. We ask that you do not send products containing nuts or may contain nuts listed on the labels. Strict guidelines will be followed to ensure all campers are safe. Please remind your children that they are not to share any food with other campers at all time.

B. Children with Allergies and Special Needs

Our instructors have standard first aid training. In order to ensure that your child receives appropriate care, we ask that you let us know of any allergies and/or special needs your child may have. Please indicate them in detail in the registration forms. We will contact you to discuss allergies and special needs prior to the start of camp.

Please be advised that our staff is not certified in special needs. If children require a one-on-one support, admission and service will be granted on a case to case basis with the camp coordinator.

C. Unacceptable Behavior Policy

Sunshine Adventures Children Summer Camp provides a safe and supportive environment to all children. While summer camps are meant to be fun, we do expect all children to follow camp rules, be respectful and friendly to other campers and treat camp facility and all equipment with care.

No foul language, intimidation of other students, or abuse of the facility or materials will be tolerated.

Campers are on their best behaviour most of the time, however should your child causes unnecessary disruptions during camp, we will call home to notify the parents.

Should a child’s unacceptable behaviour continue after parent has been notified, our staff from Sunshine Adventures Children Summer Camp reserves the right to remove the participant from the camp for unacceptable behaviour without refund.

D. Camp Cancellation/Program adjustments

Sunshine Adventures Children Summer Camp reserves the right to cancel the camp or make minor program adjustments due to unforeseen reasons. Should our camp be cancelled, we will contact you as soon as possible.

E. Before & After Care Policy

Extended care program is available to those who sign up at the time of registration, while spaces last. Before care hour is 7:30-9 a.m. and after care hour is 4:00-6:00 p.m. Children who wish to enroll in the extended program after registration will only be admitted subject to availability.

Late pick up charge is \$1/minute and may be opt out of the program if late more than 3 times. Please consult camp coordinator if you have any questions.

E. Parent authorization

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the Parents or guardians named below, authorize Rhenish Church of Canada or one of their Program Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Rhenish Church of Canada, and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Rhenish Church of Canada, as well as of any medical treatment authorized by the supervising individuals representing the organization. This consent and authorization is effective only when participating in or traveling to events sponsored by Rhenish Church of Canada.

Photos

I/we, named below, grant permission for the reasonable use of pictures containing my Child in promotional material.

If you wish Rhenish Church of Canada to limit such use, please contact us.

Future Communication

We'd love to keep in touch!

Please check below if you **DO NOT** want to receive information about the following: (please check all applicable):

- Children related program & information
- Parenting & family related program & information
- Community program & related information from the Rhenish community
- No, I do not want to receive any information.

****all information will be sent to email addresses provided****

Purposes and Extent

Rhenish Church of Canada is collecting and retaining this personal information for the purpose of enrolling your Child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your Child, and to inform you of program updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Rhenish Church of Canada to limit the information collected, or to view your Child's information, please contact us.

I have read, understood and agree with the above.

Parent Signature _____

Printed Name _____ Date _____

Camp Fee Payment Calculation Chart

		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Camp Fee	One child	\$ 176.28 (age 7+) \$198.89 (age 6&under)	\$ 220.35 (age 7+) \$248.60 (age 6&under)	\$ 220.35 (age 7+) \$248.60 (age 6&under)	\$ 110	\$ 130	\$ 110	\$ 130	\$ 130
	2 nd child	No sibling discount	No sibling discount	No sibling discount	\$ 99	\$ 117	\$99	\$ 117	\$ 117
	3 rd child	No sibling discount	No sibling discount	No sibling discount	\$ 99	\$ 117	\$99	\$ 117	\$ 117
Extended Care	Before Care	\$ 20	\$ 25	\$ 25	\$ 25	\$ 25	\$ 20	\$ 25	\$ 25
	After Care	\$ 20	\$ 25	\$ 25	\$ 25	\$ 25	\$ 20	\$ 25	\$ 25
	Before & After Care	\$ 40	\$ 50	\$ 50	\$ 50	\$ 50	\$ 40	\$ 50	\$ 50
Sample Calculation	One child (age 7) with before care	\$196.28	\$ 245.35	\$ 245.35	\$ 135	\$ 155	\$ 130	\$ 155	\$ 155
	One child (age 7) with before & after care	\$ 216.28	\$ 295.35	\$ 270.35	\$ 160	\$ 180	\$ 150	\$ 180	\$ 180
	Second child (age 9) with before care	\$196.28	\$ 245.35	\$ 245.35	\$ 124	\$ 142	\$ 119	\$ 142	\$ 142