

Stomp Day Camp 2008

Registration Form (please complete all pages)



Child's Name:	Grade (in Sept):
Address:	Phone:
City:	Postal Code:
Email:	Age:
Birthdate (m/d/y):	Male or Female:
Health Card No:	Doctor's Name:
Allergies:	Doctor's Phone:
Emergency Contact Name:	Emergency Phone:
Does your child have any medical/behavioural information we should be aware of?	
Medication:	
<p><i>The Calvary Stomp Camp Director reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety and rights of others, or who appears to the Director, to have rejected the reasonable controls of Calvary's Stomp Day Camp. The parents or guardians submitting this application are those having legal custody over the child. I give permission for Calvary Assembly to use any photograph of my child taken at camp for promotional purposes. All camp fees are due upon registration. Camp fees are nonrefundable with the following exception. Two weeks prior to the start of camp, or family emergencies requiring at least three days absence. All refunds are subject to a \$20.00, per camper, administrative fee. I have read all parts of this application form and accept the conditions of enrolment.</i></p> <p>IMPORTANT NOTE: <i>In case of illness or injury, every effort will be made to contact parents. It is understood that by permitting my child to attend the Calvary Stomp Day Camp, I am agreeing that Calvary Stomp Day Camp and anyone acting on its behalf, will be released from any liability for injuries to my child that may be occasioned at the camp, on the bus, or off site on a trip, and that I give permission to the Calvary Stomp Day Camp Directors to make decisions in case of an emergency on behalf of my child, when I am not immediately available for consultation.</i></p>	
Parent's Name:	Parent's Signature:

- Please check which weeks you would like to register for:
- If you would like for your child to have some spending money for our tuck shop, please enter an amount and add it to your total. Pre-paying will save you time on the first day of camp.

Please check	Week	Date	Theme	Extra Hours Enter times	Tuck Shop Amount	Office Use only	
						Cash/Chq	Date
	1	June 30 to July 4	Fun in the Sun				
	2	July 7-11	Food Factory				
	3	July 14-18	Retro Rewind				
	4	July 21-25	Jungle Safari				
	5	July 28-Aug 1	Holiday Medley				
	6	Aug 5-8 (4 days)	Wet and Wild				
	7	Aug 11-15	Amazing Race				
	8	Aug 18-22	Nature and the Environment				

Payment can be made by cash, cheque, Visa or MasterCard. If faxing this form, please include a number that we can fax a confirmation page to you. (Posted dated chqs must be dated for Friday prior to week of camp, and first week's payment is due upon registration.)

Credit Card # _____ Expiry Date (m/y) _____

Visa or MasterCard Total Amount: _____ Fax:# _____

Stomp Day Camp – Rules & Discipline Policy

In order to ensure a safe environment for all our campers, we require that each camper abide by the following rules:

General Camp Rules:

1. Have Fun!
2. No Gum allowed at Camp.
3. Absolutely no **Put Downs**.
 - a. To other campers
 - b. No Talking back to leaders
4. Stay in your Group.
5. Listen to your leaders when they are talking.
6. Obey the Hands-Up Rule

Discipline Policy

1. Campers who do not follow the rules will be reminded by their leaders to obey the rules.
2. Should the problem continue, the leader will put the camper on a time out (not allowed to participate for a limited time).
3. If the problem continues, the situation will be brought to the camp director and they will follow the 4 strikes rule:

Strike #1 (Child has a talk with Camp Director)

Strike #2 (Child has a talk with Camp Director and parents on the phone)

Strike #3 (Child goes home for the day. They are welcome to come back for the next day and stay for the rest of the week)

Strike #4 (Child goes home for the rest of the week)

We have a ZERO TOLLERANCE policy for any physical contact due to fighting. This includes hitting, punching etc. If this occurs, parents will be called immediately to come pick up their child and they will not be allowed to return until the next day.

To complete your registration, you must read this set of rules with your child, and sign below.

I, _____ have read the rules to my
(parent/guardian's name)

child, and they agree to abide by them. I understand the consequences if these rules are not followed.

Signed: _____ Date: _____

PLEASE RETURN **BOTH PAGES** TO CALVARY ASSEMBLY TO COMPLETE YOUR REGISTRATION
Fax: 519-621-6771 - 127 Hespeler Road - 519-621-6310 (Office open 8:30-4:30)