



 **REGISTRATION FORM**

**KITCHISSIPPI UNITED CHURCH**

 **630 ISLAND PARK DR. OTTAWA**

 **613-722-7254** E-mail: **kgracequist@kitchisippiuc.com**

 **For ages 4 – 12 DATES: July 24 to July 28, 2017**

 **10:00am to 3:00pm (Pre-camp and post-camp care is available)**

**CHILD’S DEMOGRAPHIC INFORMATION**

First Name Last Name\_

Age Birth Date: Year Month\_\_\_\_\_\_Day Female \_\_\_\_Male \_\_\_\_ Grade

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email Address \_\_\_\_\_ Province Postal code

If possible, please put my child in a group with

**PARENT OR GUARDIAN INFORMATION**

Names of Parent(s) or Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kitchissippi United Church Member? Yes No **\_\_\_**

Daytime Telephone: (1) (2) Alternate Emergency Contact: Phone email address: **MEDICAL AND SPECIAL NEEDS INFORMATION**

Who is in possession of this child’s Health Insurance Information?

Name Daytime Phone:

Doctor’s Name: Phone:

Camp Awesome is committed to meeting the individual needs of each child to facilitate their full participation in Camp Awesome programming. Any information about physical, emotional, or family issues that could affect a child’s participation would be helpful. **Please identify any issues, medical (including allergies) or otherwise, about which Camp Awesome staff should be made aware:**

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

If your child’s allergy requires an epipen Camp Awesome policy requires the epipen be on the child at all times. Please initial here to indicate that you have read this statement: \_\_\_\_\_\_\_\_\_

**\* CAMP AWESOME IS A “NUT FREE” CAMP. PLEASE PROVIDE A NUT-FREE LUNCH FOR YOUR CHILD.**

\* **Camp is from 10 AM until 3PM .** *There is pre and post camp care for an extra fee – you must register for this separately and before the first day of camp. Do you need pre and post camp care? Yes\_\_\_ No \_\_\_\_*

**\*Please turn over and complete both sides of form.\***

**TRAVEL INFORMATION**

The safety of children is one of the primary concerns of the Camp Awesome program. During program hours we endeavour to maintain the highest possible standards to ensure children in our care are not at risk. Our care and responsibility extends to ensuring that children are returned to an appropriate guardian when our program ends. As a result, parents and guardians are asked to sign their children into the program at the beginning of **EACH** day, and out of the program at its end. Please identify your preference (changes to this section may be made during the camp on a day-to-day basis)

￢ Only persons named in the above Parent or Guardian Information Section are authorized to sign out this child

￢ Other adults, as named below, are authorized to sign out this child

￢ This child is authorized to sign out on her/his own, and to leave the Camp Awesome facility without adult supervision **after the daily program has finished**.

**CONSENT AND WAIVER**

*I (we) give permission for to attend Camp Awesome with Kitchissippi United Church. I understand that while all reasonable precautions will be taken, Kitchissippi United Church, the Ottawa Presbytery of the United Church of Canada, and its affiliated organizations and individuals will not be held responsible in any way for injuries sustained by my child as a result of his/her participation in Camp Awesome.*

*I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff of Camp Awesome to secure the services of a licensed health care professional to provide the care necessary for my child’s well-being. I further understand that photographs may be taken of my child participating in the Camp Awesome program by staff, other parents, or community news agencies. Camp Awesome and its associated agencies are not responsible for the existence or usage of third-party photos.*

￢ Please do not publish photographs of my child for the purpose of reporting on or promoting the Camp Awesome program.

Signed: Date:

Please ensure that all information on this form is complete and accurate before submitting. For a list of Camp Awesome congregational partners, contact the Presbytery Office at (613) 224-5318 or go to www.ottawaYAYA.com

Application Received: Payment Received:

**Fee Information:**

**For one child: $80.00**

**For a 2nd and 3rd child in the same family: $65**

**\_\_\_\_ I would like to make a donation to support the participation of children from other families.**

A number of subsidized spots are available, for a lower fee.

\_\_\_ I would like to request a subsidized spot.

**Fee Calculation:**

One child: \_\_\_\_\_\_\_\_\_\_\_\_\_

2nd child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donation amt.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make cheques payable to ***Kitchissippi United Church***