

HOW TO REGISTER

Mail or Drop off
Complete the registration form
along with your payment to:
The Salvation Army Oshawa
Temple Corps
570 Thornton Road North
Oshawa, ON L1J 6T6
salvationarmydaycamp@outlook.
com

Tel: 905 436 0011
Fax: 905 436 0605

\$85 PER CHILD PER WEEK

Once your form and payment
(cash, cheque, or VISA) have
been received we will email out
a registration confirmation. You
will be able to pick up your
receipt on the first day of camp.
**Spots will not be confirmed
until payment is made.**

WHAT TO BRING

- 1) Packed lunch with drink
(snacks are provided)
- 2) Sunscreen
- 3) Hat
- 4) Refillable water bottle
- 5) Running shoes

We are striving to maintain a
nut-free environment. Please
don't send any nut products
with your children.

We want to see you here!

This year we are celebrating 18
years of our Day Camp! The camp
is for children JK (completed) to
Grade Seven. We make sure to
incorporate activities that are
fun for every age group!

All of our camps will have a Bible
and craft program tailored to the
theme for each week as well as
fun activities like games, sports,
snacks, and amazing trips!

Each week is different! Last
year's themes included Sports,
Canada 150, Pokemon, Art, Music,
and more.

Our camp staff members are
looking forward to working with
your children. They are
dedicated to providing your
child with a positive, fun, and
safe camp environment all
summer long. They are level C
CPR/First Aid certified and have
gone through a
background/police check.

For more information about our
programs, please visit
oshawa-temple.org



OSHAWA TEMPLE DAY CAMP 2018

REGISTRATION FORM

EMERGENCY CONTACT INFORMATION

Name _____

Relationship to Camper _____

Tel# Home _____

Work _____

Cell _____

Health Card# _____ Version Code _____

(Optional, you are not legally required to give it, but it does help in case of an emergency)

Family Doctor _____

Tel# _____

Allergies (Please Specify)

Medical Concerns/Special Needs

(Please ensure that your child has all medication and equipment necessary if they have any allergies or medical concerns)

Conditions of Enrollment

I have provided the Salvation Army with all the necessary medical information and can be reached at the number(s) listed. I hereby give permission for my child to participate in regular activities and off-property outings. If anything happens to my child or my child's property during the programs or outings I agree not to hold The Salvation Army responsible, unless the injury, loss or damage is due to the gross negligence of The Salvation Army. I am responsible for insuring my child and my child's property.

In an emergency, I authorize The Salvation Army to secure medical care for my child.

Parent/Guardian signature _____

Date _____

Camper Name _____

Address _____

Apt/Unit # _____ City _____

PostCode _____ Tel# _____

Age _____ Birth Date _____

Going into grade _____

Parent/Guardian Name _____

Relationship _____

Email Address _____

Which Camp(s) do you plan to attend?

(Please check off the selected weeks)

*Indicates short week due to long weekend

___ Camp 1: July 9th - July 13th

___ Camp 2: July 16th - July 20th

___ Camp 3: July 23rd - July 27th

___ Camp 4: July 30th - August 3rd

___ Camp 5: August 7th - August 10th*

___ Camp 6: August 13th - August 17th

Do you consent to your Child's picture being taken by camera or video during the program?

Yes _____ No _____



CAMP LOCATION

The Salvation Army Oshawa Temple Corps
570 Thornton Road North
Oshawa, ON

CAMP TIMES

9:00 am to 3:30 pm

Camp starts July 9th and runs for 6 full weeks until the week of August 17th.

SIGN IN/OUT

Parents are asked to sign in and out each day with the camp staff to ensure proper camper security.

FINANCIAL AID

If you need financial assistance or are a client of our family services, please contact 905 723 7422