

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

\$75 per child for the week

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) Boots
- 3) Warm layers
- 4) Refillable water bottle
- 5) Running/indoor 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 19 years of our Day Camp! Our camps are for children JK (completed) to Grade Seven. We make sure to incorporate activities that are fun for every age group!

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

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 week long. They have been screened and trained in order to ensure an amazing camp experience for your children.

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



OSHAWA TEMPLE MARCH BREAK CAMP

2019

REGISTRATION FORM

EMERGENCY CONTACT INFORMATION

Camper Name _____

Address _____

Apt/Unit # _____ City _____

PostCode _____ Tel# _____

Age _____ Birth Date _____

Grade _____

Parent/Guardian Name _____

Relationship _____

Email Address _____

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

CAMP LOCATION

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

CAMP TIMES

**9:00 am to 3:30 pm
Monday, March 11th to Friday,
March 15th.**

SIGN IN/OUT

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

