

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

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 20 years of our Day Camp! The camp is for children JK (completed) to Grade Seven and provides fun activities for every age group.

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

Each week is different! Last year's themes included Winter Olympic Sports, Christmas in July, New Year's Party, and Disney's Frozen.

Our camp staff members are looking forward to working with your children. They are dedicated to providing 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 2019

REGISTRATION FORM

EMERGENCY CONTACT INFORMATION

Name _____
Relationship to Camper _____
Tel# Home _____
Work _____
Cell _____
Health Card# _____ Version Code _____
(Optional, 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

or extended care (\$15 add on)

8:00 am to 4:30 pm

Camp starts July 2nd and runs for 7 full weeks until the week of August 16th.

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

Camper Name _____

Address _____

Apt/Unit # _____ City _____

PostCode _____ Tel# _____

Age _____ Birth Date _____

Going into grade _____

Parent/Guardian Name _____

Relationship _____

Email Address _____

Would you like to sign up for extended care?

(\$15 extra per camper per week for 8:00 am - 4:30 pm)

Yes _____ No _____

Check off Camp(s) you want to register for.

* Indicates short week due to long weekend

___ Camp 1: July 2nd - July 5th*

___ Camp 2: July 8th - July 12th

___ Camp 3: July 15th - July 19th

___ Camp 4: July 22nd - July 26th

___ Camp 5: July 29th - August 2nd

___ Camp 6: August 6th - August 9th*

___ Camp 7: August 12th - August 16th

Do you consent to your Child's picture being

taken by camera or video during the program?

Yes _____ No _____