



Welcome to the Campfire! 2010 Information Package!

Thank you for your interest in our camp! Campfire! 2010 is rapidly approaching and we are very eager to have you involved! With this letter you will find our registration and medical/authorization forms. Please return the forms, along with registration fees as soon as possible. The registration deadline is May 31st, but in years past, camp has been filled to capacity much before this date. Each week will be filled on a first come, first serve basis. Therefore it is in your child(ren)'s best interest to register them immediately! **Registrations are not accepted by phone, e-mail, or fax, and a child is not considered registered until we have received form and fees at the return address.** We will then mail a confirmation of registration and additional camper information to you.

We are hosting a variety of camps between July 12th and August 28. Please see the enclosed flyer and then mark off on the registration form which week you would like to send your child. If your child is turning 8 for example in 2010, they may go to Discovery, even if their birthday is in December. It is the parent's discretion if you feel the child is ready for Discovery camp or should go to Sprouts camp. The same is true for the older age groups.

Registration fees for the Teen, Discovery and Service camps are \$250.00 per camper. Wilderness camp is \$290.00 per camper and the registration fee for Sprouts camp is \$127.50 per camper. **Camp fees are subject to 5% GST and 3% PST until April 30th 2010. After this date all camp fees are subject to the new HST, which is 13%.** Bussing will be made available, please add \$20.00 per way/child for transportation, for the first two children in a family, and 10.00 for each additional child. Please write out **one** cheque per child to make it easier in the case that any of your child(ren) end up on the waiting list. Please make cheques payable to **Campfire!**. Post dated cheques are accepted, but please don't write the dates past June 30th, 2010.

We realize that it may be difficult for some families to pay the recommended fees for camp and for that reason, we have made a policy that no child needs to be excluded from the camp experience because of financial burdens. Please contact **campers@campfirebiblecamp.ca** or **905 296 5297** if you are unable to cover the recommended cost per camper. Otherwise fees are required with forms for registration.

We welcome the majority of our participants at camp each year from the Canadian Reformed and United Reformed Church communities, but we are also an outreach camp. If your children have neighborhood friends who would be interested in attending our camp, we would be delighted to have them at camp and take the opportunity to teach them more about God and His Word. Give us a call or download the forms at www.campfirebiblecamp.ca. We also welcome a small number of campers at each of our Discovery, Teen, Wilderness and Sprouts camps from Streetlight Ministries run by the Ancaster and Burlington Canadian Reformed churches and from the Inner City Mission run by the St. David's Presbyterian Church located in downtown Hamilton.

Teen and Discovery Camps will run from 11:00 a.m. every Monday, to 10:00 a.m. every Saturday. Wilderness Camp will run from 9:00a.m. Monday to 12:00 noon Saturday and Sprouts Camp will run from Tuesday Aug 3 at 11:00 a.m. to Thursday Aug 5 at 3:00 p.m. Service week will run Sunday Aug 1 to Saturday Aug 7. Bussing is not available to camp for that week. Please check your info package for more details.

Please print off the Registration Form only on one side of the paper. If you have any questions or concerns, please don't hesitate to call us at **905 296 5297** or email **campers@campfirebiblecamp.ca**.

For the Campfire! Camper Committee,

Kim Harsevoort
Registrar



2010 CAMPFIRE! REGISTRATION

PLEASE FILL OUT: FIRST TIME CAMPER RETURNING CAMPER

Camper's Name (Last) _____ (First) _____ Gender M F
Date of Birth: _____

Address _____ Apt. _____ City _____ Prov _____ Postal Code _____

FAMILY INFORMATION

Father's Name _____ Living with Child

Contact: Home #(_____) _____ Cell #(_____) _____ Work #(_____) _____

Mother's Name _____ Living with Child

Contact: Home #(_____) _____ Cell #(_____) _____ Work #(_____) _____

If applicable: Foster Parent/Guardian's Name _____

Contact: Home #(_____) _____ Cell #(_____) _____ Work #(_____) _____

Which of the above people are authorized to pick up your child? Mother Father Guardian

Emergency Contact Please provide two individuals other than the parents/guardian, with whom the child is familiar

Emergency Contact #1 Name _____ Relationship to camper _____
Contact #(_____) _____

Emergency Contact #2 Name _____ Relationship to camper _____
Contact #(_____) _____

CABIN MATES

Great effort is made to honour requests for cabin mates of the same age or grade (same gender). The request must be mutual. No more than two (2) will be accepted together, and there is no guarantee for placement.

NAME OF REQUESTED CABIN MATE _____

Payment for registration fees/busing are to be made to: CAMPFIRE!

and mailed to:
295 Stonechurch Rd E
Hamilton ON
L9B 1B1

Cheques can be post-dated to **June 30, 2010**

All registration inquiries can be directed to 905 296 5297 or campers@campfirebiblecamp.ca

CONDITIONS OF ENROLLMENT

1. The Director reserves the right to dismiss a camper who is in his/her opinion a hazard to the safety and the rights of others, or who appears to have rejected the reasonable controls of Campfire!
2. The parent(s) or guardian(s) submitting this application are those having legal custody over the child/camper. Conditions of custody, if applicable, must be fully communicated in writing to Campfire!, including, a photocopy section of any court order referring to visitation rights. The signature on the registration form signifies that both parents/guardians are in agreement with the conditions of enrollment.
3. Care is taken for the safety and good health of campers, but in the event of accident or sickness, Campfire!, including the board of directors and staff, and the owners and employees of facilities outside of the camp grounds are hereby released from any liability. Each camper must be covered by Provincial Health Insurance or equivalent medical insurance.
4. In the event that a camper requires special medical attention, x-ray or treatment beyond that which is available at Campfire!, the parents/guardians will be notified immediately and will be charged with the additional expense of transportation and special care.
5. In case of surgical emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/camper as named above.
6. Campfire! requires that campers who have potentially life-threatening conditions such as peanut allergies be able to manage their exposure to those substances, provide two sets of medication, be familiar with its use and carry the medication in a fanny pack.
7. In case of withdrawal during the camp session on the physician's order, up to two-thirds of the fee for the unexpired term will be refunded. No refund will be made for dismissals due to disciplinary action, late arrivals, early departures or head lice.
8. I understand that though every precaution is taken to ensure campers safety and well-being, there is a potential for contact with poison ivy and/or poison oak during a camp session.
9. I give permission for my child/camper to take part in group out-trips (such as Wasaga Beach), realizing that transportation will likely occur in a bus, and that there will be an appropriate ratio of supervision (including at least one staff member with First Aid training).
10. I give permission to Campfire! to use any image or likeness of my child/camper for promotional material and/or records.
11. The registration is non-refundable for cancellations made after June 15. For cancellation prior there is a \$50 cancellation fee.

SIGNATURE REQUIRED TO PROCESS REGISTRATION

I have read, understood, and accepted the conditions of enrollment as stated above.

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

EMAIL ADDRESS _____

PLEASE NUMBER desired dates in order of preference in the white session boxes. (Darkened area denotes program unavailable during those weeks.)	July 12-17	19/07/24	July 26-31	Aug 2-7	Aug 3-5	Aug 9-14	Aug 16-21	Aug 23-28

									COST
DISCOVERY Ages 8-12	Mon to Sat								$\$250+12.50(\text{GST})+7.50(\text{PST})= \270.00 After April 30- $\\$250+32.50(\text{HST})=\\282.50
TEEN Ages 13-16	Mon to Sat								$\$250 + 12.50 (\text{GST}) + 7.50(\text{PST}) = \270.00 After April 30 $\\$250+32.50(\text{HST})=\\282.50
WILDERNESS Ages 13-16	Mon to Sat								$\$290 + 14.50(\text{GST}) + 8.70(\text{PST}) = \313.20 After April 30 $\\$290+37.70(\text{HST})=\\327.70
SERVICE Ages 16-17	Sun to Sat								$\$250 + 12.50 (\text{GST}) + 7.50(\text{PST}) = \270.00 After April 30 $\\$250+32.50(\text{HST})=\\282.50
SPROUTS Ages 5-7	Tues, Wed, Thurs								$\$127.50 + 6.38(\text{GST}) + 3.83 (\text{PST}) = \137.71 After April 30 $\\$127.50+6.58(\text{HST})=\\144.08

Bus service will be available from the following locations. Cost is \$20 per child/per way for first two children in a family each additional child will be \$10 per way. **The bus fees are subject to 5% GST until April 30th. After this date these fees are subject to the new HST which is 13%.** If you wish to use the bus, please circle the location that your child will be at. (This information is also available at www.campfirebiblecamp.ca- Camper page.) You must pre-register for the bus, either by completing and returning this form with your registration package, or contacting campers@campfirebiblecamp.ca at least 3 days before your child(ren) attend camp.

	Monday	Saturday
Cornerstone Cdn Reformed Church (353 Stonechurch Road East, Hamilton)	7:15AM	2:30PM
Streetlight Ministry (82 Ferguson Avenue North, Hamilton)	7:30AM	2:15PM
St. David's Ministry (474 Wentworth North, Hamilton)	7:40AM	2:05PM
Carpool @ Hwy 6/403	8:10AM	1:35PM
Guelph Cdn Reformed Church (8037 Hwy 7 East of Guelph)	9:15AM	12:25PM
Fergus Cdn Reformed Church (600 Belsyde Avenue East, Fergus)	9:45AM	11:55PM



CAMPFIRE! WELLNESS FORM 2010

Week of Camp: _____

Camper's Name: (Last) _____ (First) _____ Date of Birth: _____

Name of Parent/Guardian responsible for camper during their week of Camp: _____

mother father guardian Contact number for any medical issues: _____ cell home

Camper's Health Card #: _____

Gender: Male Female

camper does not have health insurance

Doctor's Name: _____ Address: _____ Phone Number: _____

camper does not have a family doctor

Aquaquest Swimming Level: _____ or Life Jacket Shallow End Deep End

Please list any medications your child is currently taking and will be taking at camp:

(please write on the back of sheet if you need more space)

Health Condition Requiring Medication (e.g. Asthma, ADHD)	Medication Name/ Treatment (e.g. Ventolin, Risperdal)	Dosage and Form (e.g. 2 puffs of inhaler, 1.5mg pill)	Times to Administer (e.g. as needed, 8 AM)

All medications will be left with the camp nurse upon registration at camp. Medications **MUST** be brought in their original containers with their original labels and the camper's name. **The camp nurse is unable to dispense medications that are not in their original container.**

If the need arises, may the nurse give your child over the counter medications such as Tylenol, Gravol or Benadryl? Yes No

Are there any over the counter medications you do **NOT** want given to your child? Yes No If Yes, please explain:

Please list any medication(s) taken during the school year that the camper does not take during summer and reason why.

Please describe any allergies your child may have to the following:

Allergy Type	Specific Allergy (e.g. Bees, Tree Nuts)	Reaction (e.g. Life-threatening, Rash, Vomiting)	Treatment (e.g. EPI-Pen, Benadryl, Reactine)
Environmental			
Animal/Insect			
Drug			
Food			

Notes: _____

Does the Camper have any additional Dietary Restrictions? (please explain): _____

***** Campfire! strives to be peanut/nut free and although Campfire! doesn't use peanuts/nuts in its meal ingredients, it can not guarantee a complete nut free environment *****

Are the Camper's Immunizations up to date: Yes No If no, please explain: _____

Past or Current History of Diseases and Disorders: Please indicate (√) any disease your child has had, and state when.

- | | | |
|---|--|--|
| <input type="checkbox"/> Tuberculosis _____ | <input type="checkbox"/> Measles (Specify Red or German) _____ | <input type="checkbox"/> Mumps _____ |
| <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Whooping Cough _____ | <input type="checkbox"/> Asthma _____ |
| <input type="checkbox"/> Mononucleosis _____ | <input type="checkbox"/> Epilepsy/Convulsions _____ | <input type="checkbox"/> Diabetes _____ |
| <input type="checkbox"/> Heart Disease/Defect _____ | <input type="checkbox"/> High Blood Pressure _____ | <input type="checkbox"/> Bleeding/Clotting _____ |
| <input type="checkbox"/> Cystic Fibrosis _____ | <input type="checkbox"/> Hepatitis/HIV _____ | <input type="checkbox"/> ADD/ADHD _____ |
| <input type="checkbox"/> Anorexia _____ | <input type="checkbox"/> Depression _____ | <input type="checkbox"/> OCD _____ |
| <input type="checkbox"/> Bulimia _____ | <input type="checkbox"/> Schizophrenia _____ | <input type="checkbox"/> ODD _____ |
| | <input type="checkbox"/> Anxiety _____ | <input type="checkbox"/> Other conditions and/or |

behavioural issues

Please note further explanation of disease(s)/disorder: _____

Other Health Issues: Please check () any applicable areas.

- | | | |
|---|--|---|
| <input type="checkbox"/> Sight Difficulties | <input type="checkbox"/> Severe Stomach Aches | <input type="checkbox"/> Muscle, Bone or Joint Conditions |
| <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Broken or missing teeth |
| <input type="checkbox"/> Earaches/Ear tubes | <input type="checkbox"/> Constipation | <input type="checkbox"/> Frequent Sore Throats |
| <input type="checkbox"/> Chronic Ear Infection | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Migraines /Headaches | <input type="checkbox"/> Frequent Urinary Tract Infections | <input type="checkbox"/> Night Terrors |
| <input type="checkbox"/> More than occasional nose bleeds | <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Other |

Please explain any checked off area in further detail: _____

Will any of the above conditions limit the Camper's ability to fully participate in **all** camp activities: Yes No If Yes, please explain: _____

Are there any home or personal situations that the camp should be aware of? Yes No If "Yes" please write below and on back of sheet. _____

Thank you for filling out this form. We appreciate it being filled out completely – since this makes it much easier for the nurse at camp to properly care for your child. Please contact our health coordinator (Helen 't Hart) if you have any questions. Email: helenthart@gmail.com

We will also be sending a RED SHEET out with your confirmation package. Please send this form to camp with the camper on the first day of camp. On this form you can note any changes in the camper's health, or any new medications this camper may be on, and any contact with communicable diseases that this camper has had in the last month.