**To Mars and Beyond VBS**

**St George’s of Forest Hill 2019**



**Instructions**

1. Please fill out application in full
2. Please read and note instructions regarding special needs

SPECIAL NEEDS INFORMATION - We have limited space for children with MILD SPECIAL NEEDS. If you have a child with MILD SPECIAL NEEDS, please read the document carefully and fill out ALL special needs information regarding your child. If we determine your child has any special needs that were not disclosed in the application form, you could be asked to withdraw your child from the program

It is very important that you tell us about ANY/ALL special needs your child has including allergies & dietary. Please elaborate on page 5&6.

NOTE: Any child with athletic, medical, intellectual or physical needs MUST fill out “All About Me” which goes into additional details for the use of the camp.

1. Additional Camp Information - parents Info sheet PLEASE PRINT & KEEP FOR REFERENCE
2. PAYMENT NOTE –: Please attach payment with your registration (cash or cheque). Cheques will be processed as soon after their payment date as possible. Mail or drop off cheques to: St. George’s of Forest Hill

321 Fischer-Hallman Road

Kitchener, Ontario N2M 4X9

AGES: 5 to 12 Years old Cost: $20.00 per week / per child 9:00 am – 3:00 pm



**Voyager Registration 2019**

\_\_\_\_\_Week 1 July 15/19 – July 19/19

\_\_\_\_\_Week 2 August 19/19 – August 23/19

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F\_\_\_ M \_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_

Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext \_\_\_\_\_\_

1.) Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (optional)

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext \_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (optional)

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext \_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.) Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_ Ext \_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.) Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_ Ext \_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.) Family Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_ Ext \_\_\_\_\_\_

Child’s Health Card OHIP # & Name exactly as shown on card

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

Home Church (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friends of your child at this church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T – shirt size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Did You Find Us?

1. Returning Camper
2. Signage at church
3. Website
4. Word of Mouth
5. Public Advertising (please explain where)

ALL ABOUT ME!

Please help our camp staff make your child’s camp experience a successful one by telling us more about your child.

\*\* This section is an area for parents to fill out ONLY if their child has special needs or any extra information that the committee/counsellors need to know about your child.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child attended our camp in previous years?\_\_\_\_\_\_

If so, when and how many weeks? \_\_\_\_\_\_\_\_\_\_\_\_

Were there any issues or problems that arose from your child’s past attendance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your child’s specific diagnosis? If there is no diagnosis, what are your child’s specific needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does your child have a visual impairment? Yes No Please give a brief description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does your child have any language barriers? Yes No Please give a brief description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Does your child have a biting problem? Yes No Please give a brief description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Does your child have a tendency of running away? Yes No Please give a brief description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does your child have any sensory issues? Yes No Please give a brief description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Does your child have any food issues? E.g. choking, textures – please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Does your child have any severe allergies? Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Does your child carry an epi-pen? Yes No NOTE: if your child requires an epi-pen, please ensure it is a “SINGLE DOSE INJECTOR & not a “DUAL INJECTOR”

10.Does your child have a physical impairment – e.g. needs assistance with stairs, walking, or dressing? \_\_\_\_\_\_\_\_Yes No Please give a brief description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL ABOUT ME! – page 2

11.Does your child have difficulty when dealing with social situations or settings? Yes No Please give a brief description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.How well does he/she function in a group setting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13.How are your child’s problem solving abilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14.Has your child had any previous camp experience? Yes No Please give a brief description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15.What are your child’s likes and dislikes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16.Is there any other information that we might need to help your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify when answering yes to any of the above questions. We can only help your child if you help us with this useful information.

Please note: If we determine your child has any special needs that were not disclosed in the application form, you could be asked to withdraw your child from the program. If your child’s behaviour is found to be continually disruptive or harmful to the program, to themselves, or to others, you could be asked to withdraw your child from the program. If there is a special need, we may ask to meet with the parent(s) and child before beginning camp to ensure that we are able to accommodate and make it a successful week for both the child, the other campers and the camp staff.

Additional Camp Information

The Vacation Bible School is run by St. George’s of Forest Hill Anglican Church (Church) as part of its outreach program. The Church is a not for profit Christian organization. The funds necessary to run our Camp come from the application fees, private grants and other private and public sources. These funds cover the cost of running our camp without any profit to the Church. As such, the Church and Camp is not able to accommodate children who have anything more than mild special needs nor are we able to provide specialized or one-to-one support care workers for special needs children due to undue hardship, financial reasons, the costs, outside sources of funding and health and safety requirements. Therefore, if we determine that your child is in need of such supervision either during the application process or while your child is attending the Camp, we reserve the right to deny your child’s application or request that you immediately withdraw your child from our camp, and your fees will be refunded either in full or on a pro-rata basis based on the number of days or weeks remaining. By completing this application form and submitting your fee, you accept our right to use our discretion in accepting or denying your child’s application or requesting the removal of your child from our Camp.

On the first day of camp, you will be asked for the names(s) of who your child will be arriving and departing with. This person must be an adult or a sibling over the age of 15 years. Upon arrival, that person must sign your child in, thus placing him/her into the camp’s care, and upon departure must sign your child out, thus removing him/her from the camp’s care. Your child can only be released to a person whose name is on the list. Also on the first day, you will be asked to pay for the week of camp, if you haven’t already done so –

NOTE: We will be taking pictures of the children during camp days to be used for advertising purposes only. If you have a problem with pictures being taken of your child, please let us know immediately. –

Each day, your child should arrive at camp wearing sunscreen. –

In your child’s backpack please include the following items LABELLED WITH YOUR CHILD’S NAME:

1. a bottle of sunscreen for later application
2. a hat
3. . a water bottle to be re-filled throughout the day
4. a \*NUT-FREE\* lunch and two snacks which are not to be shared with each other due to serious allergies of other campers – “our church strives to be nut free”.
5. a change of clothes in case of accidents or after water games - - On water game days at the church, please make sure your child has a dry change of clothing - Please make sure your child is dressed in preparation for both hot and cool weather and with appropriate footwear that he/she can run in.

Things not to bring to camp include: 1. money

2. valuables

3. electronic devices (i-pods, cell phones, etc.)

4. toys (unless given permission)

In case your child becomes ill while at camp, you will be called first and then the emergency contact numbers. If your child is injured while at camp, you will be contacted to come and decide upon medical treatment. If the injury is deemed serious, an ambulance will be called first and then you will be called to meet the co-director and your child at the hospital.