



MOOREDALE DAY CAMP

2010 CAMPER APPLICATION

for children aged 4 to 14



**COMPLETE ALL PAGES – PLEASE PRINT CLEARLY AND RETURN WITH PAYMENT
TO 146 CRESCENT ROAD, TORONTO M4W 1V2**

Camper: _____ Mooredale Member ID #: _____
LAST NAME FIRST NAME

Birthdate: _____ Age at July 5, 2010 _____ years _____ months. Male Female
M D Y

Grade completed June 2010: NS _____ JK _____ SK _____ Grade _____ School: _____
From 2009/2010 School Year

Highest Swimming Level Completed: _____

Mailing Address: _____ Postal Code: _____

Parent 1 Name: _____ Parent 2 Name: _____

Res. Phone: (____) _____ Email: _____

Parent 1 Bus. Phone: (____) _____ Cell Phone: (____) _____

Parent 2 Bus. Phone: (____) _____ Cell Phone: (____) _____

Is there a divorce or separation in the family? No If yes, who has custody? _____
A confidential note about custodial arrangements or concerns would be helpful.

Alternate Parent Address: _____ Postal Code: _____

Res. Phone: _____ Email: _____

SUMMER CAMP 2010 (Please indicate Camp Sessions for 2010 with a)

T-SHIRT SIZE

SESSION	DATE	JUNIOR 4-5 1/2	INTERMEDIATE <small>Completed SK, grade 1 or 2</small> 5 1/2 - 9	SENIOR 9 - 12	Tennis Stream 9 - 14
ONE	July 5 - July 16				
TWO	July 19 - July 30				
THREE	Aug 3 - Aug 13				Not Offered
FOUR	Aug 16 - Aug 27				
AFTER CAMP CARE (Happy Hour) 4:00 - 5:30 pm				<input type="checkbox"/> YES	

Youth	<input type="checkbox"/> 2/4
	<input type="checkbox"/> 6/8
	<input type="checkbox"/> 10/12
	<input type="checkbox"/> 14/16
Adult	
	<input type="checkbox"/> Small
	<input type="checkbox"/> Medium
	<input type="checkbox"/> Large

OTHER EMERGENCY CONTACTS:

2 required at time of registration

1. **NAME:** _____ **RELATIONSHIP:** _____

Res. Phone: _____ Bus. Phone: _____ Cell Phone: _____

2. **NAME:** _____ **RELATIONSHIP:** _____

Res. Phone: _____ Bus. Phone: _____ Cell Phone: _____

SPECIAL REQUEST/FRIENDS: Include any friend's names for camper group requests. You may request **ONE** friend of similar age/grade to be with your child. The other child must also request this placement. We will do our best to honour your request.

MOOREDALE CAMPER MEDICAL HISTORY

Parent or Guardian: If there are questions you cannot answer, your doctor's receptionist may be able to provide information from your child's records. Please do not make any special appointment for this. We do not require a medical examination by your family physician.

CAMPER NAME: _____ BIRTHDATE: _____
Month Day Year

RESIDENTIAL PHONE: _____ ONTARIO HEALTH CARD NUMBER: _____

Family Doctor's Name: _____ Phone: _____

Is the Camper subject to the following? Please check.

- Asthma Bronchitis Seizures Motion Sickness
- Ear/Hearing Problem Speech Difficulty Skin Conditions Headache

Specify usual treatment for above: _____

Does the Camper have Allergies to:

- Penicillin Tylenol Insect Bite
- Food (Specify) _____ **Epipen Required**

Other allergies or suspected allergies, Specify: _____

Treatment for above: _____

IMPORTANT Immunization Information Please attach a copy of immunization record **OR** complete the following:

	Month/Day/Year		Month/Day/Year
Diphtheria, Pertusis (Whooping Cough), Tetanus (Lock Jaw), Polio*	_____	Measles, Rubella (German Measles), Mumps	_____
Haemophilias B (HIB)**	_____	BCG**	_____
Hepatitis B**	_____	TB Skin Test**	_____
Varicella (Chicken Pox)	_____		

* Please note if oral polio vaccine given ** Not mandatory

Past communicable diseases. Check and give approximate dates.

- Chicken Pox _____
- Mumps _____
- Measles _____
- Scarlet Fever _____
- Pneumonia _____
- German Measles _____
- Others: _____
- Tuberculosis _____

Hospitalizations (give details): _____

OTHER

Does your child have other medical or behavioural issues, not already indicated on this form, of which the Camp Director should be aware ?

Are there any social/emotional concerns that we should be aware of to assist in the Camper's adjustment to day camp? Yes No

If Yes, please elaborate: _____

Please send a confidential note to the Camp Director.

Are there any physical problems that we should be aware of that may interfere with the child's full participation in the program, including recreational swimming?

(e.g. recent illnesses, injuries, surgery.) Yes No

If yes please specify: _____

TO BE SIGNED BY PARENT OR GUARDIAN: I have read and agreed to the conditions outlined in the camp brochure. I am a member of the Rosedale-Moore Park Association and consent to the participation of the above-named, and hereby release the Rosedale-Moore Park Association, its staff, Board of Directors, instructors and authorized guests from any and all actions, claims, demands for damages, loss or injury, however arising, which may hereafter be sustained by the above-named in consequence of participation in camp activities. In the event of a sudden illness or accident, so that the program leaders may take such action as may be necessary, we ask that parent or guardian sign below to authorize emergency measures. Parents must assume any expense incurred. I hereby give permission for my son/daughter to participate in all camp activities involving travel on the TTC; chartered bus; on hikes, etc. I give permission to Mooredale Day Camp to use my child's photograph for Mooredale publicity purposes.

X _____
Signature

Date

Camper Fee Record

CAMPER NAME: _____

Fee Per Camper	Junior 4 - 5 & Intermediate 6 - 8 Campers		Senior Campers 9 - 12		Tennis Stream 10 - 14	
	Up to Jan. 31/10	After Jan. 31/10	Up to Jan. 31/10	After Jan. 31/10	Up to Jan. 31/10	After Jan. 31/10
1 Session (2 weeks)	\$683	\$719	\$807	\$850	\$807	\$850
2 Sessions (4 weeks)	\$1341	\$1413	\$1594	\$1680	\$1594	\$1680
3 Sessions (6 weeks)	\$1994	\$2102	\$2366	\$2495	\$2366	2495
4 Sessions (8 weeks)	\$2632	\$2776	\$3128	\$3300		
Happy Hour, per 2 week Session (After Camp Care)	\$120	\$120	\$120	\$120	\$120	\$120

Conditions

- Mooredale Family membership is required at time of registration.
- You may pay by credit card only if you choose to pay full camper and membership fee at time of registration.**
- Camper Application Form must be completed and signed before registration is accepted.
- Fees must be paid at time of registration **OR** deposit and cheque(s) post-dated (dated May 1st) for the balance of the camper fee and after camp care fee must accompany each registration.
- Deposit (\$100 per camper for each session) is **non-refundable**
- An administration fee will be charged for **transfers** to another session: \$25 before May 31st or \$75 after May 31st.
- Camper fees (less deposit) will be refunded if notice of cancellation is received in writing eight weeks before the session start date. After the date, a medical certificate will be required for refund (less \$100 deposit per session).
- If in the opinion of the Director, it is in the best interest of either the child or the camp, the Camp reserves the right to terminate the stay of a camper. In such an event, it is understood that at the discretion of the Director, a proportionate refund, minus the \$100 deposit, would be made.

Payment Record

Enclose payment for full camper fees, Happy Hour fees and Mooredale membership fee (if you are not a current member). You may pay full fees immediately by cheque, debit or credit card **OR** you may choose to pay by two cheques:

- a cheque dated today for Mooredale membership fee and session fee deposits for each session; a cheque dated May 1, 2010 for the full

OR

			For Office Use	
Payment in Full:		\$	Cheque Date	Cheque Number
Session 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				
Deposit (only payments by cheque):	\$100 per session	\$		
Session 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				
Camp Fee Balance due May 1, 2010 (include post-dated cheque less deposit)		\$		
After Camp Care (Happy Hour)	\$120 per session	\$		
Session 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				
Mooredale Family Membership <i>If family is a new member please fill out Membership Form</i>	\$99	\$		
	Total	\$		

Payment – Please PRINT CLEARLY

I will be paying by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Master Card <input type="checkbox"/> Visa Card	Amount: \$
Card #: - - -	Expiry month/year -
Full name that appears on the credit card	Card holder SIGNATURE

For Office Use

- Stats
 Confirm. Ltr.
 Database
 Info. Pkg
 Camp Brain