

Medical Information

Health Card #: _____

Allergies: _____

Special Needs/Disabilities: _____

EpiPen Medication: Yes _____ No _____
(please specify)

Family/Prescribing Doctor: _____

Tel: _____

Emergency Contact

Name: _____

Tel: _____

Relationship to camper: _____

Other

___ I have invited an unchurched friend to camp.

___ My friend invited me to this camp.

My friend's name is _____
(Child)

Parent/Guardian Authorization:

Please refer to the Parent/Guardian Authorization section on the back panel of this brochure. By signing below, you agree with all of what is stated in that section. Please contact church staff if you have any concerns.

Parent/Guardian Signature: _____

Date: _____

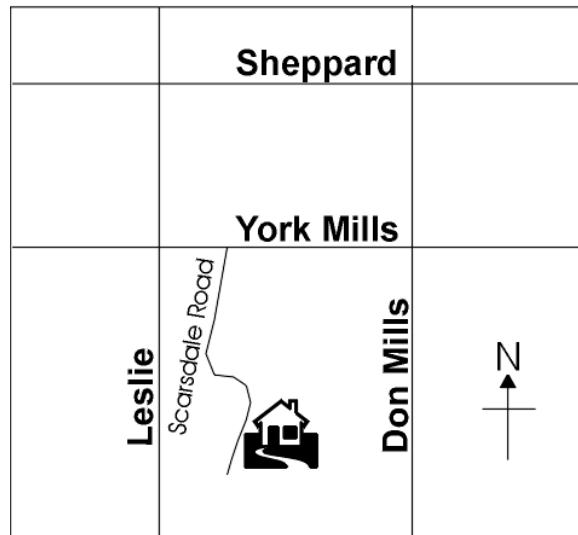
Parent/Guardian Authorization:

I permit my child to participate in all the activities arranged by Don Mills Baptist Church. I give DMBC officials the authority to act on my behalf in case of emergency and to take appropriate steps to have a doctor or other medical personnel attend upon my child. I am responsible for any expenses caused by emergency treatment or services in case of any accident. I understand that DMBC, DMBC staff and volunteers will not be liable for any legal or other consequences resulting from any and all claims for damages or other amounts arising directly or indirectly from any accidents.

Please submit your application as soon as possible. We look forward to sharing the wonderful experience of making your child's summer fun and meaningful!

Be sure to visit:

www.dmbc.ca/DayCamp2011



Don Mills Baptist Church DAY CAMP 2011



Don Mills Baptist Church Day Camp is a non-profit day camp for children between the ages of 6 and 12. The main purpose of this camp is to provide an opportunity for children to know God and experience His love. Through activities like Bible lessons, crafts, team building games, and various other activities, we hope to build them up intellectually, physically, socially, and spiritually. Our staff team hopes to make this the best week of your child's summer!

Date: July 11 to July 15, 2011 (5 Days)

Time: Monday to Friday
9:30am to 4:30pm
(See extended drop-off and pick-up times inside)

Place: Don Mills Baptist Church
99 Scarsdale Road, Toronto, M3B 2R2

Tel: (416) 446-0088

Registration Details

Grade

Senior Kindergarten to Grade 6
(Sept. 2010 to June 2011 School Year)

Date

Monday July 11 to Friday July 15, 2011 (5 Days)

Time

Program Time: 9:30am to 4:30pm
Drop-off Time: Starting from 8:00am
Pick-up Time: Between 4:30pm-6:00pm

Location

Don Mills Baptist Church
99 Scarsdale Road, Toronto, M3B 2R2

Camp Fee

\$50 per camper
Late pick-up fee during camp. \$5 for every 5 minutes after 6:00pm

Lunch

All campers are required to bring their own **NUT** -**FREE** lunch and drink. The camp will provide light snacks.

Registration

To avoid delay in the registration process, **all required information must be fully completed** before submission. A cheque payable to Don Mills Baptist Church with the correct amount of camp fee should accompany the registration. If you are registering for more than one child, please complete a **separate application form for each applicant** and staple the forms together with one cheque for the combined payments.

Registration is accepted on a first-come first-serve basis. Please mail your registration form or bring it to DMBC. The church is open Tuesdays to Fridays from 10:00am-3:00pm. Please contact church staff at 416-446-0088 if necessary. **Registration deadline is June 12, 2011.** As a result, registrations received after this date will not be accepted.

In the case of overcapacity, acceptances will be decided by registration submission date. Once the camp is full, remaining applications will be put on the waiting list. Official receipt and Day Camp Parent's Handbook will be issued in late June.

Refund Policy

There is no refund after June 19, 2011. For cancellation requests received on or before June 10, a full refund minus a \$20 administration fee will be made.

Special Note

DMBC Day Camp reserves the right to accept any or none of the applicants at its discretion.

All campers must be covered by valid medical insurance. Applicants who are not covered under the Ontario Health Insurance Plan (OHIP) must present written proof of valid medical insurance before the camp begins in order to participate in any camp activities.

Registration Form

Name of Child: _____

Grade (as at Apr. 2011): SK ___ Gr.1 ___
Gr.2 ___ Gr.3 ___ Gr.4 ___ Gr.5 ___ Gr.6 ___

Date of Birth: _____
(mm/dd/yyyy)

Gender: M ___ F ___

Address: _____

City: _____

Province: _____ Postal Code: _____

Home Tel: _____

E-mail: _____

Father's Name: _____

Day Time Tel: _____

Mother's Name: _____

Day Time Tel: _____

Are parent(s) attending a church? Yes ___ No ___

Name of Church: _____

In case of overcapacity, would you consider being put on the waiting list? Yes ___ No ___

Name(s) & grade(s) of siblings who will also be joining this day camp:

1. _____

2. _____