

CAMP EDIFY APPLICATION CHECKLIST

Please indicate that you have read and understood the items below by checking the boxes. Note that the application cannot be accepted until all points are completed.

1. Include correct City and Postal Code
2. **Transportation:** We encourage parents to transport their child/children to and/or from camp
3. **Medical Section:** This section must be completed fully. Please ensure that any allergies or medication that is being taken is clearly written on the application.
4. **Child:** Please include information regarding how the child manages stress and authority, peer relations, behaviour in the community and strengths. Please also comment on any disorders/diagnosis or things for staff to be mindful of.
5. **Release Form:** Ensure that the child's Health Card # is accurate and up to date.
6. **Photo Release:** If the family does not want their child photographed, this must be indicated on the form. Do not leave the form blank.
7. Each application is for one child only.
8. We are not able to provide safety or proper supervision to a child who needs intense one-to-one interaction. The child must be able to manage in a group setting.
9. A submitted application does not mean that the child is accepted. The Camp Director will notify those who have been confirmed for a spot, and those on the waiting list.
10. Post dated cheques payable to "Grace Life Center" are required for all weeks attending camp. Cheques should be dated for the Wednesday before attending
11. If cheques are not being used, please pay cash the Wednesday before attending camp.
12. NSF cheques will be charged an administration fee of \$25.00.

Please print and sign all the pages that require a signature and forward the application to the Camp EDIFY Director.

CAMP EDIFY

801 Progress Avenue
Scarborough, ON

Contact: Lezline Morgan (416) 289-1463

Email: grace@gracelifecenter.ca
<http://www.campedify.com/>

CAMP



EDUCATION AND DIRECTION FOR INTELLIGENT, FIT, YOUTH

Date of Application:

CAMPER INFORMATION:

Age: _____

Last Name: _____ First Name: _____

D.O.B. Month

Male Female

Emergency Contact (To be contacted in the event that parent(s) are unavailable):

Name: _____ Relationship to Child: _____

PHONE: (_____) _____ Email: _____

Name: _____ Relationship to Child: _____

PHONE: (_____) _____ Email: _____

CAMP INFORMATION:

I would like to order a T-shirt for my child: No Yes

T-shirt Size: Youth Adult Size

SESSIONS REQUESTED:

ALL SIX WEEKS

Week 1 - July 8th - 12th

Week 2 - July 15th - 19th

Week 3 - July 22nd - 26th

Week 4 - July 29th - August 2nd

Week 5 - August 6th - 9th

Week 6 - August 12th - 16th

FAMILY INFORMATION:

Who does the child live with? Mother Father Other _____

Who should the **tax receipt** for camp fees be made out to?

First Name: _____ Last Name: _____

MOTHER

Last Name: _____		FIRST Name: _____	
E-mail Address: _____			
Home Address: _____			
Home# () _____	Work# () _____	Cell# () _____	
Which is the best way to contact you?	email	work#	home# cell#

FATHER

Last Name: _____		FIRST Name: _____	
E-mail Address: _____			
Home Address: _____			
Home# () _____	Work# () _____	Cell# () _____	
Which is the best way to contact you?	email	work#	home# cell#

Legal Guardian (if different from above)

Last Name: _____		FIRST Name: _____	
E-mail Address: _____			
Home Address: _____			
Home# () _____	Work# () _____	Cell# () _____	
Which is the best way to contact you?	email	work#	home# cell#

RELEASE FORM

I authorize the Grace Life Center/Camp EDIFY and its employees, volunteers and agents to act on my behalf in case of emergency and obtain any treatment for the child which Camp EDIFY or its employees, servants and agents in their absolute discretion consider necessary or advisable.

HEALTH CARD #: _____

FAMILY DOCTOR: _____

PHONE: () _____

MEDICATION: _____

ALLERGIES: _____

If a parent is unavailable, can the child be released to your emergency contacts below?

YES NO

Emergency Contact (To be contacted in the event that parent(s) are unavailable):

Name: _____ Relationship to Child: _____

PHONE: (_____) _____ Email: _____

Name: _____ Relationship to Child: _____

PHONE: (_____) _____ Email: _____

Please indicate if there are any person (s) who can have no contact with the child.

First Name: _____ Last Name: _____

Relationship to Child: _____

Comments:

PRESENTING CONCERNS

TO BE COMPLETED BY PARENTS OR GAURDIAN:

LAST NAME: _____ FIRST NAME: _____

Child's Presenting Problems, if any: (Please check all that apply.)

- | | |
|----------------------------|-------------------|
| Low Self-esteem | Peer Difficulties |
| Aggressive Acting Out | Trust Issues |
| Negative Attention | Sexual Acting Out |
| Seeking Withdrawn | Defiant |
| Lying | Stealing |
| Running Behavior | Self Abusive |
| Attention Deficit Disorder | Soiling |

Please Give a Clear Summary of Child's Behavior/Strengths
