



2012

**Earl Bales  
Community Day Camp**

c/o 105 Vaughan Blvd.,  
Thornhill, Ontario, L4J 3N8

APPLICATION FOR CAMPER ENROLMENT

Camper's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone No: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Business Phone No: (\_\_\_\_) \_\_\_\_\_

Cell Phone No: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Business Phone No: (\_\_\_\_) \_\_\_\_\_

Cell Phone No: (\_\_\_\_) \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_

**Emergency Contact if parents cannot be reached:**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone No: (\_\_\_\_) \_\_\_\_\_

**Medical Information**

Ontario Health Card Number: \_\_\_\_\_

1. Date of most recent booster polio, tetanus, diphtheria:  
\_\_\_\_\_
2. Note any allergies or dietary restrictions your child has. NOTE: Our camp is NOT nut free:  
\_\_\_\_\_
3. Does your child take any medication on a regular basis? Yes  Explain:  
\_\_\_\_\_  
\_\_\_\_\_
4. Does your child have any physical or emotional needs? Please specify.  
\_\_\_\_\_  
\_\_\_\_\_
5. Is there a confidential matter you would like to discuss with the Director regarding your child's stay at camp? Yes  No
6. I give permission to have sunscreen applied to my child (which my child will bring with him/her).

In case of emergency the following procedures will be followed:

- The camper will be taken directly to the nearest hospital.
- Parents will be contacted immediately; if parents cannot be reached, the emergency number will be called.
- A staff member will remain with the camper until a parent arrives.

I hereby give permission for a doctor to treat \_\_\_\_\_  
in the event of an emergency. (name of camper)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\* Please also sign Release on the other side of this form

## Application Form

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

Camper's name: \_\_\_\_\_

Age as of June 30, 2012: \_\_\_\_/\_\_\_\_  
years months

Grade completed as of June 30, 2012: \_\_\_\_\_

## Sessions and Fees

Please Circle session(s) desired

Dates	Fee	Extended Hours
July 3-Aug 24 (8 week session)	\$1420 (All 8 weeks)	\$50/week
July 3-July 27 (4 week session)	\$780	\$50/week
July 30-Aug 24 (4 week session)	\$740	\$50/week
July 30-Aug 10 (2 week session)	\$425	\$50/week
Aug 13-Aug 24 (2 week session)	\$425	\$50/week

Note that August 6th is a civic holiday - no camp.

Camp fees and extended hours fees are  
NON-REFUNDABLE after April 1st, 2012.  
Space is limited.

## Additional Information

**WE WILL DO OUR BEST TO ACCOMMODATE WHEN POSSIBLE, BUT THERE ARE NO GUARANTEES.**

Is there ONE special friend you would like your child placed with? NO

Yes \_\_\_\_\_

I wish my name to be included on a carpool list:  
YES  NO

## Release

I hereby release the City of Toronto and the Earl Bales Community Day Camp Staff and Parent Committee from all claims for damages arising from any accidents or injury which are caused during participation of the camper named herein during any program, in any facility, or at any location where a program is being held.

I hereby give permission for said camper to participate in all camp activities and trips (fully supervised) both on and off camp property. I hereby give camp Directors full authority to act on my behalf in case of an emergency.

I have read and I understand the above, and the enclosed Conditions of Enrolment and hereby agree to all terms and conditions in this application and the enclosed Conditions of Enrolment. I further certify that all information is true and correct.

Photo release: I authorize Earl Bales Community Day Camp to take photos of my child(ren) at camp for publicity and promotion purposes only, including the Earl Bales Community Day Camp web site.

YES  NO

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

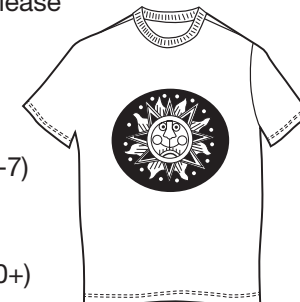
**IMPORTANT**  
Please also sign Medical Information  
on reverse side of this document

## Camp T-Shirt

To purchase an Earl Bales Camp T-shirt (in red with white lettering), please select a size below:

Order Now

- Small (ages 4-5)  
 Medium (ages 6-7)  
 Large (ages 8-9)  
 X-Large (ages 10+)



**\$12.00 including taxes**

Please make cheques payable to **Earl Bales Community Day Camp** & return with application

## Payment Options

You have only two payment options:

1. A single payment in full, dated the same date as the application form, which includes the non-refundable deposit (**\$100 PER CAMPER, PER SESSION**) and extended hours if applicable.  
OR
2. A non-refundable deposit (**\$100 PER CAMPER, PER SESSION**) dated the same date as the application form, plus **THREE** post-dated cheques dated **February 1, March 1 and April 1**, including the extended hours fees, if applicable. The \$100 non-refundable deposit and the three post-dated cheques must equal the total fee.

NOTE: Payment **MUST** accompany the application.

**Application must be completed in full and accompanied by full payment or deposit and post-dated cheques before being considered for acceptance to the camp OR IT WILL BE RETURNED.**