

Summer 2019 Day Camp Registration

Additional registration forms and/or online registration available at www.circlerranch.ca



Camper Information:

Male New Camper
 Female Returning Camper

(Camper's last name) _____ (Given name commonly used) _____
 DATE OF BIRTH _____ GRADE in 2018/2019 SCHOOL YEAR _____ SCHOOL _____

ADDRESS _____ CITY _____ PROV. _____ POSTAL CODE _____

Camper lives with: Both Parents Father Mother Other: _____

PARENT #1 Mr. Mrs. Ms. Dr.
 NAME _____
 RELATIONSHIP TO CAMPER _____ HOME TEL. # _____
 CELL # _____ WORK TEL. # _____
 EMAIL _____

PARENT #2 Mr. Mrs. Ms. Dr.
 NAME _____
 RELATIONSHIP TO CAMPER _____ HOME TEL. # _____
 CELL # _____ WORK TEL. # _____
 EMAIL _____

To be environmentally friendly, we send confirmation of registration and final instructions by email to the parents listed above.

2019 Session dates and fees: Please refer to the tables below and indicate your choice(s) for the above camper: _____

		July 1 - 5	July 8 - 12	July 15 - 19	July 22 - 26	July 29 - Aug 2	Aug 5 - 9	Aug 12 - 16	Aug 19 - 23	Aug 26 - 30
TYKE Completed SK-Grade 2	\$409	TD1	TD2	TD3	TD4	TD5	TD6	TD7	TD8	TD9
JUNIOR Completed Grade 3-4	\$409	JD1	JD2	JD3	JD4	JD5	JD6	JD7	JD8	JD9
INTERMEDIATE Completed Grade 5-6	\$409	ID1						ID7	ID8	ID9
SENIOR Completed Grade 7-8	\$409	SD1						SD7	SD8	SD9

Please choose bus stop below:

BUS STOPS FOR JULY 8 to AUG 9	BUS STOPS FOR SESSIONS STARTING JULY 1, AUG 12, AUG 19, and AUG 26
8:00am / 5:30pm <input type="checkbox"/> Masonville P.S. 8:10am / 5:20pm <input type="checkbox"/> Ryerson P.S. 8:20am / 5:10pm <input type="checkbox"/> Wortley P.S. 8:30am / 5:00pm <input type="checkbox"/> Southwest Optimist Park (Southdale near Bostwick) 8:40am / 4:50pm <input type="checkbox"/> Oakridge Centre 8:50am / 4:40pm <input type="checkbox"/> Byron Northview P.S.	8:00am / 5:40pm <input type="checkbox"/> (Oxbury Mall) 8:15am / 5:20pm <input type="checkbox"/> Wortley P.S. 8:25am / 5:10pm <input type="checkbox"/> White Oaks P.S. 8:45am / 4:50pm <input type="checkbox"/> Southwest Optimist Park (Southdale near Bostwick) 8:55am / 4:40pm <input type="checkbox"/> Lambeth P.S. (AE Duffield)
	8:00am / 5:30pm <input type="checkbox"/> Ryerson P.S. 8:10am / 5:20pm <input type="checkbox"/> Masonville P.S. 8:20am / 5:10pm <input type="checkbox"/> Sherwood Forest Mall 8:30am / 5:00pm <input type="checkbox"/> Oakridge Centre 8:40am / 4:50pm <input type="checkbox"/> Byron Northview P.S. 8:50am / 4:40pm <input type="checkbox"/> Kilworth Conv. Centre

If you do not require a bus stop, please check here: Circle R Ranch drop off time is 9:00 a.m. Pick up time is 4:30 p.m.

Above bus stop times are an estimate; exact pickup and drop off times and details will be confirmed prior to the camp session

_____ is authorized to pick up camper
 Name _____ Relationship _____

Group Mates: Camp is an ideal place to make new friends, however, if your child has a request for group mates, please list below:

(List a maximum of two who are your camper's age and grade. We can only consider up to two names in order of preference. Requests must come in writing from both parties to be considered. We try our best, but cannot guarantee that group mate requests will be fulfilled.)

Deposits *Early Bird Special until January 15th deposit is \$100 per day camp session. Jan 16th—Feb. 28th: \$125 deposit per day camp session. Mar 1st - Apr 30th: deposits are 50% of total camp fee. After May 1st: fees are due in full at time of application.*

Discounts Sibling: discount of \$15 per day camp session on 2nd, 3rd etc children attending camp OR, Multiple Session: a discount of \$15 per additional day camp session for a camper registered in two or more day camp sessions.

Referral Rebate If your name appears on the 'New Camper Family' line below, you receive a \$50 rebate for a new overnight camper who attends a 5-28 day session or a \$25 rebate for a new day camper. Rebates are given at the end of the summer. Both your camper and the new camper(s) must attend summer camp to receive rebate(s).

Cash / Cheque Discount a 2% discount applies if all camp fees (including deposit) are paid by cheque, money order, or cash.

Please note day camp fees are NOT subject to HST

Please select your payment options

Option 1: Pay deposit of \$ _____ today
(see above for deposit rates)

& 50% of balance on March 1st; 50% on May 1st

Option 2: Pay full amount today
After May 1st, camp fees are due in full at time of application.

	Total Camp Fees see prev. page	_____
	Minus Sibling OR Multi-Session Discount	_____
	Subtotal	_____
	Minus 2% Cash/Cheque Discount	_____
	Total	_____

Select deposit method:

- Cheque or Money Order
- Cash (in person)
- Credit Card

Select balance details: (50% of balance due March 1st, remainder May 1st)

- I have included post-dated cheques/money orders for March 1st and May 1st
- Use my credit card (details below) on March 1st & May 1st

CREDIT CARD NUMBER

EXPIRY

3-DIGIT CSC

NAME ON CARD

We will contact you with further instructions upon receiving this form and deposit. A 2019 medical form must be completed for each camper.

- *How did you hear about Circle R? Web Search, Friend, School Trip, Birthday Party, Magazine, Newspaper, Open House, Camp Fair, etc. Please specify name of publication, website, friend: _____*
- *Are you a 'New Camper Family' referred by one of our current Circle R families? Please tell us who referred you _____*

Authorization

- *I understand that enrolment is subject to availability, the following terms and conditions, and completion of all required forms.*
- *Deposits include a non-refundable \$125 administration fee. For cancellations before April 1st all amounts paid will be refunded with exception of the \$125 non-refundable administration fee. As of April 1st deposits are non-refundable. Balance of all fees are due in full by May 1st. No refund of camp fees will be issued after this date.*
- *There will be no reduction or refund of camp fees for campers arriving late or leaving early in any session for which they are registered, for any campers removed from camp at the choice or request of the camper or camper's parent/guardian, or for any campers dismissed from the camp for the contravention of camp guidelines or the camp code of conduct for behaviour, viewable at www.cirlerranch.ca.*
- *I understand that camp is an "unplugged" environment, and my camper will not bring any electronic devices such as iPods, cell phones, gaming devices or other personal electronic devices to camp.*
- *If the camper has a potentially life-threatening allergy or food sensitivity, or other special need(s), the parent or guardian must contact the camp office prior to completing this form. Circle R Ranch is NOT a peanut-free environment.*

SIGNATURE

DATE

Please return this form to the camp registrar by any of the following methods:

Mail: Circle R Ranch, 3017 Carriage Rd, Delaware, ON N0L 1E0

In person: Please call ahead Email: registrar@cirlerranch.ca

Thank you for your application!

Office: 519 471-3799



Day Camp 2019

Camper Information and Medical Form

_____ Male New Camper
 CAMPER (Last name) (given name commonly used) Female Returning Camper

Birthdate: (mm/dd/yy) _____ Age _____ Grade in 2018/2019 School Year _____ School _____

PARENTS/GUARDIANS & EMERGENCY CONTACTS: (print clearly)

Marital Status of camper's parents/guardians: Single Married Separated Divorced Common Law Other _____

Legal Custody: Please indicate who has custody and is legally responsible for this camper (be sure to include their contact information below):

Both Parents (live together) Joint Custody (live apart) Mother Father Other _____

Camper lives with: Both Parents Father Only Mother Only Other (Specify): _____

Are there any custody concerns we should be aware of? _____

PLEASE LIST IN ORDER WHO SHOULD BE CONTACTED IN CASE OF ILLNESS OR MEDICAL EMERGENCY:

First contact: Mr. Mrs. Ms. Miss Dr. First and Last Name: _____

Home Tel. # _____ Work Tel. # _____ Cell _____ Summer # _____ Relationship to Camper _____

Second contact: Mr. Mrs. Ms. Miss Dr. First and Last Name: _____

Home Tel. # _____ Work Tel. # _____ Cell _____ Summer # _____ Relationship to Camper _____

Third contact: Mr. Mrs. Ms. Miss Dr. First and Last Name: _____

Home Tel. # _____ Work Tel. # _____ Cell _____ Summer # _____ Relationship to Camper _____

RIDING EXPERIENCE

Has your camper ever been trail riding or taken lessons? Please describe: _____

Does your camper have any hopes, fears or concerns about riding? _____

What horse(s) did your camper ride last year? _____ Would your camper like to request a horse? _____
We try our best to accommodate, but cannot guarantee your request.

SWIMMING ABILITY (summer sessions only)

Non-swimmer Beginner Intermediate Swims like a fish

Has your camper taken swimming lessons? Yes No Does he/she have any fears around water? _____

HEALTH CARE INFORMATION

Camper's Health Card Number _____ Version Code _____ Camper's Height _____ Camper's Weight _____

Please note: Campers found to have **head lice** on arrival will be sent home until matter has been resolved. There will be no refund of camp fees. **Please do a head lice check on your child regularly and within 3 days before arriving at camp.**

IMMUNIZATION HISTORY:

Are your camper's immunizations up to date including tetanus? Yes No

Are there immunizations you have chosen not to give your camper? Yes No – specify _____

DIETARY NEEDS OR RESTRICTIONS: Vegetarian Lactose Intolerant Other: _____
Please note, Circle R Ranch meals and snacks are peanut and tree nut-free. All dietary concerns must be listed here prior to the start of the session. Information regarding the special dietary needs will be shared with the kitchen staff.

ALLERGIES: Please be specific, attach separate page if necessary.

Does your camper have any allergies/do they suffer from asthma? Yes No Specify: _____

Does your camper require an Epi-Pen Yes No for the following allergy. _____
If camper requires an Epi-Pen, he/she must bring at least one to camp. (two Epi-Pens are recommended)

MEDICATIONS: Will any medications be sent to camp? No Yes - please list medications and instructions:

OTHER: Does your child have any other physical, health, developmental, behavioral, or emotional condition that may affect his/her ability to participate in camp activities or about which we should be aware to ensure a successful time at camp? No Yes

If yes, give details: _____

GROUP MATES: Camp is an ideal place to make new friends, however, if your child has a request for group mates, please list : _____ (Please list a **maximum** of **two** persons who are your camper's **AGE and GRADE** in school. Please list your names in order of preferences. Each request **must be reciprocated** in order to be considered. For a variety of reasons, group mate requests are **NOT** guaranteed.)

CAMPER INFORMATION:

1) What is your child most excited for at camp? What does he/she want to gain from his/her camp experience?

2) Notes / Other Comments: (please feel free to attach a separate page, or contact us with any further information)

AUTHORIZATION

I approve my child's participation in all camp programs and activities unless I the parent/guardian, advise Circle R Ranch in advance, in writing.

If for any reason my child requires medical attention or special medication beyond that furnished by Circle R Ranch, I authorize the camp to authorize on my behalf to take whatever steps deemed necessary to ensure the safety and health of my child. Such action is to be taken only when immediate contact with the undersigned or emergency contacts cannot be made.

I grant Circle R permission to use any photographs or videos taken of my child in promotional materials.

I understand that camp is an "unplugged" environment, and my camper will not bring any electronic devices such as iPods, MP3 players, cell phones, gaming devices or any other personal electronic devices to camp.

MY SIGNATURE BELOW INDICATES ALL INFORMATION ON THIS APPLICATION FORM IS COMPLETE AND ACCURATE.

Signature of Parent or Guardian

Date