

Summer 2020 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 2019/2020 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. 2020 Session dates and fees: Please refer to the tables below and indicate your choice(s) for the above camper: _____

		June 29 - July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28
TYKE Completed SK-Grade 2	\$419	TD1	TD2	TD3	TD4	TD5	TD6	TD7	TD8	TD9
JUNIOR Completed Grade 3-4	\$419	JD1	JD2	JD3	JD4	JD5	JD6	JD7	JD8	JD9
INTERMEDIATE Completed Grade 5-6	\$419	ID1						ID7	ID8	ID9
SENIOR Completed Grade 7-8	\$419	SD1						SD7	SD8	SD9

Please choose bus stop below:

BUS STOPS FOR JULY 6 to AUG 7	BUS STOPS FOR SESSIONS STARTING JUNE 29, AUG 10, AUG 17, and AUG 24
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"/> Byron Northview P.S. 8:50am / 4:40pm <input type="checkbox"/> Oakridge Centre	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"/> Byron Northview P.S. 8:40am / 4:50pm <input type="checkbox"/> Oakridge Centre 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.)



Day Camp 2020 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 2019/2020 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