

Camp Arrowhead
 4936 Yonge St. Suite 111
 Toronto ON
 M2N 6S3
 416.432.8258
 director@camparrowhead.ca
 www.camparrowhead.ca



FOR OFFICE USE ONLY

Date Received _____ Date processed _____
 Receipt # _____ Processed By _____

Family Information

Father	Mother
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Home Telephone: _____	Home Telephone: _____
Business #: _____	Business #: _____
Cell#: _____	Cell#: _____
E-mail: _____	E-mail: _____
Occupation: _____	Occupation: _____

MAILING ADDRESS:

Street: _____
 City: _____ Postal Code: _____

FAMILY INFORMATION:

Parents are: Married Separated Divorced Widowed Other
If parents are separated/divorced indicate which parent the camper(s) live with _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____
 Name: _____ Age: _____ Name: _____ Age: _____

Cottage Address: _____

Cottage Telephone: _____

Mail is to be addressed:

- Mr. & Mrs.
 Mr. & Ms.
 Dr. & Mrs.
 Mr. and Dr.
 Dr. & Dr.
 Mr. (only)
 Mrs. (only)
 Ms. (only)

Emergency Contact(s): *Please provide one city and one cottage contact*

Name: _____ Relationship: _____

Telephone #'s: _____

Name: _____ Relationship: _____

Telephone #'s: _____

Camper Profile

Last Name: _____ First Name: _____

Date of Birth: _____ Age (as of July 1): _____

Grade Completed (as of July 1): _____ School: _____

Gender: Male Female

GENERAL INFORMATION:

Previous Camping Experience: _____

Favorite Camp Activities: _____

Hobbies / Talents: _____

Swim Ability: Non Swimmer Fair Swimmer Good Swimmer

Last Swim badge completed: _____ Year: _____

GROUPING PREFERENCES: Please be advised that cabin placement is primarily determined by the grade level of our campers. At times of high demand, we may have more than one cabin at a particular age group. In this event, please list some campers (at their same grade level) that your child would like to be placed with. We will do our best to accommodate as many requests as possible while ensuring the balance of cabins. _____

REGISTRATION OPTIONS: (please ✓ program and circle specialty where applicable)

SESSIONS	DATES	SPECIALTIES		1	2	3	4	5	6	7	8
Week 1	July 2 - 6	**No Specialty**	Nursery Full Day								
Week 2	July 9 - 13	Ski	Nursery Half Day								
Week 3	July 16 - 20	**No Specialty**	Main								
Week 4	July 23 - 27	Camping Trip	Specialty				Camping Trip		Gymnastics Golf & Ski		
Week 5	July 30 - August 3	**No Specialty**									
Week 6	August 6 - 10	Gymnastics, Golf, Ski									
Week 7	August 13 - 17	**No Specialty**									
Week 8	August 20 - 24	**No Specialty**									
			Pre CIT								
			CIT								

Parents please ensure that your child meets necessary age requirements before enrolling in a program. All camp programs and specialities have minimum age requirements. This information can be found in the camp arrowhead catalogue included with your application package.

Additional camper profiles can be downloaded from www.camparrowhead.ca under the registration tab.



Camper Medical Form

Camper: _____

D.O.B: _____

Health Card: _____

General Information

Mother's Name: _____ **Father's Name:** _____

Physician's Name: _____ **Physician's Office Phone:** _____

Medical Information

Date of Camper's last physical examination: _____

Does the camper have food allergies or dietary restrictions?	Y	N	Specify:
Does the camper have drug allergies or medical sensitivities (e.g. latex?)	Y	N	Specify:
Does the camper have asthma?	Y	N	Treatment:
Does the camper take medication on a regular basis?	Y	N	Specify:
Has the camper had a recent illness, injury or operation that we should be aware of?	Y	N	Specify:
Does the camper have any physical condition requiring special consideration while at camp?	Y	N	Specify:
Is the camper's immunization record up to date including polio, diphtheria, rubella. tetanus. pertussis. measles and mumps?	Y	N	If yes provide date or immunization: If no, provide details:

Social / Emotional Information

Does your child have any particular behavioral patterns or attitudes (peer difficulties, temper, shyness, history of bullying or being bullied, school issues, family concerns etc.)?

Has your child faced any unusual emotional obstacles recently (family, social, academic concerns etc.); or suffer from fears or anxieties?

Is there anything we should know about that could affect the well being or contentment of your child or other children while at camp?

Please attach additional documentation if required

To the best of my knowledge my child is in good health and not suffering from a communicable disease*.

SIGNATURE: _____ **DATE:** _____

**Please advise the camp if your camper has been in contact with a communicable disease in the 3 weeks prior to starting camp.*

Camper Profile

Last Name: _____ First Name: _____

Date of Birth: _____ Age (as of July 1): _____

Grade Completed (as of July 1): _____ School: _____

Gender: Male Female

GENERAL INFORMATION:

Previous Camping Experience: _____

Favorite Camp Activities: _____

Hobbies / Talents: _____

Swim Ability: Non Swimmer Fair Swimmer Good Swimmer

Last Swim badge completed: _____ Year: _____

GROUPING PREFERENCES: Please be advised that cabin placement is primarily determined by the grade level of our campers. At times of high demand, we may have more than one cabin at a particular age group. In this event, please list some campers (at their same grade level) that your child would like to be placed with. We will do our best to accommodate as many requests as possible while ensuring the balance of cabins. _____

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Week 6	August 6 - 10	Gymnastics, Golf, Ski									
Week 7	August 13 - 17	**No Specialty**									
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			Pre CIT								
			CIT								

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Camper Medical Form

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D.O.B: _____

Health Card: _____

General Information

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Physician's Name: _____ **Physician's Office Phone:** _____

Medical Information

Date of Camper's last physical examination: _____

Does the camper have food allergies or dietary restrictions?	Y	N	Specify:
Does the camper have drug allergies or medical sensitivities (e.g. latex?)	Y	N	Specify:
Does the camper have asthma?	Y	N	Treatment:
Does the camper take medication on a regular basis?	Y	N	Specify:
Has the camper had a recent illness, injury or operation that we should be aware of?	Y	N	Specify:
Does the camper have any physical condition requiring special consideration while at camp?	Y	N	Specify:
Is the camper's immunization record up to date including polio, diphtheria, rubella, tetanus, pertussis, measles and mumps?	Y	N	If yes provide date or immunization: If no, provide details:

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Has your child faced any unusual emotional obstacles recently (family, social, academic concerns etc.); or suffer from fears or anxieties?

Is there anything we should know about that could affect the well being or contentment of your child or other children while at camp?

Please attach additional documentation if required

To the best of my knowledge my child is in good health and not suffering from a communicable disease*.

SIGNATURE: _____ **DATE:** _____

**Please advise the camp if your camper has been in contact with a communicable disease in the 3 weeks prior to starting camp.*

Fee Schedule

Please complete the following for each camper.

Use the chart below to apply the appropriate fee rates for each camper.

FEE RATES PRIOR TO MARCH 15TH

Nursery	Half Day	\$235
Nursery	Full Day	\$345
Main		\$345
Specialty	All Others	\$385
Pre-CIT		\$310
CIT		\$285

FEE RATES AFTER MARCH 16ST

Nursery	Half Day	\$260
Nursery	Full Day	\$410
Main		\$410
Specialty	All Others	\$450
Pre-CIT		\$360
CIT		\$325

FEE RATES AFTER JULY 1ST

Nursery	Half Day	\$290
Nursery	Full Day	\$440
Main		\$440
Specialty	All Others	\$480
Pre-CIT		\$385
CIT		\$340

Camper	Program	1	2	3	4	5	6	7	8	Weeks x Fees	TOTAL
EXAMPLE SARAH	Nursery Half Day / Full Day	H F	H F	H F	H F	H F	H F	H F	H F		
	Main	X	X			X	X	X	X	6 x \$345	\$2070
	Specialty		X					X		2 x \$385	\$770
	Pre CIT or CIT									1 x \$70	\$70
	Nursery Half Day / Full Day	H F	H F	H F	H F	H F	H F	H F	H F		
	Main										
	Specialty										
	Pre CIT or CIT										
	Nursery Half Day / Full Day	H F	H F	H F	H F	H F	H F	H F	H F		
	Main										
	Specialty										
	Pre CIT or CIT										
	Nursery Half Day / Full Day	H F	H F	H F	H F	H F	H F	H F	H F		
	Main										
	Specialty										
	Pre CIT or CIT										

****A POST DATED CHEQUE FOR MAY 15TH FOR THE BALANCE MUST ACCOMPANY THE COMPLETED APPLICATION AND DEPOSIT.**

EXTENSION WEEKS WILL BE CHARGED AT THE FEE RATE APPLICABLE ON THE DATE OF EXTENSION

Total Camp Fees	\$
SUBTRACT 5% (camper enrolled 4+ weeks)	-
TOTAL	=
ADD \$60.00 Administration Fee (per family)	+ \$60.00
GRAND TOTAL	\$
Less Deposit	\$
\$250 per camper must accompany application	
**BALANCE DUE	\$

MOTHER'S SIGNATURE: _____ FATHER'S SIGNATURE: _____

Refund Policy

1. Cancellation requests are to be made, in writing, to the camp administrator (admin@camparrowhead.ca)
2. **Prior to May 15th**, cancellations will be allowed and funds returned less a \$60 administration fee per camper.
3. **After May 15th but before June 15th**, all funds in respect to fees will be returned less a service charge of \$250 per camper.
4. **After June 15th all fees paid are considered non-refundable.**
5. No adjustment for fees shall be made for a camper who arrives late or leaves early for any reason.
6. No refunds will be made for camp days missed due to illness or personal matters.
7. Refund requests are to be made in writing to the President of the Parent's Association.
8. All refunds will be made after September 30th.

Registration Policies

1. **APPLICATIONS *MUST* BE ACCOMPANIED BY \$250.00 DEPOSIT PER CAMPER.**
2. No verbal registrations will be accepted.
3. A 5% discount fee is available to a camper registered for 4 weeks or more. Changes made after registration that reduce the number of weeks the camper is enrolled to less than 4 weeks will result in the discount being eliminated.
4. If paying by cheque, a Post-Dated Cheque for the balance of fees should be mailed to the camp office.
5. All fees must be paid, in full, by May 15th.
6. **REGISTRATION IS NOT COMPLETE UNTIL BALANCE OF FEES IS PAID IN FULL.**
Campers will not be permitted into Camp unless registration is complete.
7. Changes made for both July and August sessions before March 15TH will be accepted without charge.
8. Changes made AFTER MARCH 16TH will be subject to the pricing grid above.
9. Changes made AFTER JULY 1ST will be subject to the pricing grid above.
10. There will be a charge of \$25.00 for each cheque returned from the bank due to non-sufficient funds. (N.S.F.)



General Camp Policies

1. Nursery campers must be 3 years of age by December 31st and toilet trained.
2. All first time campers are required to submit a copy of their birth certificate with their application.
3. Space in cabin groups is limited. Applications are accepted on a first come, first serve basis. Due to the high demand of some cabin groups this past summer, children registered after the early registration date may not be guaranteed a place within their desired cabin.
4. Final cabin placements are the sole discretion of the camp director and are based on grade level.
5. Every step is taken to ensure the safety and health of each camper. In the event of sickness or accident, the camp cannot accept the liability. It is the responsibility of the parent to ensure that the camper's medical form is filled out in full and the completed form mailed to the camp address by May 15th.
6. In the event of an emergency and/or special medical treatment, parents will be notified immediately. If the parents cannot be reached, permission is hereby given to Camp Arrowhead to take whatever steps it seems necessary to ensure the safety and health of each camper.
7. Although every effort is made to return lost or misplaced articles, the camp cannot be held responsible for lost or stolen property.
8. Campers are not to bring cell phones or other communication or electronic devices to camp.
9. The parent or guardian hereby consents to the use of the Campers photograph by Camp Arrowhead.
10. Unless otherwise conveyed in writing. the parent or guardian hereby consents to the camp providing their names and contact information to other families in their camper's cabin groups.
11. I agree to allow my child to participate in all camp activities including supervised trips or activities not on camp property unless I advise the camp otherwise in writing.
12. Camp Arrowhead reserves the right to dismiss campers if it is thought to be in the best interest of the camper and the camp. In such cases a proportionate refund will be made. There will be no refund of fees if a camper is dismissed due to infractions related to alcohol, drugs or tobacco.



Camp Arrowhead 10 Commandments

1. I will participate in camp programs to the best of my ability.
2. I will use appropriate language.
3. I will respect my cabin mates and counselors.
4. I will care for my belongings, camp property and equipment.
5. I will be an inclusive member of my cabin grouping and unit.
6. I will follow camp safety rules.
7. I will wear a hat, sunscreen and appropriate footwear each day.
8. I will wash my hands frequently when eating and using the bathroom.
9. I will be a good sport and have a positive attitude.
10. I will leave my cell phone, smartphone and other electronic devices at home.