



CHILD'S FULL NAME: \_\_\_\_\_

# **KIWANIS SUNSHINE POINT CAMP REGISTRATION**

**DATES: 7-11 YEARS ONLY**

**DATES: 12-14 YEARS ONLY**

Week 1: July 5-10  
Week 2: July 12-17  
Week 4: July 26-31  
Week 5: Aug 2-7  
Week 7: Aug 16-21

Week 3: July 19-24  
Week 6: Aug 9-14

**FEEES ARE PAYABLE IN ADVANCE AND SPOTS ARE NOT CONFIRMED UNTIL PAYMENT IS RECEIVED**

**FIRST CHILD: \$400 EACH ADDITIONAL CHILD: \$375**

**FINANCIAL ASSISTANCE IS AVAILABLE. PLEASE FILL OUT AND SUBMIT WITH REGISTRATION FINANCIAL ASSISTANCE FORM AND PROOF OF YEARLY INCOME**

**PLEASE INDICATE YOUR METHOD OF PAYMENT:**

E-TRANSFER TO sunshinepointcamp@gmail.com (send answer to security question)

PAYPAL ON THE k00132.site.kiwanis.org website under 'DONATE NOW'

CASH, MONEY ORDER DROP OFF AT DEERBROOK REALTY 59 EUGENIE ST E WINDSOR

**Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices as spaces are limited**

WEEK CHOICE: \_\_\_\_\_ FAMILY OR FRIEND ATTENDING \_\_\_\_\_

CAMPERS FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

EMERGENCY CONTACT Ph # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT Ph# \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMAIL: \_\_\_\_\_ FOR CONFIRMATION



CHILD'S FULL NAME: \_\_\_\_\_

**MEDICAL**

ALLERGIES: \*\*VERY IMPORTANT TO SPECIFY \_\_\_\_\_

SPECIAL DIET \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_ DATE LAST TETANUS: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE#: \_\_\_\_\_

HISTORY    BED WETTING    SLEEP WALKING/TERRORS    EPILEPSY  
ADHD    ADD    OCD    OTHER \_\_\_\_\_

MY CHILD REQUIRES ONE-ON-ONE SUPPORT AT SCHOOL    YES    NO

**MEDICATIONS TO AVOID A DISRUPTION IN YOUR CHILD'S MEDICATION ROUTINE PLEASE ENSURE THAT YOU SEND THEM WITH A WEEKS WORTH OF MEDICATION(S) IN THE ORIGINAL BOTTLE(S). IF MEDICATION IS ADMINISTERED BY INJECTION, CAMPER MUST BE ABLE TO SELF INJECT. IF YOUR CHILD DOES NOT ATTEND WITH THEIR MEDICATION(S) THEY WILL NOT BE ALLOWED TO JOIN US AT CAMP.**

**CURRENT MEDICATION**

NAME \_\_\_\_\_ DOSAGE \_\_\_\_\_ TIME GIVEN \_\_\_\_\_

**1. I HEARBY AUTHORIZE KSPC STAFF TO ADMINISTER ALL PRESCRIBED**

**MEDICATIONS X \_\_\_\_\_**

**2. I HEARBY AUTHORIZE KSPC STAFF TO ADMINISTER THESE NON-PRESCRIPTION MEDICATIONS (For example, TYLENOL, ADVIL, BENADRYL, GRAVOL, etc.) AT THEIR DISCRETION IF THE NEED ARISES X \_\_\_\_\_**

**IMPORTANT NOTICE CONCERNING HEAD LICE**

All children will be inspected at bus pick up or parent drop off before camp. We must take every precaution to prevent an outbreak at camp. If head lice is discovered, your child will **NOT** be permitted to go to camp, there can be **no** refunds, only rescheduling if available. **SO PLEASE** inspect your child's hair thoroughly starting 3 weeks before and continue up to camp date. Of course, treat if discovered, and email sunshinepointcamp@gmail.com to reschedule.



CHILD'S FULL NAME: \_\_\_\_\_

**TRANSPORTATION CHOOSE ONE BELOW !**

**FREE BUS TRANSPORTATION** IS SUPPLIED THE FIRST DAY OF YOUR WEEK OF CAMP (SUNDAY)

**WHERE:** IMMACULATE CONCEPTION SCHOOL, 465 VICTORIA AVE. WINDSOR

**CHECK IN TIME:** 11:30 am    **DEPARTURE TIME:** 12 noon PROMPTLY!

**THE BUS RETURNS TO THE SAME LOCATION THE LAST DAY OF YOUR WEEK  
FRIDAY AT 12 noon**

**IF YOU ARE NOT PRESENT AT PICK UP, EMERGENCY CONTACTS WILL BE CALLED**

**PARENT SUPPLIED TRANSPORTATION**

**DROP OFF:** SUNDAY 1PM KIWANIS SUNSHINEPOINT CAMP, 955 COUNTY RD 50 E HARROW

**PICKUP:** FRIDAY 11AM AT KIWANIS SUNSHINE POINT CAMP

**MY CHILD WILL BE TAKING THE BUS TO AND FROM CAMP**

**OR**

***MY CHILD WILL BE DRIVEN TO AND FROM CAMP BY:***

**NAME:** \_\_\_\_\_

**CONTACT #:** \_\_\_\_\_

**WHERE TO SUBMIT THE 4 PAGES OF THE COMPLETED REGISTRATIONS  
AND FINANCIAL ASSISTANCE FORMS**

SCAN AND EMAIL TO [sunshinepointcamp@gmail.com](mailto:sunshinepointcamp@gmail.com)

**OR**

DROP OFF AT DEERBROOK REALTY 59 EUGENIE ST E WINDSOR C/O DAN INVERARITY

ANY QUESTIONS REGARDING REGISTRATION EMAIL [sunshinepointcamp@gmail.com](mailto:sunshinepointcamp@gmail.com)

**\*\*Please keep a copy of this for your own records\*\***



CHILD'S FULL NAME: \_\_\_\_\_

## INFORMED CONSENT

### THE KIWANIS CLUB OF WINDSOR PRIVACY POLICY

All information will be kept in strict confidence as required by the privacy act. **By signing the informed consent you authorize the Camp staff at his/her discretion to provide all necessary information to ambulance, paramedic, hospital, doctor, nurse, police, Children's Aid Society, and all other personnel who may be involved with the treatment of your child.** If you have concerns of a more confidential nature, please address these in a separate letter along with the forms.

On occasion, we take photographs of the children during camp for The Kiwanis Club of Windsor's use to promote and fundraise for the camp. Under no circumstances will we identify a child's name.

**PARENT/GUARIAN SIGNATURE & DATE:** \_\_\_\_\_

### ADDITIONAL CONSENT REQUIREMENTS

In the event of an emergency, I give permission to the Staff of Kiwanis Sunshine Point Camp, Doctors, Nurses, Ambulance, Emergency Room Staff and any necessary hospital staff to contact the child's doctor as listed on the medical form if required. I have read the accompanying camp information sheet, including privacy and Covid 19 policy and accept the terms and conditions for enrolment there-in.

**PARENT/GUARIAN SIGNATURE & DATE:** \_\_\_\_\_

As Parent/Guardian, I hereby give permission to the staff of the Kiwanis Sunshine Point Camp to search my child's belongings and hold safe any knives, matches, or other items deemed at the discretion of the Staff to be unsafe or potentially harmful in any way to campers, staff or property.

**PARENT/GUARIAN SIGNATURE & DATE:** \_\_\_\_\_

