



CHILD'S FULL NAME: _____

KIWANIS SUNSHINE POINT CAMP REGISTRATION

DATES: 7-11 YEARS ONLY
ONLY

DATES: 12-14 YEARS

Week 1: July 3-8
Week 2: July 10-15
Week 3: July 17-22
Week 5: July 31-Aug 5
Week 6: Aug 7-12

Week 4: July 24-29
Week 7: Aug 14-19

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

FIRST CHILD: \$325 EACH ADDITIONAL CHILD: \$300

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 kiwanissunshinepointcamp.com website under 'REGISTRATIONS'

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

Please indicate 1st and 2nd choices as spaces are limited due to COVID-19

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 _____

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 _____

NAME _____ DOSAGE _____ TIME GIVEN _____

NAME _____ DOSAGE _____ TIME GIVEN _____

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 !

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: *YES or NO*
*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

OR

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

ANY QUESTIONS REGARDING REGISTRATION EMAIL 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: _____