**Seeds of Hope**

en00662_[1]MCj03584490000%5b1%5dSummer Day Camp 2019

*July 2nd August 9th*

***Fun, Friendship, Faith***

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**APPLICATION PACKAGE**

Part A: Camp Details/ Policies(Pg. 2)

Part B: Code of Conduct(Pg. 3)

Part C: Conditions for Enrollment/ Consent (Pgs. 4)

Part D: Last Steps (Pg. 5)

Part E: Registration Forms(Pgs. 7-9)

**Important:** *All* parts must be read, completed and submitted along with the full payment to Benjamin Osei or Betty Bailey**no later** than **June 28th**,after this date a late fee will apply.

**If you have any questions/ concerns, please do not hesitate to contact the following persons:**

*Benjamin Osei*

Phone: (416) 617-1613

E-mail: [oseiben@hotmail.com](mailto:oseiben@hotmail.com%20)

Or e-mail : sohdaycamp@gmail.com

Betty Bailey

Phone: (416) 320-0173

***Sponsors*: Human Resources and Social Development Canada, TCDSB Focus on Youth, Difference Capital Management, The Salvation Army.**

**Part A: Camp Details/ Policies**

***Seeds of Hope*** is a summer day camp supported by *Jane/ Finch Church Coalition* in partnership with ***Youth Unlimited/Toronto Youth for Christ***. The camp is under the supervision of *Benjamin Osei, Community (Youth Worker)*. Our goal is to provide a safe, fun, enriching environment where children and youth can spend the summer learning, growing, and gaining new experiences. Every effort will be made to provide your child with safe, fun and stimulating programs that will help them become better individuals. A day of camp will typically include features such as Bible stories, arts and crafts, sports, physical fitness, character and team building activities and academic work. Campers will also have the opportunity to go on several field trips throughout the summer.

* **Camp Details**

*Dates:* Summer camp runs from Tuesday, **JULY 2nd** until Friday **AUGUST 9th 2019**

*Hours:* Summer camp operates from **8:30am** until **4pm** SHARP; Monday through Friday.

(Late fee charges of up to $10.00 per day will be applied to parent(s)/ guardian(s) who do not abide by the camp’s operational hours).

***Camp Location****:*St. Jane Frances Catholic School, **2745 Jane St** *(Jane& Sheppard)*

**Office**:1290 Finch Ave. West Unit 19. **intersection ( Keele& Finch Ave. W**)

***Cost****:* The fee will be **$200.00** for **each** child for the entire 6 weeks. This fee includes field trips. An additional fee of $100.00 per camper for an OPTIONAL overnight camp from Saturday August 17th to Wednesday August 21nd,2019 at Camp Koinonia near Parry Sound Ontario will be charged during the last week of camp.

* **Camp Policies/ Rules**

*Age Specification:* All children must be between the ages of **7- 15 years**. **Note** students who are aged 14-15 will participate in the Leaders in Training program. *All children attending Seeds of Hope must have completed grade one.*

*Behaviour Policy:* All children attending the Seeds of Hope camp are expected to demonstrate **good behavior** at all times. Parents/ guardians must ensure that children are familiar with the **‘code of conduct’** (Part B) before they arrive at camp.

*Anti-Discriminatory practices:* All children attending Seeds of Hope camp will be **treated equally** with no references made to ethnicity, color, sex, age etc. Also, children must **not discriminate** against fellow **campers** or **staff** based on such criteria.

*Confidentiality of personal information*: All information collected by Seeds of Hope will be kept strictly **confidential.**

*Lunches:* Each child is **required to bring a lunch** (daily). In case your child does not have one, a lunch will be provided by the staff at the price of **$6.00**. This will be billed to the parent/ guardian at the end of each week.

**Part B: Code of Conduct**

* The following are **NOT** allowed at the camp:

**No swearing, no insulting, no fighting, no bullying, no smoking, no possession/ selling/ buying and/ or use of drugs/alcohol, no sexual comments, no stealing.** Any of these behaviours will result in immediate **disciplinary action**.

* No students are allowed to leave the camp premises unless:

A written letter from the parent/ legal guardian has been submitted and that the staff

is made aware and has documented the time of departure in the record book.

* **Respect** for each other is mandatory.
* **Listening** and **obeying** staff members as well as **taking correction** from staff is a must. Failure to do so will result in disciplinary action.
* Destruction of Seeds of Hope property and/ or any facilities used by the camp will result in disciplinary action as well as a **financial liability** to parents. Parental involvement will be requested and the possibility of police intervention.
* **Inappropriate behaviour** and/or the **breaking of camp rules** will result in disciplinary action taken by the staff. If such actions continue to occur, it will result in suspension or even expulsion from the camp (without a refund).

**Registration Deadlines and Payment Details**

Registration for the Seeds of Hope Summer Day Camp **DEADLINE**, **June 28th.** Registration after this date will depend on space availability and a late fee of**$50.00** will be applied.

**All completed forms** along with the **payment** of $200.00 (in full) must be given to Benjamin Osei or Betty Bailey at 1290 Finch Ave. West Unit 19 ( **Friendship Community Church**) Keele & Finch West. Office hours are Monday to Friday, 9am to 4pm. Please call Benjamin at (416) 617-1613 **before** dropping off the application package. Also, upon completion of the application package, an **interview** is required. Only once the above have been completed, will your child be successfully registered.

**Furthermore,** registration is **NOT** complete until the **full payment of $200.00** per child is received. Preferred method of payment is CASH. Money orders can also be made; payable to Youth Unlimited re: Seeds of Hope Summer Day Camp.

**Part C: Conditions of Enrollment/ Consent**

As the parent/ legal guardian of the above named camper, I accept and agree to the following terms/ conditions:

* Acceptance and submission of completed Application Package (Parts A, B, C, & D) and required fee.
* Acknowledgment of the parent/ guardian that he/she is responsible for the transportation for the camper to and from the camp.
* Acceptance by the parent/ guardian of the conditions that the camp directors reserve the right to dismiss any camper who in his/ her opinion demonstrates a hazard to the safety and/ or well being of the camp; himself/ herself; or others as well as any camper who rejects the responsible controls of the camp. Campers dismissed under the above circumstances will NOT be given a refund.
* Acceptance by the parent/ guardian of the condition that refunds for camp fees will be offered only if notice of cancellation is received at least A WEEK prior to the commencement of camp.
* I assume full responsibility for my child’s health, being such that involvement in camp activities will in NO way aggravate any conditions present and therefore I give permission for such involvement (where necessary, I have sought competent medical advice).
* Should the state of health CHANGE prior to my child’s coming to camp but after submission of this form; I will notify the camp directors immediately.
* Should attempts to contact me (the parent/ guardian) or emergency contacts fail in an emergency, I hereby authorize the camp director or the staff to act at their discretion for the welfare and safety of my child.
* I give permission to use any camp pictures, videos etc (any media resources) taken of my child in Seeds of Hope promotional material and/ or for other purposes related to the camp.
* In case(s) of emergency for medical treatment during their participation, I hereby give permission for treatment to be administered by camp staff or a physician in the emergency care unit selected by the camp director(s).
* I further release the Seeds of Hope Summer Day Camp from all claims and damages due to accident or injury, because of my child’s participation in the program.
* I will ensure that each day, my child is picked up and dropped off**ON TIME** by me or by

an adult (as listed under ‘Emergency Contacts’). Seeds of Hope will **NOT** be

held responsible for children who come to and/ or leave the camp on their own.

**PART D: LAST STEPS**

**Before handing in the application package, make sure that you have:**

* **READ & UNDERSTAND**(fully) PARTS A, B, and C
* **Completed**(fully) PART E - Application
* **Have** ready the full payment of $200.00
* **Called** Benjamin and booked an appointment with him. At this meeting, you are required to bring your completed application package and the full payment.

**Note:** Registration **ENDS Friday June 28, 2019at 4pm sharp**

**PART E: Registration Forms**

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(Personal Details, Medical Information, Emergency Contacts, Registration Deadlines & Payment Details)

*Please complete the following forms in PRINT.*

**Personal Details**

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name Last name

Parent/ Legal Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date of Camper \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ Age as of June 2019 \_\_\_\_\_\_\_\_\_\_

MD Y

Phone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

T-shirt Size: ☐Youth ☐Adult

☐Small ☐Medium

☐Large ☐X-Large

☐XX-Large

Cell/Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_

**Medical Information**

Does your child have any allergies/ medical condition(s)? ☐Yes ☐No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any health or behavioral conditions we should know about? (For example: diabetes, learning difficulties, emotional/ behavioral concerns) ☐Yes ☐No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Health Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child be requiring any medication to be taken during camp? ☐Yes ☐No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else related to camp that you’d like us to know about ☐Yes ☐No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to be given Acetaminophen (Tylenol) ☐Yes ☐No

If no, please provide alternatives to the camp director(s) on the first day of camp.

**Emergency Contacts**

In an emergency, if parent(s)/ legal guardian(s) cannot be reached, I give permission for the camp director(s) to contact:

***First Contact***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name Last name

Phone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Cell/Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Second Contact***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name Last name

Phone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Cell/Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If you are planning for yourchild to walk home you must fill in and sign the form on page 9.\***

* **Pick up/ dropping** Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for the above named child to be picked up and or dropped by any of the following individuals or of one of the individuals listed under as an emergency contact.

Name Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important:** Your child may **not be dropped off before 8:30am** and **must be picked up *no* later than 4:00pm.**  Failure to abide by such times will result in a **late fee charge** of up to **$10.00 per day**.

**Consent:**

As the parent/ guardian, I have read all parts of the application package (A-D) and have understood and accepted the requirements and conditions. I hereby give consent for my child to participate in the Seeds of Hope Summer Day Camp.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/ LEGAL GUARDIAN DATE

**Walking Home Permission Form**

If you are planning for your child to walk home you must fill in and sign this form.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,my

son/daughter/ward aged \_\_\_\_to walk home by himself/herself after

the Seeds of Hope Program has concluded for the day. I understand the program

ends at 4 :00pm .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Official Use Only**

Program Leader Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date