

361 Montreal St.  
Kingston, Ontario  
K7K 3H4



To register  
Phone: 613-544-8939 Ext 1221  
Fax: 613-544-9569  
Email: megan@eafkingston.com

# EAFK SUMMER CAMP 2024

## Camp Registration

Children Ages 4 to 17 (18 –21 if still in school)  
Frontenac Secondary School

## Participant Information

Camper's Name: \_\_\_\_\_ Health Card No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

## Parent/Guardian Information

<b>Contact #1</b> _____	<b>Contact #2</b> _____
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City/Postal Code: _____	City/Postal Code: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail Address: _____	E-mail Address: _____

Guardian Contact: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Emergency Contact (if above contacts cannot be reached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Authorized Persons To Whom Your Camper May Be Released\*

*Permission for my camper to go to and from camp independently*  No  Yes

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*Parents/Guardians must notify the office in writing if there is a change in authorized persons.  
\*Please note that the person picking up your camper may be asked to show identification.**



## Medical Information

Does your participant currently take any medication?  No  Yes *(Please submit a pharmacy list)*

**A doctor's note is required for over the counter medication. Medication taken during programs must be sent in a blister pack. Please fill out med form**

Is your participant allergic to:  Insect stings  Foods  Antibiotics  Medication  Other

**Please list and fill out allergy form:** \_\_\_\_\_

Does your participant take seizures?  No  Yes

**Please fill out seizure form.**

## General Summer Camp Waiver

I, the under signed parent/guardian of \_\_\_\_\_ do hereby consent to his/her participation in Extend-A-Family Kingston's Summer Camp.

I acknowledge that participation in this camp may expose the above named camper to the possibility of injury. I grant Extend-A-Family Kingston's Summer Camp Staff the authority to obtain emergency medical treatment as necessary to ensure that the above named camper is safe from further injury.

In consideration of Extend-A-Family Kingston allowing this camper to participate in its Summer Camp, I agree to waive and release Extend-A-Family Kingston from all claims for damages that may arise, other than by negligence of Extend-A-Family Kingston, its employees and agents, as a result of my child's participation in its Summer Camp.

### Media Waiver

I am aware that the above named camper may appear in a photograph, or video, taken by camp staff or local media and that photograph or video may appear in a variety of media sources on behalf of Extend-A-Family Kingston. Extend-A-Family Kingston will not divulge your camper's name without your written permission.

### Transportation Waiver

I acknowledge that the above named camper will be participating in activities, trips and events organized by Extend-A-Family Kingston. I am aware that the participation of my camper may be outside the scope of his/her daily routine. I give permission for my child to travel by foot, automobile, or bus to the desired location for the program.

*I confirm that I have read and agree with this entire document prior to signing below.*

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

## Camp Sessions & Fees 2024

	Base	Enhanced 1	Enhanced 2	Exceptional
* July 2 - 5 <b>Superhero Training Academy</b>	\$325.00 <input type="checkbox"/>	\$445.00 <input type="checkbox"/>	\$625.00 <input type="checkbox"/>	\$960.00 <input type="checkbox"/>
July 8 - 12 <b>Environmental Conservation Camp</b>	\$400.00 <input type="checkbox"/>	\$550.00 <input type="checkbox"/>	\$775.00 <input type="checkbox"/>	\$1200.00 <input type="checkbox"/>
July 15 - 19 <b>Adventure Explorer's Camp</b>	\$400.00 <input type="checkbox"/>	\$550.00 <input type="checkbox"/>	\$775.00 <input type="checkbox"/>	\$1200.00 <input type="checkbox"/>
July 22 - 26 <b>Storybook Adventure Camp</b>	\$400.00 <input type="checkbox"/>	\$550.00 <input type="checkbox"/>	\$775.00 <input type="checkbox"/>	\$1200.00 <input type="checkbox"/>
July 29 - August 2 <b>Camp Carnival</b>	\$400.00 <input type="checkbox"/>	\$550.00 <input type="checkbox"/>	\$775.00 <input type="checkbox"/>	\$1200.00 <input type="checkbox"/>
* August 6 - 9 <b>Sports &amp; Fitness Fun</b>	\$325.00 <input type="checkbox"/>	\$445.00 <input type="checkbox"/>	\$625.00 <input type="checkbox"/>	\$960.00 <input type="checkbox"/>

Check this box if you do not receive SSAH or other funding and would like to request subsidy. Subsidy not guaranteed and subject to availability of funds. **TOTAL Camp Fees \$** \_\_\_\_\_

**Camp Hours are 9:00 a.m. to 4:00 p.m.**

Extended hours are available no earlier than 8:30a.m. and no later than 4:30p.m. \$15 fee per day applies for each before or after care or \$25 for both.

Before 8:30-9:00  Time of drop off \_\_\_\_\_ After 4:00-4:30  Time of pick up \_\_\_\_\_ X # of days \_\_\_\_\_ **Total \$**

\*\*\*FEES MUST BE PAID IN FULL PRIOR TO THE START OF CAMP\*\*\*

### Fee Structure

Our fee structure is based upon the level of supervision or staffing a camper requires. EAF reserves the right to make a determination of the level of supervision a camper requires to ensure the safety of all campers and staff.

- Base**— Campers who require 1 staff to 6, 7, or 8 campers
- Enhanced 1** — Campers who require 1 staff to 4 or 5 campers
- Enhanced 2**— Campers who require 1 staff to 2 or 3 campers
- Exceptional** — Campers who require 1 to 1 staffing most of the day

**Participant's Name** \_\_\_\_\_ **Parent/Guardian** \_\_\_\_\_

**REGISTRATION FORMS WITH MUST BE GIVEN TO MEGAN TAYLOR, MANAGER OF COMMUNITY SERVICES.**

**PAYMENT MUST BE GIVEN TO CATHY MARSHALL, ADMINSTRATIVE SUPPORT, FOR PROCESSING.**

**PLEASE ENSURE THAT ALL NECESSARY INFORMATION IS INCLUDED.**

**CMARSHALL@EAFKINGSTON.COM**

**DEBIT, VISA & MASTERCARD**





## Terms and Conditions

1. Registration is on a first come, first served basis pending space in the camp. Space is limited, if the camp becomes full, a parent/guardian may ask for the participants name to be placed on the waiting list in case a space becomes available due to cancellation or camp expansion. All registrations, changes to registrations, and cancellation notices must be processed by Megan Taylor and payments must be processed by Cathy Marshall, cmarshall@eafkingston.com 613-544-8939 Ext. 1110
2. **CANCELLATIONS LESS THAN 14 DAYS PRIOR TO THE START OF CAMP (JUNE 18TH) ARE NON-REFUNDABLE.**  
**CANCELLATIONS MORE THAN 14 DAYS PRIOR TO THE START OF CAMP (JUNE 18TH) ARE REFUNDABLE UP TO 50%.**  
**CHANGES TO REGISTERED WEEKS WILL BE ACCOMMODATED IF CAPACITY ALLOWS.**
3. **Participants are not confirmed until** a parent/guardian has received a camp confirmation. **CAMPERS WILL NOT BE ALLOWED TO ATTEND CAMP IF THE FEES ARE NOT PAID IN FULL.**
4. Please note camp hours are 9:00 a.m. to 4:00 p.m. Participants should not be dropped off before 9:00 a.m. or picked after 4:00 p.m. unless arrangements have been made through the office.
5. EAF reserves the right to cancel a program due to weather, illness, or under enrolment and will endeavour to give you as much notice as possible. For cancelled programs, fees are fully refunded.
6. All EAF staff are trained in Non-Violet Crisis Intervention (CPI-Crisis Prevention Institute) and apply these principles and philosophy. Physical restraints will only be used as a last resort to ensure the safety of the participant and/or the staff as per EAF policies and procedures. Should such measures be necessary and continue to demonstrate risk to the person and/or staff, the participant may be withdrawn from the program and a refund issued.

**I have read and understood the terms and conditions as outlined above:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian (Please Print)

\_\_\_\_\_  
Date

Registration for camp is on a first come first serve basis and operates on a rolling basis, subject to availability in the camp. To assist us in planning and staffing, we encourage early registration. Participants who register early will be more likely to guarantee their spot in camp. This early registration period is essential for gauging attendance and determining staffing requirements. Staff will manage late camper requests on a case-by-case basis. We welcome all inquiries and aim to accommodate all late registrations, ensuring families can access our services beyond the initial registration period, subject to staffing and space requirements. Please continue to reach out if you are interested in attending summer camp!