

"We have fun building GREAT kids!"



CAMP TAWINGO
2018 CAMPER APPLICATION FORM
SUMMER FUN FOR BOYS & GIRLS 7 TO 16 YEARS OF AGE



Please send this Application Form to:

1844 Ravenscliffe Rd.
Huntsville, ON P1H 2N2

Please check the session(s) of your choice:

Phone: 705-789-5612 / Fax: 705-789-6624 / E-mail: summer@tawingo.net

- 1ST** (Jul 3-20) **2ND** (Jul 22-Aug 10) **3RD** (Aug 12-27)
- 1A** (Jul 3-14) **2A** (Jul 22-Aug 4) **3A** (Aug 12-18)
- 1B** (Jul 15-20) **2B** (Aug 5-10) **3B** (Aug 19-27)

CAMPER INFORMATION

(Camper's Last Name)

(Camper's First Name)

Camper's Birthday / / He/She will be.....years of age **AT CAMP**. Gender:

Grade in **2017/2018 School Year** School.....

No. of Years Camper has attended Camp Tawingo's Overnight Camp:..... Day Camp:..... Tawingo College:.....

No. of Years at Other CampsName of Camp(s).....

PARENT INFORMATION

Name of Parent(s) or Guardian(s) With Whom Camper Resides.

Mr. & Mrs. Mr. & Ms. Mr. & Mr. Ms. & Ms. Mr. & Dr. Dr. & Ms. Dr. & Mrs. Dr. & Dr. Mr. Mrs. Ms. Other.....

Parent/Guardian 1 Last Name..... Parent/Guardian 2 Last Name.....

Parent/Guardian 1 First NameParent/Guardian 2 First Name.....

Parent/Guardian 1 Home Tel. #Parent/Guardian 2 Home Tel. #

Parent/Guardian 1 Bus. Tel. #Parent/Guardian 2 Bus. Tel. #.....

Parent/Guardian 1 Cell/Pager #Parent/Guardian 2 Cell/Pager #

Parent/Guardian 1 E-MailParent/Guardian 2 E-Mail

Home Street Address

CityProvince or State

CountryPostal/Zip Code

Fax #Summer Tel. # (if different).....

Camper lives: [] with both parents; [] with one parent (please specify):.....; [] other (please specify):.....

CABIN MATES

BEFORE RECORDING ANY CABIN MATE REQUEST, PLEASE READ EACH BULLET BELOW:

- First Year Campers are given preference for cabin mates, although we do consider requests from Veteran Campers as well.
- Each request **must be reciprocated** in order to be **fully** considered.
- If you wish, please list a **maximum** of **two** persons, who are your **CAMPER'S AGE AND GRADE** in school.
- We look to **TWO NAMES, ONLY**; so please limit your choice to two names, and please state them in order of preference.

1..... 2.....

CAMP ACHIEVEMENTS

I would like my camper to experience/accomplish the following things while at Camp.

.....
.....
.....

REGULAR SESSIONS	PARTIAL SESSIONS	SESSION DATES	CAMP FEE	
				Incl. 13% Tax
1ST		Tues., Jul. 3 to Fri., Jul. 20 (18 days)	<input type="checkbox"/>	\$2484.87
	1A	Tues., Jul. 3 to Sat., Jul. 14 (12 days)	<input type="checkbox"/>	\$1740.20
	1B	Sun., Jul. 15 to Fri., Jul. 20 (6 days)	<input type="checkbox"/>	\$ 994.40
2ND		Sun., Jul. 22 to Fri., Aug. 10 (20 days)	<input type="checkbox"/>	\$2705.22
	2A	Sun., Jul. 22 to Sat., Aug. 4 (14 days)	<input type="checkbox"/>	\$2113.10
	2B	Sun., Aug. 5 to Fri., Aug. 10 (6 days)	<input type="checkbox"/>	\$ 994.40
3RD		Sun., Aug. 12 to Mon., Aug. 27 (16 days)	<input type="checkbox"/>	\$2247.57
	3A	Sun., Aug. 12 to Sat., Aug. 18 (7 days)	<input type="checkbox"/>	\$1045.25
	3B	Sun., Aug. 19 to Mon., Aug. 27 (9 days)	<input type="checkbox"/>	\$1259.95

- Please refer to our "2018 Dates & Rates" sheet (encl.) for **session details** and **eligibility criteria** for some sessions.
- An **application fee of \$500.00 per camper, per session** must be paid at the time the application is made. Verbal applications cannot be accepted nor applications without the application fee of \$500.00. The **balance** of the Camp fee is due on **April 1, 2018**.
- **Chartered Bus Transportation** is **not available** on **July 15 for Session 1A** campers, **July 16 for Session 1B** campers, **August 5 for Session 2A** campers, **August 6 for Session 2B** campers, **August 19 for Session 3A** campers, nor on **August 20 for Session 3B** campers.

Session	Camp Fee (not incl. tax)
1ST	\$2199.00
1A	\$1540.00
1B	\$ 880.00
2ND	\$2394.00
2A	\$1870.00
2B	\$ 880.00
3RD	\$1989.00
3A	\$ 925.00
3B	\$1115.00

PAYMENT OF FEES



In order to be fair to those families who are co-operative in this regard, and to help us keep the Camp fee as reasonable as possible, we request your diligence in honouring our payment policy. We cannot guarantee your camper's place will be held if we do not receive payment on time. In order to facilitate this process, please complete the following section:

APPLICATION FEE

- Enclosed cheque or money order payable in Canadian Funds to CAMP TAWINGO for the amount of **\$500.00 per camper, per session**.
- Permission for CAMP TAWINGO (Jack Pearse Ltd.) to charge the amount of **\$500.00 per camper, per session** to the credit card listed below.

BALANCE DUE (APRIL 1, 2018)

- Enclosed is a post-dated cheque, dated April 1, 2018, and payable in Canadian Funds to CAMP TAWINGO for the balance of Camp fees and taxes.
- Permission for CAMP TAWINGO (Jack Pearse Ltd.) to charge the balance of the Camp fee and taxes to the credit card listed below on April 1, 2018.

 or  Credit Card Number Expiry Date CVV# _ _ _

Name on Card Signature Payment \$

After May 1st, 2018, the Camp fees and taxes are not refundable unless the Camp Session is completely filled, or a Doctor's note is provided.

Please note a "Statement Of Account" will be sent to anyone listed as a parent/guardian with an e-mail address. If you have any questions or concerns, or wish to make any further notes for internal use, only, then please contact our office.

OFFICE USE: Date Acknowledged By

Please complete this section if your camper is attending Camp Tawingo for the first time. How did your family first learn of Camp Tawingo?

- Friends Internet OCA Directory Advertising Camp Fair (Location) Family – Please list if former Camp Tawingo campers (please give maiden names) and/or staff (please give maiden names)

JACK PEARSE MEMORIAL CAMBERSHIP FUND

The "Jack Pearse Memorial Campership Fund" has been set up by members of our Staff Alumni Committee to accept donations in order to send campers who would gain from a summer camp experience, but whose families do not have the funds. The Alumni Committee commits to following a child of their choosing through his or her career at Camp. To donate to this worthy cause, please complete the following: I would like to donate \$..... to the Jack Pearse Memorial Campership Fund. Please enclose a cheque made payable to Camp Tawingo or charge my credit card listed above. Many thanks.

2018 CAMPER MEDICAL RECORD

WE WILL **NOT REGISTER** YOUR CAMPER UNTIL THIS MEDICAL INFORMATION IS FULL. PLEASE **COMPLETE** BOTH THE **FRONT** & **BACK** OF THIS PAGE IN ITS **ENTIRETY** INCLUDING **TETANUS IMMUNIZATION DATE** AND FORWARD WITH YOUR CAMPER'S APPLICATION FORM.
THIS PAGE IS GIVEN DIRECTLY TO OUR HEALTH CENTRE STAFF & MEDICAL STAFF.

Please check the session(s) of your choice:

- | | | |
|------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 1ST (Jul 3-20) | <input type="checkbox"/> 2ND (Jul 22-Aug 10) | <input type="checkbox"/> 3RD (Aug 12-27) |
| <input type="checkbox"/> 1A (Jul 3-14) | <input type="checkbox"/> 2A (Jul 22-Aug 4) | <input type="checkbox"/> 3A (Aug 12-18) |
| <input type="checkbox"/> 1B (Jul 15-20) | <input type="checkbox"/> 2B (Aug 5-10) | <input type="checkbox"/> 3B (Aug 19-27) |

Camper Medical/Contact Information

CAMPER'S NAME: GENDER:
(Last Name) (First Name)

HOME ADDRESS: CITY:

PROV./STATE: POSTAL/ZIP CODE: COUNTRY:

HEALTH CARD NUMBER (incl. 2 letters that follow, if applicable): LETTERS:

VALID: to (if applicable) BIRTHDATE:
Year Month Day Year Month Day Year Month Day

Name of Parent or Guardian: Home Tel. : ()

Summer Address: Bus.: ()

..... Cell: ()

Emergency Contact Name: Emerg. Tel.: ()

Emergency Contact - Relationship To Camper:

Family Doctor's Name: Doctor's Tel.: ()

Medically Diagnosed Allergies

Foods (specify):

Drugs (specify):

Other (ie. Bee Stings):

My camper carries an **Epipen** No Yes for the following allergy:

Food Restrictions/Intolerances (if applicable)

- | | | |
|---------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Vegetarian – No Red Meat | <input type="checkbox"/> Vegetarian – No Meat or Fish | <input type="checkbox"/> Vegan - No Animal Products |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> No Pork |

- Note: All dietary concerns must be listed here prior to the start of the session. All information regarding special dietary needs will be shared with the kitchen staff.
- Please note that Camp Tawingo menus **DO NOT** cater to likes or dislikes. We have a balanced and varied menu that does include red meat, poultry, and fish.

Medications

Is your camper bringing medication(s) to Camp? Yes No

Please list ALL medication(s) being sent to Camp (please write on a separate sheet if you require more space).

Medication Name	Dosage	Administration Time (s)	Reason for Taking
.....
.....
.....

APPLICATION WILL NOT BE PROCESSED IF THIS AREA IS NOT COMPLETED.

Please answer the following questions:

1. **TETANUS IMMUNIZATION DATE – MUST BE CURRENT** **MANDATORY** (DD/MM/YY).....
2. Has your camper received regular immunizations since birth? Yes No
3. Are there immunizations you have chosen not to give your camper? Yes No
If yes, please specify.....
4. Please indicate any significant medical conditions, physical limitations, or other concerns which will help us effectively care for your camper:
- Anaphylactic Allergy (Please Specify Allergy).....
My camper should carry his/her epipen with him/her at all times. Yes No
- Asthma - Will your camper bring an asthma inhaler to Camp? Yes No
I give permission for my child to keep in his/her cabin and/or on his/her person an inhaler which the camper will self-administer as prescribed. Yes No N/A
- Bed Wetting
- Concussions and/or Head Injuries (If yes, please record date –dd/mm/yy)..... Yes No
- Diabetes
- Ear Infections Nose Infections Throat Infections
- Epilepsy
- Migraine Headaches
- Operation(s) for..... Date(s) (dd/mm/yy).....
- Recent Illness (more info please).....
- Sports-related Injuries (ie. Back ache, knee, ankle problems).....
- Mental Health concerns (please elaborate).....
5. Does your camper take medications throughout the year that will not be sent to Camp this summer? Yes No
If Yes, please explain.....
*** We strongly recommend that regular medication routines continue while your child is at Camp.**
6. To the best of my knowledge, the information on this medical record is complete, current, and accurate. Yes No
7. I give permission for my child to self-administer the complimentary/homeopathic supplements that I have sent, under the supervision of a member of the Camp Tawingo Health Care staff. Yes No N/A
- To the best of my knowledge, this camper does not have a communicable disease, and is physically able to participate in all Camp activities except as indicated above.
 - All medical problems or conditions requiring ongoing medical supervision or care have been fully noted.
 - I give permission for this health information to be shared with the appropriate Camp staff and outside Medical Personnel as necessary.
 - I understand that I will be notified if extended care has been provided by the Camp Health Centre, or following assessment or treatment by a local physician.
 - In the case of an emergency, if I cannot be reached, permission is hereby given to the Camp staff to take whatever steps are deemed necessary to ensure the safety and health of my camper. This also allows permission for the Camp to contact the camper's family physician/specialist. (Please inform your physician/specialist that you have given this authorization.)
 - I agree to notify CAMP TAWINGO in writing if any changes occur in my camper's health status, medications, or family status between now and the start of the Camp session.**

I UNDERSTAND THAT MY CAMPER WILL NOT BE REGISTERED UNTIL ALL PORTIONS OF THIS APPLICATION FORM HAVE BEEN COMPLETED INCLUDING MY CAMPER'S HEALTH CARD NUMBER & TETANUS IMMUNIZATION.

MY SIGNATURE BELOW INDICATES ALL INFORMATION ON THIS APPLICATION FORM IS COMPLETE AND ACCURATE.

.....
Signature of Parent/Guardian 

.....
Date 



CAMPER BANK / TRAVEL FORM



CAMPER BANK

- A Camper Bank Account is established for each camper during his/her/their stay at Camp Tawingo. Please do not send cash with your camper.
- As a guideline, we recommend \$30.00 per camper per week, and we shall refund any balance remaining or bill you for any balance due in September.
- The purpose of a Camper Bank Account is to cover the cost of items such as stamps, laundry, toiletries, flashlights/batteries, "Tawingo" souvenirs, etc.
- For more information, please review our Camper Bank details on our website (tawingo.net/registered-campers/spending-money.html).

CHARTERED BUS SERVICE

- Coach buses and Camp Tawingo vans transport campers to and from *Toronto* and *Ottawa*, at the beginning and end of our Regular Sessions.
- There is no Bus service FROM Camp for 1A, 2A, and 3A campers. However, you may request a seat on the bus TO Camp.
- There is no Bus service TO Camp for 1B, 2B, and 3B campers. However, you may request a seat on the bus FROM Camp.
- The Toronto bus departs from the Vaughan IKEA parking lot at 10:00 a.m. on the first day of the session and arrives back at 2:15 p.m. on the last day of the session.
- The Ottawa bus departs from Loblaws: Bells Corners, Robertson Road & Moodie Drive, SW corner at 8:00 a.m. on the first day of the session and arrives back at 4:15 p.m. on the last day of the session.
- You may wish to give your camper a nut-free snack for the trip to Camp. We provide each camper a lunch for the return trip.
- Bus cancellations must occur at least 7 days prior to the departure of the bus in order to receive a refund.
- For more information, please review our Transportation details on our website (tawingo.net/registered-campers/transportation-to-a-from-camp.html).

AIRPORT SERVICE

- If your camper is travelling by plane, we will transport your camper to and from Toronto Pearson International Airport on the first and last day of our Regular Sessions.
- There is no Airport service FROM Camp for 1A, 2A, and 3A campers. However, you may request Airport arrival TO Camp.
- There is no Airport service TO Camp for 1B, 2B, and 3B campers. However, you may request Airport departure FROM Camp.
- Flight ARRIVALS are best scheduled between the hours of 2:00 p.m. and 6:00 p.m. (Daylight Saving Time) on the first day of the session.
- Flight DEPARTURES are best scheduled between the hours of 3:00 p.m. and 8:00 p.m. (Daylight Saving Time) on the last day of the session.
- If the airline you choose charges an "Unaccompanied Minor" fee, we ask that you pay this fee – for both ways – at the time of your camper's departure before arriving at Camp.
- For those campers who will be travelling by air, a form will be available, in the spring, to collect flight details. Please be sure to review our Transportation details on our website (tawingo.net/registered-campers/transportation-to-a-from-camp.html) before booking your camper's flight.

CAMPER'S NAME (Please print clearly): _____

SESSION	SESSION DATES	CAMPER BANK	TORONTO BUS		OTTAWA BUS		AIRPORT	
			Incl. 13% Tax		Incl. 13% Tax		Incl. 13% Tax	
			TO CAMP	FROM CAMP	TO CAMP	FROM CAMP	TO CAMP	FROM CAMP
1ST	Tues., Jul. 3 to Fri., Jul. 20 (18 days)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$81.36	<input type="checkbox"/> \$81.36	<input type="checkbox"/> \$101.70	<input type="checkbox"/> \$101.70	<input type="checkbox"/> \$99.44	<input type="checkbox"/> \$99.44
1A	Tues., Jul. 3 to Sat., Jul. 14 (12 days)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$81.36		<input type="checkbox"/> \$101.70		<input type="checkbox"/> \$99.44	
1B	Sun., Jul. 15 to Fri., Jul. 20 (6 days)	<input type="checkbox"/> \$ _____		<input type="checkbox"/> \$81.36		<input type="checkbox"/> \$101.70		<input type="checkbox"/> \$99.44
2ND	Sun., Jul. 22 to Fri., Aug. 10 (20 days)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$81.36	<input type="checkbox"/> \$81.36	<input type="checkbox"/> \$101.70	<input type="checkbox"/> \$101.70	<input type="checkbox"/> \$99.44	<input type="checkbox"/> \$99.44
2A	Sun., Jul. 22 to Sat., Aug. 4 (14 days)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$81.36		<input type="checkbox"/> \$101.70		<input type="checkbox"/> \$99.44	
2B	Sun., Aug. 5 to Fri., Aug. 10 (6 days)	<input type="checkbox"/> \$ _____		<input type="checkbox"/> \$81.36		<input type="checkbox"/> \$101.70		<input type="checkbox"/> \$99.44
3RD	Sun., Aug. 12 to Mon., Aug. 27 (16 days)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$81.36	<input type="checkbox"/> \$81.36	<input type="checkbox"/> \$101.70	<input type="checkbox"/> \$101.70	<input type="checkbox"/> \$99.44	<input type="checkbox"/> \$99.44
3A	Sun., Aug. 12 to Sat., Aug. 18 (7 days)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$81.36		<input type="checkbox"/> \$101.70		<input type="checkbox"/> \$99.44	
3B	Sun., Aug. 19 to Mon., Aug. 27 (9 days)	<input type="checkbox"/> \$ _____		<input type="checkbox"/> \$81.36		<input type="checkbox"/> \$101.70		<input type="checkbox"/> \$99.44
COLUMN TOTALS		= \$ _____	= \$ _____		= \$ _____		= \$ _____	
GRAND TOTAL (Total of all Columns)							= \$ _____	
ALL			<input type="checkbox"/> Please DO NOT allow my camper to make any Camp store purchases.					

Enclosed cheque or money order payable in Canadian Funds to CAMP TAWINGO for the **GRAND TOTAL** amount.

Permission for CAMP TAWINGO (Jack Pearse Ltd.) to charge the **GRAND TOTAL** on April 1, 2018 to the credit card listed below.

Visa or Mastercard Number: _____ Expiry Date: ____ / ____ CVV#: _____

Name on Credit Card: _____ Signature: _____

If at any time you wish to edit your camper's information, please contact our office at 705-789-5612.