



Crestwood Valley Day Camp

411 Lawrence Avenue East, Toronto, Ontario M3C 1N9 • Tel (416) 444-9595 • Fax (416) 444-4178
www.crestwoodcamp.com www.crestwoodkids.com

C.I.T. INFORMATION

Last Name: _____ First Name: _____
 Birthday: Month ___ Day ___ Year ___ Girl Boy
 Grade Completed Before Camp: _____ School: _____
 OHIP Card #: _____
 Doctor's Name: _____ Doctor's Phone#: _____
 Language spoken at home: _____ Has the C.I.T. attended summer camp previously? _____
 When did the C.I.T. attend camp? _____ Name of Camp: _____
 Any other Leadership Training? _____

HEALTH INFORMATION

Please list any allergies the C.I.T. has: _____
 Does the C.I.T. require an Epi-pen? _____
 Does the C.I.T. wear glasses? _____ Do they need to be worn at all times? _____
 Does the C.I.T. have any physical challenges? _____
 Any special needs? _____
 Does the C.I.T. have any serious fears? _____
 Has the C.I.T. ever had any psychiatric guidance? _____
 Does the C.I.T. have any activity restrictions? _____
 Any dietary restrictions? _____

**Each C.I.T. will be required to submit a completed Health Form prior to the start of camp.
Forms will be in the May Information Package.**

SWIM INFORMATION

Is the C.I.T. afraid of water? YES NO Can Float? YES NO Does the C.I.T. wear ear-plugs? YES NO
 Can the C.I.T. swim well? Please specify: _____
 Last Red Cross level attained: _____ Swim School: _____ Date of completion: _____
 Is the C.I.T. currently attending swim lessons? YES NO Current Swim School: _____



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CHECK LIST

C.I.T. application and transportation card must be returned, along with a \$300 deposit for application to be processed.

1. Please complete BOTH SIDES of the Application Form.
2. Please complete the Transportation Card in its entirety.
3. Please enclose either a cheque for \$300 per camper made out to Crestwood Valley Day Camp -or- our enclosed form, completed with your Visa or Mastercard information. If you would prefer to pay your deposit with cash, you must deliver your C.I.T. Application to our office in person.

PLEASE NOTE:

* Postage on our self-addressed return envelope is DOUBLE that of normal, letter-sized envelopes.
Camp Address: **411 Lawrence Avenue East, Toronto, Ontario M3C 1N9**

** If you require extra application forms, please call the camp office or visit our camp website at www.crestwoodcamp.com

**Thank you for choosing
Crestwood Valley Day Camp!**



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FAMILY INFORMATION

Parent/Legal Guardian #1:
 Mr. Mrs. Ms. Dr. Other
 Last Name: _____
 First Name: _____
 Occupation: _____
 Email: _____
 Home Phone: _____
 Work Phone: _____
 Cell/Pager: _____
 Home Address: _____

 City: _____
 Postal Code: _____

Parent/Legal Guardian #2:
 Mr. Mrs. Ms. Dr. Other
 Last Name: _____
 First Name: _____
 Occupation: _____
 Email: _____
 Home Phone: _____
 Work Phone: _____
 Cell/Pager: _____
 Home Address: _____

 City: _____
 Postal Code: _____

EMERGENCY CONTACTS

Emergency Contacts:	Note: Contacts other than Parents/ Legal Guardians
Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____

FAMILY STATUS

Are both parents living? _____
 Marital Status: Married Common Law Single Separated Divorced Widow/Widower
 C.I.T resides with: _____ Does the other parent have access? _____
***In the case of separated/divorced parents, Crestwood requires written documentation with regards to parental access (days and times) during camp hours and transportation arrangements, if necessary.**

METHOD OF PAYMENT

DEPOSIT - \$300 Deposit per C.I.T. with Application (please choose 1 option)

Credit Card
 o Visa
 o Mastercard

Card #: _____ Expiry Date: ____/____ CVV #: _____
 Name on Card: _____ Cardholder Signature: _____

Cheque

BALANCE DUE (please choose 1 option)

Credit Card
 o Final Payment processed May 1, 2012
 o Final Payment processed in 3 equal payments (March 1st 2012, April 1^s 2012, May 1st 2012)

Cheque
 o 1 postdated cheque for May 1, 2012
 o 3 equal postdated cheques (March 1st 2012, April 1st 2012, May 1st 2012)

**Please Note: Balance of fees will be the same form as the deposit unless otherwise indicated.
 Payment in full is required for all applications received after May 1, 2012.**



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CONDITIONS OF REGISTRATION AT CRESTWOOD VALLEY DAY CAMP

- A) I/WE have read and understand the registration information and agree to abide by the conditions outlined. I/WE also understand that my/our C.I.T. will not be admitted to camp until the balance of the fees are paid for the specific programme and a completed health form is returned prior to the commencement of camp.
 - B) I/WE agree to allow my/our C.I.T. to participate in all camp activities and in any supervised trips or activities not on camp property as well as any photo-shoots to advertise camp programming.
 - C) I/WE agree to release and indemnify Crestwood Valley Day Camp from any and all claims for damages arising as a result of any accident, injury or otherwise, sustained by the herein named C.I.T. arising from participating in any camp activities where negligence is not the cause.
 - D) I/WE understand that the Director has the right to terminate the registration of any C.I.T. when it is decided by the Director to be in the best interest of the camp or the C.I.T. In such cases only a proportionate refund will be made.
- **NOTES****
- 1) Smoking, alcoholic drinks or drugs, other than those given at the Health Centre, are not permitted and are sufficient cause for termination.
 - 2) C.I.T. must be responsible for wearing a head covering (hat) and sunscreen (not containing nut oils) for their own protection. Crestwood cannot be responsible for any sun-related injuries.
 - 3) Cell phones or any electronic equipment cannot be used during camp and transportation hours. Crestwood takes no responsibility for lost, stolen articles or damage to personal property.
 - 4) Crestwood Valley Day Camp cannot be responsible for C.I.T. contracting any contagious disease.
- E) I/We agree to allow camp officials to act on my/our behalf in case of emergency.
 - F) I/WE understand that it is my/our responsibility and obligation to provide the camp with an accurate, updated health form and to notify the camp in writing of any changes and/or additions to the health information previously provided.
 - G) This application will not be processed without a completed health form and full deposit.
 - H) No refund will be made for camp days missed due to illness or personal matters.
 - I) Should the camp be unable to operate programmes, pro-rated refunds/credits and/or make-up days are not available.
 - J) I understand that Crestwood Valley Day Camp protects the privacy of personal information and personal health information in accordance with prevailing privacy legislation and with its Privacy Policy. I hereby consent to the collection, use and disclosure of personal information and personal health information about myself, the C.I.T. and the C.I.T.'s family for the purpose identified in the privacy policy.

CANCELLATION POLICY

- 1A) For cancellations made for any reasons, the deposit is non-refundable.
- 1B) Cancellation requests are to be made, in writing, to the camp administrator.
- 1C) For Cancellations After May 1st But Before June 1st, 50% of Fees Are Available For Refund
- 1D) AFTER JUNE 1ST, NO REFUNDS WILL BE MADE OF ANY MONIES.
- 2) No refunds will be made for camp days missed due to illness or personal matters. Days missed cannot be made up in other sessions. Should the camp be unable to operate programmes, pro-rated refunds / credits and/or 'make-up days' – are NOT available.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____