

**ST. PETER'S ROMAN CATHOLIC CHURCH**  
**2022 Francis Camp**

Hello,

Thank you for your interest in the 2022 Francis Camp. We are very excited to be running camp again this year. This year we will be running camp for three consecutive weeks during the month of July.

**Week 1 (SPORT WEEK): July 11 – July 15**

**Week 2 (MAD SCIENCE WEEK): July 18 – July 22, 2022**

**Week 3 (A GREAT OUTDOOR ADVENTURE WEEK): July 25- July 29, 2022**

Each day, your child will be given two snacks, one in the morning and one in the afternoon. If your child has allergies, please indicate the allergens, that way arrangements can be made. Lunch will **NOT** be provided for your child. Within each week, your child will be able to experience guest presenters, field trips, crafts, games and MUCH MORE

As Covid continues to impact our communities, we are recommending the use of masks at camp, as per the CDC guidelines. Sanitizing stations will be made available as well as frequent sanitization of highly touched surfaces (mats, equipment, tables etc.). As well as socially distant activities.

As this is a popular event, applications will **only be accepted with proof of payment**. We will also be taking applications on a first come, first serve basis in order to accommodate our events!

If you have any questions or concerns please drop by the Church office! We look forward to meeting you!

Thank you,

Sarah Molent  
Camp Director

# ST. PETER'S ROMAN CATHOLIC CHURCH

## 2022 FRANCIS CAMP REGISTRATION FORM

CHILD'S  
LAST  
Name:

CHILD'S  
FIRST  
Name:

Age on July 11th, 2022

Date of Birth: Month:

Day:

Year:

School:

Grade completed:

Child's Home Address:

City:

Postal Code:

Home Telephone:

### FAMILY INFORMATION

MOTHER'S Name:

FATHER'S Name:

Work Tel.:

Work Tel.:

Cell No.:

Cell No.:

Email:

Email:

Do both parents live at home with camper? ( ) YES ( ) NO

– If NO, parents are: SEPARATED ☐ ( ) DIVORCED ☐ ( ) WIDOWED ( )

☐ *If there IS a divorce or separation in the family, who has custody of the child?* (A confidential note about custody arrangements or concerns would be helpful. Please see Patricia if this is necessary.)

Alternate Parent's Address:

City:

Home Tel.:

Work Tel.:

Cell:

### EMERGENCY INFORMATION

Emergency Contact:

Relationship to Child:

Home Tel.:

Work Tel.:

Cell:

Name of CHILD'S FAMILY DOCTOR:

Address:

Suite:

City:

Postal Code:

Telephone:

Fax:

CHILD'S Health Card # :

**MEDICAL INFORMATION** that may interfere with your child's participation in the program:

1. **Physical challenges?**                    ☐ **Yes** ☐ **No**                    If **Yes**, specify \_\_\_\_\_
2. **Social/Emotional Concerns?**    ☐ **Yes**    ☐ **No**                    If **Yes**, specify \_\_\_\_\_
3. **Allergies?**                                ☐ **Yes**    ☐ **No**                    If **Yes**, specify \_\_\_\_\_
4. **Any Medication?**                    ☐ **Yes**                    ☐ **No**                    If **Yes**, specify \_\_\_\_\_
5. **Injuries?**                                ☐ **Yes**                    ☐ **No**                    If **Yes**, specify \_\_\_\_\_

**PERMISSION FORM**

**PLEASE PROVIDE ALL THE INFORMATION REQUESTED BELOW.**

1. I give my child \_\_\_\_\_ permission to attend **FRANCIS Summer Day Camp** for the **WEEK** checked off below (and **EXTENDED CARE** if applicable):

Week 1 (**SPORT WEEK**): July 11 – July 15, 2022 \$200 \_\_\_\_\_

**EARLY CARE (8:00-9:00)** \_\_\_\_\_

**AFTER CARE (4:00-5:00)** \_\_\_\_\_

**OR**

Week 2 (**MAD SCIENCE WEEK**): July 18 – July 22, 2022 \$200 \_\_\_\_\_

**EARLY CARE (8:00-9:00)** \_\_\_\_\_

**AFTER CARE (4:00-5:00)** \_\_\_\_\_

**OR**

Week 3 (**A GREAT OUTDOOR ADVENTURE WEEK**): July 25 – July 29, 2022 \$200 \_\_\_\_\_

**EARLY CARE (8:00-9:00)** \_\_\_\_\_

**AFTER CARE (4:00-5:00)** \_\_\_\_\_

(Because we would like as many children involved as possible, please register for ONE week at a time. IF you would like to register for a second week, please indicate with an "S" your second option. You will be put on a WAITING LIST until all Registration is in by June 1st, 2022; after which we will contact you as to availability.)

2. I give my child permission to attend the field trip(s) for the week that she/he is enrolled at **FRANCIS CAMP**.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**PLEASE NOTE:** Children who DO NOT take part in field trips will be required to stay at home on trip days.

3. In an emergency, I consent to the administration of any medical treatment deemed by any qualified medical practitioner to be necessary for the health and welfare of my child named above, including the administration of anaesthetic and the performance of any necessary operation for the period that my child is registered at FRANCIS Summer Day Camp.

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

\_\_\_\_\_  
Date

4. Please indicate your child's **T-SHIRT** size: Youth SM. \_\_\_\_\_ Youth MED. \_\_\_\_\_ Youth LG. \_\_\_\_\_  
(size 6-8) (size 10/12) (size 12/14)
- Adult SM. \_\_\_\_\_ Adult MED. \_\_\_\_\_ Adult LG. \_\_\_\_\_

**PAYMENT METHOD – For Office Use Only**

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

**Payment by CASH:**

| DATE | AMOUNT PAID | BALANCE | RECEIPT NO. |  |
|------|-------------|---------|-------------|--|
|      |             |         |             |  |
|      |             |         |             |  |
|      |             |         |             |  |

**Payment by CHEQUE:**

| DATE | AMOUNT | CHQ. NUMBER | BALANCE | RECEIPT NO. |
|------|--------|-------------|---------|-------------|
|      |        |             |         |             |
|      |        |             |         |             |



# FRANCIS

## Summer Day Camp

ST. PETER'S R. C. Church



### PERMISSION TO PHOTOGRAPH

CAMPER(S) NAME(S): \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ give permission for  
(please print parent's or guardian's name)

ST. PETER'S CHURCH FRANCIS SUMMER DAY CAMP to photograph my child, for the following purposes:

#### STILL PHOTOGRAPHS:

- To display in parish/camp scrapbook and bulletin boards, shown to current and future campers and families
- To display on parish/camp website (when initialized).
- To use in promotional materials (parish/camp posters)
- To provide to campers as a remembrance of their time at **FRANCIS CAMP**.

#### VIDEOS:

- To display on parish/camp website (when initialized)
- To provide to campers as a remembrance of their time at **FRANCIS CAMP**.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the time of my child's participation in FRANCIS SUMMER DAY CAMP.

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please turn over...

**WATERPLAY ACTIVITIES**



**FRANCIS**  
**Summer Day Camp**  
**ST. PETER'S R. C. Church**



If you feel your child may need assistance with getting dressed, please fill out below and return it with your child(ren)'s registration form(s). This will allow your child(ren)'s counsellor to assist him/her if required.

**For parents/guardians who do not wish to sign the form, and whose children more than likely WILL need help, it is suggested that the child not participate in waterplay activities.**

**CAMPER(S) NAME(S):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ **authorize FRANCIS Staff**  
(please print parent's or guardian's name)  
to assist my child to dress following waterplay activities if he/she requires any aid.

**\*\* To ensure that these activities run smoothly we ask that the children participating be sent with their bathing suits on underneath their clothes.**

**\*\* If your child will be putting dry, clean clothes on following waterplay, instead of waiting for his/her bathing suit to dry, please make sure that he/she is capable of dressing himself/herself without assistance.**

**Parent or Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please turn over...**