



MOOREDALE DAY CAMP 2019 CAMPER APPLICATION

for children aged 4 to 12

COMPLETE ALL PAGES - PLEASE PRINT CLEARLY AND RETURN WITH
PAYMENT TO: 146 CRESCENT ROAD, TORONTO M4W 1V2



Camper: _____
FIRST NAME LAST NAME

Birthdate: ____/____/____ Must be 4 years old by first day of camp Male Female
MM DD Year

Grade starting Sept 2019: JK ____ SK ____ Grade ____ Current School: _____

Mailing Address: _____ Postal Code: _____

Parent 1 Name: _____ Parent 2 Name: _____

Email: _____ Resident Phone: (____) _____
Cell Phone: (____) _____ Business Phone: (____) _____

Is there a divorce or separation in the family? If yes, who has custody? _____
A confidential note about custodial arrangements or concerns would be helpful if applicable.

EMERGENCY CONTACTS: (Min. 1 non-parent contact required in case parents cannot be contacted)

1. NAME: _____ Relationship: _____

Res. Phone: _____ Bus. Phone: _____ Cell Phone: _____

FRIEND REQUEST: You may request to be with friends. We will do our best to honour your request! _____

FOR NEW CAMPERS: How did you hear about our Day Camp program?

- Postcard / Direct Mail
- Neighbourhood Word of Mouth
- Our Kids Go to Camp Magazine
- Our Kids Go To Camp Website
- Mooredale Rec Guide / News letters
- Family Referral
- Friend Referral
- Mooredale Front Sign
- Google Search/Web
- Facebook Ad or post
- Mayfair
- Mooredale SC
- Mooredale Preschool
- Other: _____

Sessions 2019: Please check all that apply

Session	Date	Intermediate Specialty Options for ages 6 - 8. See website for details.	Senior Specialty Options for campers 9 years and older. See Senior Camp website page for a description of each specialty. *LIT program is for campers age 12 only	Before Camp Care	After Camp Care	After Camp French
TWO WEEK SESSIONS						
<input type="checkbox"/> ONE	July 2 - 12 *no camp July 1	<input type="checkbox"/> Soccer <input type="checkbox"/> Lego Engineering	<input type="checkbox"/> Overnight Camping <input type="checkbox"/> Soccer <input type="checkbox"/> Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TWO	July 15 - 26	<input type="checkbox"/> Karate	<input type="checkbox"/> Leader in Training * <input type="checkbox"/> Drama <input type="checkbox"/> Tennis <input type="checkbox"/> Karate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> THREE	July 29 - Aug 9 *no camp Aug 5	<input type="checkbox"/> Lego Engineering	<input type="checkbox"/> Overnight Camping <input type="checkbox"/> Competitive Swim <input type="checkbox"/> Drama <input type="checkbox"/> Robotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FOUR	Aug 12 - 23	<input type="checkbox"/> Karate	<input type="checkbox"/> Leader in Training * <input type="checkbox"/> Tennis <input type="checkbox"/> Karate <input type="checkbox"/> Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ONE WEEK OPTIONS						
<input type="checkbox"/> ONE A	July 2 - 5 (4 days)	<input type="checkbox"/> Soccer Week 1 <input type="checkbox"/> Lego Week 1	<input type="checkbox"/> Tripping Week 1 <input type="checkbox"/> Soccer Week 1 <input type="checkbox"/> Photography Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ONE B	July 8 - 12	<input type="checkbox"/> Soccer Week 2 <input type="checkbox"/> Lego Week 2	<input type="checkbox"/> Soccer Week 2 <input type="checkbox"/> Photography Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TWO A	July 15 - 19	<input type="checkbox"/> Karate Week 1	<input type="checkbox"/> Tennis Week 1 <input type="checkbox"/> Karate Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TWO B	July 22 - 26	<input type="checkbox"/> Karate Week 2	<input type="checkbox"/> Tennis Week 2 <input type="checkbox"/> Karate Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> THREE A	July 29 - Aug 2	<input type="checkbox"/> Lego Engineering Week 1	<input type="checkbox"/> Tripping Week 1 <input type="checkbox"/> Comp. Swim Week 1 <input type="checkbox"/> Robotics Wk 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> THREE B	Aug 6 - 9 (4 days)	<input type="checkbox"/> Lego Engineering Week 2	<input type="checkbox"/> Robotics Wk 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FOUR A	Aug 12 - 16	<input type="checkbox"/> Karate Week 1	<input type="checkbox"/> Tennis Week 1 <input type="checkbox"/> Karate Week 1 <input type="checkbox"/> Photography Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FOUR B	Aug 19 - 23	<input type="checkbox"/> Karate Week 2	<input type="checkbox"/> Tennis Week 2 <input type="checkbox"/> Karate Week 2 <input type="checkbox"/> Photography Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOREDALE CAMPER MEDICAL HISTORY

CAMPER FULL NAME: _____ BIRTHDATE: _____/_____/_____
Month Day Year

ONTARIO HEALTH CARD NUMBER: _____

Family Doctor's Name: _____ Phone: _____

Is the Camper subject to the following? Please check.

- Asthma Bronchitis Seizures Motion Sickness
 Ear/Hearing Problem Speech Difficulty Skin Conditions Headaches

Specify usual treatment for above: _____

Does the Camper have Allergies to:

- Food Drugs Environment

If yes, please specify: _____

Is an EpiPen Required? Yes

Treatment for above: _____

IMPORTANT Immunization Information Please attach a copy of immunization record OR list dates completed for the following:

Diphtheria, Pertussis (Whooping Cough), Measles, Rubella (German
Tetanus (Lock Jaw), Polio* Measles), Mumps _____

Haemophilus B (HIB) BCG Hepatitis A _____

Hepatitis B TB Skin Test IPV/OPV _____

Varicella (Chicken Pox) PCV (Pneumococcal) _____

* Please note if oral polio vaccine given

Hospitalization History (give details): _____

OTHER

Does your child have other medical or behavioural issues, not already indicated on this form, of which the Camp Director should be aware ?

Are there any social/emotional concerns that we should be aware of to assist the Camper's adjustment to camp? Yes No

If Yes, please elaborate: _____

Need more space? *Please send a confidential note to the Camp Director.*

Are there any physical problems that we should be aware of that may interfere with the child's full participation in the program, including recreational swimming? (e.g. recent illnesses, injuries, surgery.) Yes No

If yes please specify: _____

TO BE SIGNED BY PARENT OR GUARDIAN:

I have read and agreed to the conditions outlined in the registration form. I am a member of the Rosedale-Moore Park Association and consent to the participation of the above-named, and hereby release the Rosedale-Moore Park Association, its staff, Board of Directors, instructors and authorized guests from any and all actions, claims, demands for damages, loss or injury, however arising, which may hereafter be sustained by the above-named in consequence of participation in camp activities. In the event of a sudden illness or accident, so that the program leaders may take such action as may be necessary, we ask that parent or guardian sign below to authorize emergency measures. Parents must assume any expense incurred. I hereby give permission for my son/daughter to participate in all camp activities involving travel on the TTC; chartered bus; on hikes, etc. I give permission to Mooredale Day Camp to use my child's photograph for Mooredale publicity purposes. I authorize the Rosedale-Moore Park Association to communicate with me by email. If I am a current member I authorize Mooredale to extend my Family Membership by 1 year should it expire before the end date of of this program I am registering for.

X _____
Signature

Date

CAMPER FEES *All fees include a hot lunch each day, camper t-shirt, program equipment, and off-site trips.

Two Week Sessions	Session Fee		ADDITIONAL OPTIONS				
	Junior & Intermediate	Senior (9+ years)	Intermediate Specialty	Before Camp Care*	After Camp Care** (ACC)	After Camp French***	Both After Camp and French***
Session Two, Four	\$1080	\$1130	\$80	\$120	\$160	\$190	\$230
Session One, Three	\$1030	\$1080	\$70	\$120	\$160	\$190	\$230

One Week Options							
5 Day Week	\$560	\$600	\$50	\$60	\$80	\$95	\$115
4 Day Week (no camp July 1, Aug 5)	\$510	\$550	\$40	\$60	\$80	\$95	\$115

Mooredale Family Membership	\$125/year
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* Starting at 7:30 am. Single day fee - \$15/day

** 3:30 - 5:30 pm. Single day fee - \$20/day.

*** French is 3 days, Tuesday-Thursday, 3:30 - 5:00 pm. Not available Session 4

REGISTRATION DETAILS

- Mooredale family membership is required for the duration of the program. (Membership form available on page 4)
- You may pay by credit card only if you choose to pay full camper and membership fee at time of registration.**
- Camper Application Form must be completed and signed before registration is accepted.
- Fees must be paid at time of registration **OR** deposit and cheque(s) post-dated (dated May 1st) for the balance of the camper fee and after camp care fee must accompany each registration.
- Deposit (\$100 per week) is **non-refundable**
- An administration fee of \$25 will be charged for transfers to another session after May 1st. (subject to session availability)
- Camper fees (less deposit) will be refunded if notice of cancellation is received in writing by May 1st. After May 1st, a medical certificate will be required (less a minimum of \$100 per week. Prorated refund to be determined case by case).
- An administration fee of \$25 will be charged for cancellation of each session of Extended Camp Care services after June 1st.
- There is no refund on swim lessons missed during the camp session.
- If, in the opinion of the Director, it is in the best interest of either the child or the camp, the Camp reserves the right to terminate the stay of a camper. In such an event, it is understood that at the discretion of the Director, a proportionate refund, appropriately prorated and minus at the very least the \$100 per week deposit, would be made.

PAYMENT RECORD

Please make cheques payable to Mooredale Day Camp. If you are paying full fees by credit card, you may also fax the signed forms to us at 416-922-4523. Call the Camp Registrar at 416-922-3714 ext. 103 to discuss an alternative payment schedule.

		For Office Use	
Payment in Full (required if paying by CC)	\$	Cheque Date	Cheque Number
Deposit (only payments by cheque) \$100 per week	\$		
Camp Fee Balance due May 1 (include post-dated cheque less deposit)	\$		
Extended Camp Care (Before, After, and/or After Camp French)	\$		
Mooredale Family Membership (\$125/year) <i>If a new member please include Membership Form on Page 4</i>	\$		
TOTAL	\$		

Payment - Please PRINT CLEARLY	
I will be paying by: Cash Cheque Debit Mastercard Visa	Amount: \$
Card #: - - -	Expiry (month/year) -
CVV# ____	
Full name that appears on the credit card	Card Holder Signature



New Membership Registration Form

Please return with payment to: "Mooredale House"

146 Crescent Rd, Toronto, ON, M4W 1V2 info@mooredale.on.ca

T: 416-922-3714 x 102 F: 416-922-4523 www.mooredale.com

Membership Fees*: Family \$125 (2 adults & children under 18 years) Single Adult \$70 Senior \$32 (65+)

Membership is valid for 12 months *Fees subject to change January 1, 2018

FOR MAIN ADULT CONTACT

First Name (Please PRINT clearly)		Last Name (Please PRINT clearly)	
<input type="checkbox"/> M <input type="checkbox"/> F	Occupation	Birth Date (M/D/Y)	
Home Address		Apt.	City Postal
Home Phone () ()		Business (Mr.) ()	Business phone (Mrs./Ms./Miss) () ()
Home Fax () ()		Cell phone (Mr.) () ()	Cell phone (Mrs./Ms./Miss.) () ()
Preferred Email Address			
Health Alert (Main Contact)		Health Card #	

COMPLETE ONE SECTION FOR EACH ADDITIONAL FAMILY MEMBER

First Name	Last Name	First Name	Last Name
Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation	Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation
Health Alert	Health Card #	Health Alert	Health Card #

First Name	Last Name
Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation
Health Alert	Health Card #

First Name	Last Name
Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation
Health Alert	Health Card #

First Name	Last Name
Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation
Health Alert	Health Card #

First Name	Last Name
Birth date (M/D/Y)	<input type="checkbox"/> M <input type="checkbox"/> F Occupation
Health Alert	Health Card #

Authorization:

"I am enrolling to join as a member of the Rosedale-Moore Park Association, and consent to the participation of the above-named and hereby release the Rosedale-Moore Park Association, its staff, Board of Directors, instructors and authorized guests from any and all actions, claims, demands for damages, loss or injury howsoever arising which may hereafter be sustained by the participant as above-named in consequence of participation in Association activities. I also consent to the use by the Rosedale-Moore Park Association of the participant's likeness (photographs, video) for publicity purposes. I authorize the Rosedale-Moore Park Association to communicate with me by email.

Signature

Date

How did you hear about us?

Member Friend Flyer Brochure School Other: _____

Have you been a Mooredale Member before? Yes _____ (yrs.)

We rely on volunteers - would you help with: Mayfair - May 13 and 14 Sports Events

I will be paying by:

Cash Cheque Debit MasterCard* VISA* Amount: \$

Card #: | | | | - | | | | - | | | | - | | | | Expiry | | | - | | |

M M Y Y

Full Name that appears on the Credit Card

CVV #

Card Holder's Signature

***Members who pay by Credit Card may fax the form to 416-922-4523**