



**Parent/Guardian Information**

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

Mother/Guardian 1 First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Please Check the Applicable Section: Main Contact \_\_\_\_\_ Secondary Contact \_\_\_\_\_

Father/Guardian 2 First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Please Check the Applicable Section: Main Contact \_\_\_\_\_ Secondary Contact \_\_\_\_\_

**EMERGENCY CONTACT**

Who is the first person to contact in the event of an emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to child: \_\_\_\_\_



**1<sup>st</sup> Child's Information**

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

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

Virtual Session: Morning (Ages 6-9) \_\_\_\_\_ Afternoon (Ages 10-14) \_\_\_\_\_

Child resides with: \_\_\_\_\_ If not Guardian 1 or 2, please list below:

Will someone be home with your child? \_\_\_\_\_

Will your child have access to internet and a Zoom-capable device (i.e. laptop, tablet, phone)? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Does your child have known behavioural issues? [ ] Yes [ ] No

Is your child on an I.E.P.? [ ] Yes [ ] No Grade Entering in September \_\_\_\_\_

**Child's Medical Information**

Please list any allergies and/or medical conditions and how they are managed:

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Note: We may take a photo of your child for security purposes.

**2<sup>nd</sup> Child's Information**

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

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

Virtual Session: Morning (Ages 6-9) \_\_\_\_\_ Afternoon (Ages 10-14) \_\_\_\_\_

Child resides with: \_\_\_\_\_ If not Guardian 1 or 2, please list below:

Will someone be home with your child? \_\_\_\_\_

Will your child have access to internet and a Zoom-capable device (i.e. laptop, tablet, phone)? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Does your child have known behavioural issues? [ ] Yes [ ] No

Is your child on an I.E.P.? [ ] Yes [ ] No Grade Entering in September \_\_\_\_\_

**Child's Medical Information**

Please list any allergies and/or medical conditions and how they are managed:

\_\_\_\_\_



Family Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Note: We may take a photo of your child for security purposes.

**3<sup>rd</sup> Child's Information** Registration Date: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

Virtual Session: Morning (Ages 6-9) \_\_\_\_\_ Afternoon (Ages 10-14) \_\_\_\_\_

Child resides with: \_\_\_\_\_ If not Guardian 1 or 2, please list below:

Will someone be home with your child? \_\_\_\_\_

Will your child have access to internet and a Zoom-capable device (i.e. laptop, tablet, phone)? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Does your child have known behavioural issues? [ ] Yes [ ] No

Is your child on an I.E.P.? [ ] Yes [ ] No Grade Entering in September \_\_\_\_\_

Child's Medical Information

Please list any allergies and/or medical conditions and how they are managed:

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Note: We may take a photo of your child for security purposes.



**Waivers and Conditions of Enrolment:**

1. All applications must be submitted with a non-refundable registration fee of \$20.00 per child which includes starter Vision Kit and holds your child(ren’s) space in the program.
2. Camp fees must be paid on the first day of every week, one week in advance. A late charge of \$5.00 will be applied on the fourth (4<sup>th</sup>) day after. Late camp fees must be paid prior to the following week’s enrolment.
3. Partial camp refunds will only be issued for medical reasons stated in a letter from your doctor. There is an administration fee of \$10.00 applied to all refunds.
4. Failure to attend or participate in the full program will not reduce the fee.
5. I, the parent/guardian of the above-named participant(s), release Christian Faith Outreach Centre Camp Vision, it’s directors, board, and corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above-named or his/ her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named individual.
6. Each camper must be covered by Ontario Health Insurance or equivalent medical insurance. The parent/guardian certifies that the individual is in good health, normal in condition and habits, and is suitable for the program. By signing this form, the parent/guardian is giving Christian Faith Outreach Centre Camp Vision staff the right to obtain medical attention necessary for the individual welfare and good health, including ordering injection, anaesthesia, or surgery. In such a situation, the camp will attempt to notify the parent or emergency contact(s) as soon as possible. The parent/guardian is responsible for all costs incurred. For withdrawal during camp on a physician’s order, one half of the fee for the expired term will be refunded.
7. The program director(s) reserves the right to dismiss an individual who, in the opinion of the director, is a hazard to the safety and rights of others who appears to have rejected the reasonable controls of the program. No refund will be made for dismissals due to disciplinary action.
8. As a Christian non-profit charitable organization, we encourage program registrants to think about spiritual values as presented in the Bible and to apply them in practical ways while enjoying wholesome, vigorous activities. We welcome registrants of all races and creeds.
9. I give permission for Christian Faith Outreach Centre Camp Vision to photograph and/or videotape my child(ren) while attending Camp Vision, including during Camp Vision UPLOADED Zoom video calls. I understand that these images may be used in videos for promotion of Christian Faith Outreach Centre Camp Vision in newspapers, web and other promotional material.
10. We have always and will continue to use your personal information for Camp Vision purposes only. Your information will never be shared or sold to any mailing lists.

I have read, understood and agree to the Christian Faith Outreach Centre Camp Vision  
Waivers & Conditions of Enrolment:

Print Full Name: \_\_\_\_\_

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

Date (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



Camp Hours

Camp Vision Location <b>In-Person</b> (outdoors) (M/W/F) <b>Virtual</b> (online @ home) (Tu/Th)	In Person Hours	9:00AM – 4:00PM
	Morning “Megabyte” Session* Afternoon “Gigabyte” Session**	10:00AM – 12:00PM 1:30 PM – 3:30 PM

\* Morning session is for children aged 5 to 9; \*\* Afternoon Session is for children aged 10 to 12.

Camp Fees (Please check appropriate box(s))

Program	Cost	Number of Children	Number of Weeks	Totals
Regular Week	\$50.00*			
Daily Fee	\$10.00			
Short Week*	\$45.00 **			
Registration Fee**	\$20.00		N/A	
* 1 <sup>st</sup> child \$50, 2 <sup>nd</sup> + \$45    ** 1 <sup>st</sup> Child \$45, 2 <sup>nd</sup> + \$40			<b>TOTAL FEES</b>	

<p>If daily, please check the appropriate days:</p> <p>Monday Tuesday Wednesday Thursday Friday</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b><u>We issue receipts with every payment. Please keep your receipts for tax purposes.</u></b></p>	<p>Please check the appropriate weeks:</p> <p>W1 July 5 – 9 _____</p> <p>W2 July 12 - 16 _____</p> <p>W3 July 19 - 23 _____</p> <p>W4 July 26 - 30 _____</p> <p>W5 Aug 3 - 6* _____</p> <p>W6 Aug 9 – 13 _____</p> <p>W7 Aug 16 - 20 _____</p> <p>W8 Aug 23 - 27 _____</p>
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\* 4-Day (short) week, Registrations are accepted on a first come first serve basis.

Christian Faith Outreach Centre Camp Vision is a non-profit, interdenominational camp.

\*\*Includes starter Vision Kit which contains 1 glue stick, 1 pair school age scissors, 1 pack of markers, 1 pack of pencil crayons, Scotch tape, White paper, 2 pencils, & 1 pencil sharpener

PAYMENT INFORMATION

Cash / Certified Cheque

Debit

Credit Card: | Master Card | Visa | American Express | (please circle one)

**OFFICE USE**

Registration Fee \$ \_\_\_\_\_ # of Children \_\_\_\_\_

Total Cost \$ \_\_\_\_\_ - Discount \$ \_\_\_\_\_

Total (after discount) \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_/\_\_\_\_\_

Security Code: (appears on back of card) \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REGISTER:  
 Christian Faith Outreach Centre  
 158 Harwood Ave S. Suite 203  
 Ajax ON, L1S 2H6  
 By Email: [campvision@cfoc.ca](mailto:campvision@cfoc.ca)

REGISTER ONLINE:  
 Fax: 905.619.2571  
 Web: [www.cfoc.ca/campvision](http://www.cfoc.ca/campvision)  
 Contact us:  
 (P) 905.619.1109 (E) [campvision@cfoc.ca](mailto:campvision@cfoc.ca)

