



## Parent Information

CHILDREN AGES 7-13

APPLICATIONS BY MAIL AND DIGITAL

### Mission Statement

*The Stevenson Children's Camp is committed to providing a fun-filled, safe and memorable camp experience for children who would not otherwise have an opportunity to attend summer camp.*

ACCREDITED  
MEMBER



Dear Parent or Guardian,

Your child has been selected to receive an APPLICATION FORM for Stevenson Children's Camp. This is a residential camp for children age 7-13 whose families are experiencing difficult financial circumstances that would prevent their child from attending summer camp. **To provide this opportunity for the maximum number of children, campers can attend ONLY one session.**

### Cabins/Accommodations

All campers sleep in double cabins with bunk beds, housing a maximum of 16 children and 2 counselors. Campers supply their own sleeping bag, pillow, towel and toiletries.

### Food

All food is prepared by well-trained kitchen staff that provide a balanced variety of meals and snacks that follow government standards of cleanliness, sanitation and quality. During the camp day, we serve three meals and three snacks. SOME DIETARY RESTRICTIONS ARE AVAILABLE INCLUDING; GLUTEN FREE, DIABETIC DIET AND VEGETARIAN. If you have questions, please contact the camp. **Due to allergy and hygiene concerns, we ask that you do not send any snacks or drinks with your child.**

### Transportation

Campers are picked up by bus at Argyle Mall on Monday mornings. **Parents must arrange to pick up their child at the camp on Friday.** A map will be provided at registration. Complete details will be sent with your confirmation package.

### Head Lice Information

Children will be checked for head lice before boarding the bus to camp. If head lice or nits are detected you will be given two options. You have the opportunity to treat your child and bring them to camp later that day, where they will be checked again before joining the program, or with your permission we will transport them to camp where they will be treated with the appropriate medicated shampoo.

### CAMPER CONDUCT:

At Stevenson Children's Camp we expect that all campers and staff will live, work and play in a spirit of fun, respect and cooperation. The expectation for behavior includes;

- Calling people by their given names in a gentle, respectful way.
- Respecting each other's privacy and belongings.
- No one will hurt, ignore or make fun of people for their clothes, the way they speak, the colour of their skin, or for who they are or what they think!
- All campers will listen to everyone's ideas and take turns in speaking and playing.
- No camper is to bring electronic games, matches, lighters, expensive jewelry, cell phones, extra money or toys that look like weapons.
- **FAILURE TO COMPLY WITH THIS CONDUCT MAY RESULT IN YOUR CHILD NOT BEING ABLE TO FINISH THEIR CAMPING EXPERIENCE AND BEING SENT HOME**

## **BULLYING:**

Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both children who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behavior must be aggressive and include:

an Imbalance of Power: Children who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.

Repetition: Bullying behaviors happen more than once or have the potential to happen more than once.

Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose. **PLEASE REVIEW THIS WITH YOUR CAMPER AND ensure they know to REPORT THIS TO ANY COUNSELLOR IMMEDIATELY.**

## **Camp Cost/ Subsidy:**

Stevenson Children's Camp provides subsidy to all campers. This is the reason that no applications will be accepted without the referral filled out. **We ask that families pay \$20 for the week of camp. For this season we ask that no payment be sent with the registration as we will collect payment at the buses.**

The TRUE COST OF CAMP is close to \$400.00 and the camp works very hard to secure funds so that no family pays more than \$20.00. We ask that if families feel they can pay more than \$20.00 that they consider making a donation to help support future projects and growth of the camp. DONATION information can be found on our website.

## **Registration Process**

**To avoid delays and allow us to accurately predict numbers for the summer please ensure all steps are followed and that you submit as quickly as possible.**

- It is important to complete all sections of the application form
- No applications will be processed without the referral section completed by a school or agency
- This year we will be accepting mailed and digital applications (please understand that this will be the first time accepting digital applications).
- Applications are accepted on a first come, first served basis
- Registration fee of \$20 will be collected at the buses on Monday morning for this season
- Digital copies can be emailed to [Stevensonchildrencamp@gmail.com](mailto:Stevensonchildrencamp@gmail.com) (please complete following steps)
- 1- Please scan a copy of all page in a PDF format.
- 2- Email copy to [Stevensonchildrencamp@gmail.com](mailto:Stevensonchildrencamp@gmail.com)
- 3- In the subject line please use Registration 2022- (child's name)
- 4- Every child should have a separate email to keep forms straight.
- Registrations to be forwarded by mail to: Stevenson Children's Camp  
P.O. Box 39020  
London, ON  
N5Y 5L1

A confirmation letter will be sent by e-mail with a complete camper check list, session date, drop off and pick up procedures and contact information.

**PLEASE NOTE THAT STEVENSON CHILDRENS CAMP ENDEAVORS TO HAVE ALL CAMPERS HAVE A SUCCESSFUL FUN FILLED WEEK. IF THE DIRECTOR OR EXECUTIVE DIRECTOR OF THE CAMP FEEL AT ANY TIME THE CONDUCT OR BEHAVIOR OF A CAMPER IS PUTTING THE CAMPER THEMSELVES OR OTHER CAMPERS AT RISK YOU WILL BE ASKED TO PICK YOUR CAMPER UP AND THEIR CAMPING EXPERIENCE WILL END. FAILURE TO COMPLY WITH THIS REQUEST MAY RESULT IN POLICE BECOMING INVOLVED.**



## Camper Application Form

Please use ONE application PER Camper



**FOR YOUR CHILD'S APPLICATION TO BE CONSIDERED  
ALL REQUESTED INFORMATION MUST BE PROVIDED  
(Health Card # and emergency contact information MUST be  
completed)**

**Part 1: Contact Information—Completed by Parent/Guardian**

Camper—Full Name: \_\_\_\_\_  Male  Female

Camper—Name commonly used (if different than above): \_\_\_\_\_

Date of Birth: (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ Age (as of June 30 2022): \_\_\_\_\_

**Please note that if your child is older than 11 as of June 30, they will only be accepted into session 2,4,6,8.**

**Please note that if your child is older than 13 as of June 30 you will need to complete an LIT form.**

Name of School camper attends: \_\_\_\_\_

Has your child attended Stevenson Children's Camp before?  Yes  No

Do you have other child(ren) attending camp this year?  Yes  No

Full Name of other child(ren) \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Contact Information: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Secondary Contact Information: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency contact Names: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Additional persons authorized to pick up your child from camp:**

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

**\*\*\*On occasion the camp has promotional events which may require photographs.**

**\*\*\*Please indicate whether you grant permission for your child to be included. Yes  No**

**In order for Stevenson Children's Camp to provide the camp experience for the maximum number of children each summer, campers can attend ONLY one session. Please indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices. Please note that all efforts will be made to secure priority weeks but it is not always possible**

<b>Session 1 (Ages 7,8,9,10 only)</b> Monday July 4-Friday July 8	<b>Session 5 (Ages 7,8,9,10 only)</b> Monday August 1-Friday August 5
<b>Session 2 (Senior Camp-Ages 11,12,13 only)</b> Monday July 11—Friday July 15	<b>Session 6 (Senior Camp-Ages 11,12,13 only)</b> Monday August 8 –Friday August 12
<b>Session 3 (Ages 7,8,9,10 only)</b> Monday July 18—Friday July 22	<b>Session 7 (Ages 7,8,9,10 only)</b> Monday August 15—Friday August 19
<b>Session 4 (Senior Camp-Ages 11,12,13 only)</b> Monday July 25—Friday July 29	<b>Session 8 (Senior Camp-Ages 11,12,13 only)</b> Monday August 22—Friday August 26

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



## Camper Application Form Page 2



### Part 2: Medical and additional information

Camper—Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does your child have any medical history which we should be aware of (asthma, diabetes, heart problems, etc.)? If so, please describe:

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Are you sending any medication with your child to camp?  Yes  No

**Any medication (prescribed or over the counter) must be checked in with our Health Care Coordinator at registration in a current prescription container with a proper pharmaceutical label. A Medication Administration Form will be filled out on Monday morning**

Does your child have any food, environmental or medical allergies?  Yes  No

Description: \_\_\_\_\_

Please provide details regarding any information or challenges that may affect your child's camp experience.

Please note that Stevenson Children's Camp works hard to accommodate all needs that a camper may have but we are unable to provide 1-1 staffing. If you have any questions or would like to speak to staff about your child's needs, please feel free to contact the camp.

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### Part 3: Completed by referring school or agency (must be completed for application to be processed)

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional information that would assist us in providing a positive camp experience for this child:

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