

ACCOMMODATION:

Dorms:	#		#	
Arnold Peace Lodge: (minimum of 2/room)	_____	Adult 1 (18 +)	@ \$33.00	x _____ nights = \$ _____
	_____	Adult 2 (18 +)	@ \$33.00	x _____ nights = \$ _____
	_____	Child (under 18)	@ \$21.00	x _____ nights = \$ _____
Old Dorm: (minimum of 2/room)	_____	Adult 1 (18 +)	@ \$28.00	x _____ nights = \$ _____
	_____	Adult 2 (18 +)	@ \$28.00	x _____ nights = \$ _____
	_____	Child (under 18)	@ \$16.00	x _____ nights = \$ _____
Campsite:	_____	Campsite	@ \$55.00	x _____ days = \$ _____
Campsite (No Hydro):	_____	Campsite	@ \$35.00	x _____ days = \$ _____
Trailer or Tent Size:	_____			
Accommodation Subtotal:				\$ _____
Site or Dorm Preference:	1. _____		2. _____	

MEALS:

Meals for the week include Monday to Friday lunches.
Must be ordered prior to June 7th. Not available with late registration!

<p>Freewill Offering Meals: <i>Please enter the # of attendees</i></p> <p>Saturday Supper @ 6 pm: # _____</p> <p>Sunday Lunch after Worship: # _____</p> <p>Sunday Supper @ 5 pm: # _____</p> <p>Tuesday Breakfast @ 7:30 am: # _____</p> <p>Thursday Supper @ 5 pm: # _____</p>	<p>Please Remember: If you are using the meal plan, please sign up for a KP team to help with kitchen duties. Including: washing & drying dishes, scrubbing pots & pans, wiping tables, sweeping floors, singing while working, etc.</p>	<p>Special Dietary Instructions:</p>
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Weekly Meal Plan:	# of people (13+) per week: _____	@ \$ 75.00	= \$ _____			
	# of children (9-12) per week: _____	@ \$ 55.00	= \$ _____			
	# of children (5-8) per week: _____	@ \$ 30.00	= \$ _____			
OR						
Individual Meals:	M	Tu	W	Th	F	
# of people (13+) per meal	_____	_____	_____	_____	_____	x \$ 17.00 = \$ _____
# of children (9-12) per meal	_____	_____	_____	_____	_____	x \$ 13.00 = \$ _____
# of children (5-8) per meal	_____	_____	_____	_____	_____	x \$ 8.00 = \$ _____
*Children under 5 eat free					Meals Subtotal:	\$ _____

<p>Send Registration and Payment to:</p> <p>Shannon Brown 704 Breakwater Cres. Waterloo ON, N1H 4H8 jsbrown704@sympatico.ca</p> <p>Payment due at camp. Please make cheques payable to "Community of Christ"</p>

Totals:	
Registration Subtotal:	\$ _____
Accommodation Subtotal:	\$ _____
Meals Subtotal:	\$ _____
13% HST	\$ _____
Grand Total	\$ _____

YOUTH CLASSES:

Please fill out one profile for **each youth attending classes**.

First Name: _____	Preferred Name: _____																					
Last Name: _____	Age at Time of Camp: _____																					
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non Binary	Grade Completed: _____																					
Returning Camper? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
Days Attending Class: <input type="checkbox"/> All Classes (preferred) <input type="checkbox"/> Some Classes: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F (concert)																						
Relevant Medical Considerations:	<p>Does this student have one of the following conditions:</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes → if yes, does he/she carry/use puffers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Anaphylaxis <input type="checkbox"/> No <input type="checkbox"/> Yes → if yes, does he/she carry a current EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Epilepsy <input type="checkbox"/> No <input type="checkbox"/> Yes → if yes, what supports are required to prevent/treat a seizure if one occurs?</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Other: _____</p>																					
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Additional Supports:	<p>Does this student thrive with additional supports?</p> <p><input type="checkbox"/> help with transitions <input type="checkbox"/> toileting reminders</p> <p><input type="checkbox"/> 1:1 behavioural support <input type="checkbox"/> emotional check-ins</p> <p><input type="checkbox"/> other (specify): _____</p>																					

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