## **Registration for LOAVES & FISHES ZIONTARIO REUNION JUNE 29 - JULY 5, 2024**

PLEASE REGISTER ASAP-MEAL PLAN DEADLINE IS FRIDAY JUNE 7TH

Name:						
Address:						
City:	Province:			Postal Code:		
Phone:		Email:				
Day of Arrival:		Departure I	Day:			
Attendee Names (First and Last)				, Sr. High going into grade		Child Age
		Adult	Sr Hig	h Jr High	Child	
		Adult	Sr Hig	h Jr High	Child	
		Adult	Sr Hig	h Jr High	Child	
		Adult	Sr Hig	h Jr High	Child	
		Adult	Sr Hig	h Jr High	Child	
		Adult	Sr Hig	h Jr High	Child	
		Adult	Sr Hig	h Jr High	Child	

#### PHOTO AND E-MAIL RELEASE:

- I hereby give consent to and authorize the taking of photographs or videotapes in which I appear to be used in ways that are consistent with the stated privacy policy.
- I hereby give consent to and authorize the use of my e-mail address in ways that are consistent with the stated privacy policy.

Signed:\_\_\_\_\_

Date:

#### **REGISTRATION:**

(For insurance purposes, please register everyone in your group)

#### Registration is 6 days, Sunday-Friday.

	#			#		
No charge for infants under 3 Child rate available for those 3-17	A A S	Adult 1 @ Adult 2 @ Itudent @ Child @	2 \$ 15.00 2 \$ 10.00	x x x x x x x	days = days = days = days =	\$
Student rate available for those 18-25 *must show valid student ID	Ir	nfant @	\$ FREE	X	days	·
Family rate available for \$220/ week. Includes 2 adults and 3 children/ students + \$10.00 per additional child/ student	# additional children: Family @ \$220.00 + x \$10.00 = \$					
				<b>Registration</b>	Subtotal:	\$

# ACCOMMODATION:

Dorms:	#				#
Arnold Peace Lodge:		Adult 1 (18 +)	@ \$33.00	x	nights = \$
(minimum of 2/room)		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!			
Freewill Offering Meals:         Please enter the # of attendees         Saturday Supper @ 6 pm: #         Sunday Lunch after Worship: #         Sunday Supper @ 5 pm: #         Tuesday Breakfast @ 7:30 am: #         Thursday Supper @ 5 pm: #	Please Remember: If you are using the meal plan, please sign up for a KP tea to help with kitchen duties. Including washing & drying dishes, scrubbing pots & pans, wiping tables, sweeping floors, singing while working, etc.	Special Dietary Instructions:		
Weekly Meal Plan:	<pre># of people (13+) per week:</pre>	@       \$       75.00       =       \$		
OR Individual Meals: # of people (13+) per m # of children (9-12) per m # of children (5-8) per m *Children under 5 eat f	eal eal	F x \$ 17.00 = \$ x \$ 13.00 = \$ x \$ 8.00 = \$ Meals Subtotal: \$		
Send Registration and Payment to: Shannon Brown 704 Breakwater Cres. Waterloo ON, N1H 4H8 jsbrown704@sympatico.ca Payment due at camp. Please make cheques payable to "Community of Christ"	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:	□ M □ F □ Non	Binary Grade Comple	eted:				
Returning Camper?	🗆 Yes 🗆 No	, ,					
Days Attending Class:	$\Box \text{ All Classes}_{(preferred)} \qquad \Box \text{ Some Classes: } \Box \text{ M} \Box \text{ Tu } \Box \text{ W} \Box \text{ Th } \Box \text{ F} \text{ (concert)}$						
Relevant Medical		ne of the following conditions:					
Considerations:		Yes $\rightarrow$ if yes, does he/she c					
		•	arry a current EpiPen? 🗆 Yes 🗆 No)				
		•	are required to prevent/treat a				
		seizure if one occurs					
			-				
	□ Other:						
Allergies							
Allergies:	D NO KNOWN Allergies	No Known Allergies					
	1+ Allergies	Specific Allergen(s):	Reaction:				
	Type of Allergen:	(i.e., nuts, pollen, bees, dogs, tape adhesive)	(i.e., rash, swelling, congestion, trouble breathing, anaphylaxis)				
	⊓ Food						
	Environmental						
	□ Stinging/Biting Insect						
	$_{\Box}$ Animal Dander						
	🗆 Other						
Additional Supports:	Does this student thrive with additional supports?						
	help with transitions	toileting reminders					
	□ 1:1 behavioural support	rt 🛛 🗆 emotional check-ins					
	other (specify):						

First Name:	Preferred Name:			
Last Name:	Age at Time of Camp:			
Gender:	□ M □ F □ Non Bir	nary Grade Comple	eted:	
Returning Camper?	□ Yes □ No			
Days Attending Class:	□ All Classes (preferred) □ So	ome Classes:  □ M  □ Tu  □ W	□ Th □ F (concert)	
Relevant Medical	Does this student have one			
Considerations:		•	arry/use puffers?      Yes  No)	
			arry a current EpiPen? 🗆 Yes 🗆 No)	
	Epilepsy     D No     Yes	• • • •	are required to prevent/treat a	
		seizure if one occurs	?	
	Oth an			
Allered	□ Other:			
Allergies:	No Known Allergies			
		pecific Allergen(s): e., nuts, pollen, bees, dogs, tape	Reaction:	
	Type of Allergen:	lhesive)	(i.e., rash, swelling, congestion, trouble breathing, anaphylaxis)	
	$\Box$ Food			
	🗆 Environmental			
	$_{\Box}$ Stinging/Biting Insect			
	$\square$ Animal Dander			
	Other			
Additional Supports:	Does this student thrive with	h additional supports?		
	help with transitions	toileting reminders		
	1:1 behavioural support	emotional check-ins		
	$\Box$ other (specify):			