



# Camp Jumoke Camp Application Package 2011



## Camp Registration Information

For your  
records

Camp Jumoke is a summer camp for children with Sickle Cell Disease that is hosted at Camp Wenonah, which is located in the gorgeous Muskoka region of Ontario, two hours north of Toronto. Wenonah sits on 200 acres of land, adjacent to Clear Lake and Saw Lake.

- This camp application is 15 pages in length. Pages 5 - 15 must be completed or your application will be returned to you identifying what information needs to be completed before your child will be placed on the camper list.
- Camp applications are considered complete once:
  - ✓ Camp Jumoke's Healthcare team has reviewed application for completeness.
  - ✓ Camp Jumoke's Medical Director identifies camper as medically appropriate for camp.
  - ✓ Camp Jumoke has received your child's recent picture, **non-refundable** registration fee (\$30)\* and any other requested documents.
- Each child will be assigned a camp spot on a first come, first serve basis and is based on the criteria listed above.

\*Please note: Registration fee (\$30) will not be refunded if the camper fails to attend camp for the entire period of camp, any partial periods of camp or for any reason whatsoever including dismissal by the Camp Director, designate or Camp Healthcare Team.

### Overnight trip – Two week campers ONLY

Each two week camper goes on an overnight trip (one night only) with their cabin where they will be sleeping in tents, so please be sure to send bug spray and long clothing to protect your child from mosquitoes and to keep them warm.

### Transportation

Bus transportation to and from Camp Wenonah is **included** in registration for all Camp Jumoke campers. We feel strongly that the experience of attending Camp begins with the bus trip up to Camp. Parents also have the option of driving their



child to camp. If your child is taking the bus, please **arrive at the times indicated below**. Take note of drop off and pick up locations and see information on next page regarding one and two week campers.



### ONE WEEK CAMPERS

*July 31<sup>st</sup> – August 6<sup>th</sup>*

Bus Departure on July 31<sup>st</sup> : 6am Vaughn Mills Mall (Entrance #3, between posts 3D and 3E)

Bus Arrival on August 6<sup>th</sup> : 12pm Vaughn Mills Mall (Entrance #3, between posts 3D and 3E)

*August 7<sup>th</sup> – 13<sup>th</sup>*

Bus departure on August 7<sup>th</sup> : 6am Vaughn Mills Mall (Entrance #3, between posts 3D and 3E)

Bus arrival on August 13<sup>th</sup> : 12pm Vaughn Mills Mall (Entrance #3, between posts 3D and 3E)

### TWO WEEK CAMPERS

*July 31<sup>st</sup> – August 13<sup>th</sup>*

Bus departure on July 31<sup>st</sup> : 6am Vaughn Mills Mall (Entrance #3, between posts 3D and 3E)

Bus arrival on August 13<sup>th</sup> : 12pm Vaughn Mills Mall (Entrance #3, between posts 3D and 3E)

### Parental/Family Commitment

Camp Jumoke is a non-profit organization that is run by volunteers. To achieve our mission, yearly goals, and to better serve the needs of children with Sickle Cell Disease, it is **expected** that parents, families, and campers will fulfill the commitments listed below:

- ✓ Volunteer for at least one of Camp Jumoke's fundraising activities,
- OR
- ✓ Volunteer at the office to file documents, conduct phone calls, complete data entry, or assist one of the standing committees.



Please be sure to indicate your choice on page 14 before submitting your application.

Parent Orientation Meeting

To provide families with the information necessary to make the camp experience the best it can be and for yearly updates, there is a **mandatory parent orientation meeting**, for new and returning campers, that will take place on June 4<sup>th</sup> 2011 (this date may change) from 12pm – 3pm, location to be determined.

**WHAT TO PACK FOR CAMP**

(Suggested items to bring to Camp based on two week period. Please adjust accordingly for one week stay)

**CLOTHING (Please pack clothing for all seasons to ensure your child’s warmth when needed)**

- |   |                       |
|---|-----------------------|
| 10 T-shirts                                 | 2 bathing suits       |
| 5 pair shorts                               | 1 Jacket              |
| 2 Beach Towels                              | Sunhat                |
| <b>5 sweaters/sweatshirts</b>               | 2 pairs running shoes |
| 4 long-sleeved shirts                       | 14 pairs of socks     |
| 16 pairs of underwear                       | 4 pairs of long pants |
| 4 pairs of pyjamas                          | Towel/Facecloth       |
| <b>Rain Gear (rain coat and rain pants)</b> | <b>Rubber Boots</b>   |



**EQUIPMENT**

- |   |                                |
|---|--------------------------------|
| sleeping bag  | pillow with pillowcase         |
| flat single sheet   | warm blanket                   |
| flashlight and extra batteries                                      | insect repellent (10-30% deet) |
| sunscreen   |                                |
| toiletries (shampoo, comb, toothbrush, toothpaste, soap, deodorant) |                                |

**OPTIONAL**

- personal floatation device / life jacket (we do encourage all campers to bring one so we can maintain proper sizing for each child...if you can send one along, please make sure that it is well-labelled)
- |                               |                 |
|-------------------------------|-----------------|
| camera/film                   | acoustic guitar |
| mosquito netting for bed/bunk | fishing rod     |



white shirt for tie dying  
stuffed animal  
self addressed, stamped envelopes/writing paper (for letters home)

books/comics

### REMINDERS

Please **do not bring** ghetto blasters, walkmans, cellular phones, pagers, ipods, gameboys (or other hand-held devices), knives, hair dryers, curling irons or electric razors.

Camp Wenonah cannot accept responsibility for any clothing and/or equipment that is lost or broken while at Camp or during transit to and from the camp.

**Please label all clothing items.** We also recommend that all equipment is labelled (adhesive tape or waterproof marker is best)

Please mark all luggage with your family name. (Hint - place a list of what you sent to Camp on the inside flap of your luggage so when it comes time to go home, the list can be referenced to make sure all items are returned home.)

**There is absolutely no need to buy new clothes for Camp!** Please send along clothes that are comfortable and well-used!

Keep packing as simple as possible...watch out for the tendency to over pack for a stay at Camp...be realistic!

Completed Registration

For your records

Please mail completed documents (**Pages 5 - 15**) to:

**Camp Jumoke**  
1457 Dundas Street West, Suite 203  
Toronto, ON  
M6J 1Y7

If you fax your camp application (Fax #416-920-2064), it is not considered complete until the campers picture and fee are received. Please contact us at the Camp Jumoke office (416-410-2995) if there are any inquiries.

Camp Jumoke Nursing Director

Karen Fleming

Camp Jumoke Medical Director

Dr. Melanie Kirby



### Camp Session Information

There are 3 options below for the 2011 camp session. New campers between 8-10 years of age will attend a one week introductory camp session. New campers between 11-15 years of age and all returning campers will attend camp for the two week session. Please carefully review the choices below and select the appropriate camp session.

#### Dates for Camp 2011



New campers (ages: 8 years old – 10 years old) **ONLY**:  
(Please choose one option below)

- One week introductory camp session (July 31<sup>st</sup> 2011 – August 6<sup>th</sup> 2011)

**OR**

- One week introductory camp session (August 7<sup>th</sup> 2011 – August 13<sup>th</sup> 2011)

New campers (ages: 11 years old – 15 years old) **or**  
Returning campers (ages: 8 years old – 15 years old):

- Two week camp session (July 31<sup>st</sup> 2011 – August 13<sup>th</sup> 2011)

### Camp Fees and Payments

(Please make all cheques/money orders payable to Camp Jumoke)

One week camp program:	\$1011.35 (tax included)	Paid by Camp Jumoke
Two week camp program:	\$2022.70 (tax included)	Paid by Camp Jumoke
Tuck shop deposit (snacks at camp)	\$10/camper/week	Paid by Camp Jumoke
Non-refundable registration fee:	\$30	Paid by camper family

**Optional Donation enclosed for \$ \_\_\_\_\_** (eligible for tax receipt)  
(Every penny helps as a contribution to sending kids to camp. Thank you!)



**Camper Application**



(Please complete one application for each camper)

CAMPER'S NAME: \_\_\_\_\_  
(First name) (Last name)

CAMPER'S HEALTHCARD #: \_\_\_\_\_  
(include version code)

PARENT (GUARDIAN'S) NAME: \_\_\_\_\_  
(First name) (Last name)

PARENT (GUARDIAN'S) NAME: \_\_\_\_\_  
(First name) (Last name)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK: ( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ DATE OF BIRTH (M/D/Y): \_\_\_\_\_

***E-MAIL ADDRESS OF PARENT:*** \_\_\_\_\_

GENDER:  MALE  FEMALE AGE AS OF JULY 31, 2011: \_\_\_\_\_

NAME OF CURRENT SCHOOL: \_\_\_\_\_

IS YOUR CHILD A PREVIOUS JUMOKE CAMPER? Please Circle: NO YES

(If YES, Please indicate which year(s)?) \_\_\_\_\_

**MANDATORY EMERGENCY/ALTERNATE CONTACT (PROVIDE A CONTACT OTHER THAN A PARENT OR GUARDIAN, AS A SECONDARY CONTACT)**

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

Phone number(s): \_\_\_\_\_



**CONDITIONS OF ENROLMENT:** The Camp Director reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Camp. Every precaution is taken for the safety and good health of our campers, but in the event of an accident or sickness, the Camp Director, staff and the employees of the facilities outside of the Camp grounds are hereby released from any liability. Media material taken at Camp (photography and video) can be used, with or without my child's name, in the promotion of Camp Jumoke and Camp Wenonah.

I have read this application form, the registration information sheet, and I accept the conditions of enrolment. In the event that a camper *requires additional or special medication, x-ray, or treatment beyond that which is possible at the camp, the parents/guardian will be charged with the additional expenses, if any.* In case of surgical emergency, I hereby give permission to the physician selected by Camp Jumoke, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

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

**Date (m/d/y):** \_\_\_\_\_

**Camper Information**

**Complete  
and submit**

1. What can the Camp Wenonah staff do to provide the best experience for your child?
2. What do you do when your child is upset? How do you calm them down?
3. Help us understand the social preferences of your child. Does your child most easily make friends with other children who are (*please check*):
  - My child's own age
  - Younger
  - Older
  - Adult
  - All ages



4. Are there any recent significant changes in family relationships that may affect your child while he/she is at Camp (*please check*)?

- Birth
- Death
- Illness
- Separation
- Divorce
- Move
- Other

*Please explain the nature of the change:*



5. What are the eating habits of your child (*please check*)?

- Fussy
- Average
- Hearty

6. Is your child on a special diet (*please check*)?

- No special diet
- Vegetarian
- Does not eat red meat
- Other (*please specify*):

**NOTES ABOUT FOOD SERVICE:** *Special diet alternatives are available, and MUST be pre-selected. Once selected, that is the menu choice for EACH meal at Camp. No substitutes or switching will be allowed during the Camp Period(s) attending.*

7a) Please help us understand your child's sleep patterns. Check all of the following that apply:

- Frequently wets bed
- Occasionally wets bed
- Walks in sleep
- Nightmares/terrors

b) What size of pull-ups or goodnights does your child wear (if needed)?

c) Please explain the nature of your child's sleep pattern:

d) Does your child have any particular fears? If yes, please explain.



**Camper Health Information**

Family Physician/Pediatrician: \_\_\_\_\_

Phone #: \_\_\_\_\_ Camper's Weight: \_\_\_\_\_

**IMMUNIZATIONS**

Please list the month and year that your child had the immunizations listed below:

MONTH/YEAR

PREVNAR DATE: \_\_\_\_\_ / \_\_\_\_\_

PNEUMOVAX DATE: \_\_\_\_\_ / \_\_\_\_\_

MENJUGATE DATE: \_\_\_\_\_ / \_\_\_\_\_

(Meningococcal Group C Vaccine)

MENOMUNE DATE: \_\_\_\_\_ / \_\_\_\_\_

(Meningococcal Polysaccharide Group A, C, Y, and W-135 Vaccine)

TETANUS DATE: \_\_\_\_\_ / \_\_\_\_\_



**HOSPITALIZATIONS**

1. What was the date that your child was last hospitalized? \_\_\_\_\_
2. What was your child last hospitalized for? \_\_\_\_\_

**PREVIOUS SURGERIES**

3. Has your child had a splenectomy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, when? \_\_\_\_\_
4. Has your child had their gallbladder removed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, when? \_\_\_\_\_
5. Has your child had any other surgeries? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when and what type? \_\_\_\_\_



### TRANSFUSION HISTORY

6. Does your child receive transfusions regularly?

No

Yes When was the last transfusion? \_\_\_\_\_

Reason why your child receives regular transfusions:

Previous Stroke \_\_\_\_\_ Stroke Prevention \_\_\_\_\_ Other \_\_\_\_\_



### ADDITIONAL INFORMATION

1. Has (or is) your child received psychological or group counseling, or psychiatric help?

Yes

No

If yes, please explain in a separate letter (*for specific issues of a confidential nature, you may address the letter to the Nursing Director*).

2. Are there any issues of a medical nature that might arise during your child's time at Camp (*i.e. Eating Disorder, Depression, etc.*)? If yes, please explain the extent of this issue in a separate letter, and submit to the Nursing Director.

3. Does your child have any other medical conditions, health concerns and/or restrictions?

Yes

No

If yes, please state the condition and any important information:

4. Does your child have any recent or current behavioural concerns (*i.e. ADD, ADHD, Depression, etc.*)?

If yes, please explain the extent of the behavioural concern in a separate letter, and submit to the Nursing Director.

5. Does your child have any special habits, emotional, or physical needs?

If yes, please explain the extent of these needs in a separate letter (*for specific issues of a confidential nature, you may address the letter to the Nursing Director*).

### CABIN MATE REQUESTS

List up to two requests for cabin mates who are the same age or no more than 18 months of age difference and are attending camp for the same length of time as you. Each child being requested as a cabin mate must also request for your child to be a cabin mate on their application.

1. Name \_\_\_\_\_ Age \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_



**Camper Medical Information**

**MEDICATION INFORMATION**

Does your child take medications on a regular basis at home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please either check the box or list all medications below:

Medication Name	Dose (in mg)	When is med taken?	Reason for taking?
<input type="checkbox"/> Folic Acid			
<input type="checkbox"/> Penicillin VK			
<input type="checkbox"/> Hydroxyurea			

**PAIN MANAGEMENT**

In order to ensure that we are able to provide your child with care that mimics what happens at home, please list the order in which medications (e.g. – ibuprofen, morphine) should be used to relieve your child’s pain. Please include any non-medicinal interventions that should be included (e.g. – hot packs, distraction, imagery, massage, etc.)

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

**ALLERGIES:**

1. My child has allergies to the following medications: \_\_\_\_\_

Describe Reaction:





2. My child is allergic to:

Insects\_\_\_\_ Spiders\_\_\_\_ Bees\_\_\_\_ Wasps\_\_\_\_ Others: \_\_\_\_\_

Describe reaction:

Is it life threatening? Yes \_\_\_\_\_ No \_\_\_\_\_

Will he/she be bringing an EPI-PEN to camp? Yes \_\_\_\_\_ No \_\_\_\_\_

3. If your child has seasonal or environmental allergies,

Describe reaction:

Treatment:



4. Does your child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, please send inhalers with child.**

**Please attach a recent picture of your child here:**

Empty rectangular box for attaching a recent picture of the child.

To the best of my knowledge all medical problems or conditions pertaining to the Camp Jumoke Camper have been fully noted. I give permission for this health information to be shared with the appropriate camp staff and medical personnel as necessary. If the parent/guardian cannot be reached, permission is hereby given to the camp medical staff to take whatever steps they deem necessary to ensure the safety and health of the camper. Note: Camp Jumoke provides ongoing medical support to the camper while they are in attendance at camp.

**Parent/Guardian (please print):** \_\_\_\_\_

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

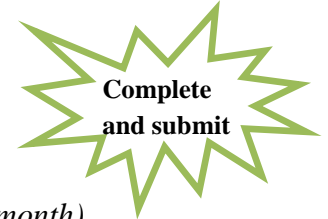


## ACTIVITY AND COMMITMENT FORMS

### Personal Individualized Choices (PIC) – TWO WEEK CAMPERS ONLY

Explanations of PIC areas are found in the Camper Final Instructions Handbook, and on our website ([www.campwenonah.com/residential/programs.asp](http://www.campwenonah.com/residential/programs.asp)). Discuss with your child what he/she would like to take at camp, and the goals of the overall experience.

Please choose four activities and write them in the blue box to the right. Campers' will be guaranteed three of their four choices.



#### PIC CHOICES AVAILABLE – 2011 SEASON:

- A Red Cross Swim Lessons
- B Bronze Star Swim Lessons (*one month campers - must be taken for full month*)
- C Bronze Medallion Swim Lessons (*one month campers - must be taken for full month*)
- D Bronze Cross Swim Lessons (*one month campers - must be taken for full month*)
- E Aqua Sports
- F Arts
- G Crafts
- H Acoustic Guitar
- I Musical Theatre
- J Archery
- K Recreational Tennis
- L Outdoor Adventure
- M Landsports
- N Climbing & Initiatives
- O Fitness Club
- P Canoeing
- Q Kayaking
- R Paddlemaking
- S Instructional Sailing – Wenonah Levels

Camper Name: \_\_\_\_\_

CHOICES	PIC ACTIVITY (letter code)
1 <sup>st</sup> choice	
2 <sup>nd</sup> choice	
3 <sup>rd</sup> choice	
4 <sup>th</sup> choice	



**TRIP WAIVER -  
TWO WEEK CAMPERS ONLY**  
*(Must be signed for the overnight Outtrip Program)*

I understand that activities taking part outside the normal camp experience may have risks attached. I agree to indemnify and hold harmless Camp Wenonah, its Officers, Directors, Agents, Employees, Contracted Service and Camp Jumoke providers from and against all claims, loss or expense arising from any accident, injury or damage sustained during the participation of my child in activities provided through the Wenonah trip experience.

**Camper Name:** \_\_\_\_\_

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

**Date (m/d/y):** \_\_\_\_\_

**Parental/Family Commitment –  
ALL ONE WEEK AND TWO WEEK CAMPERS**



1. In order to fulfill our commitment to Camp Jumoke, we will volunteer at:
  - The annual walk-a-thon (June)
  - The annual brunch/gala (September)
  - The annual bowl-a-thon (February)
  - The Camp Jumoke office 3 - 4 times per year (phone calls, mailouts, etc.)
  - Negotiate with Camp Jumoke, volunteer duties that would fulfill our commitment
2. Under certain circumstances, such as behavioural issues and excluding medical issues, a child has to be sent home from camp and it is the responsibility of parents/guardians to pick up their child from camp and transport them back home, at their own expense. By signing below you acknowledge the abovementioned and agree to take responsibility for organizing transportation for your child within 24 hours of being notified of their dismissal from Camp Wenonah. In addition, your commitment to the identified volunteer activity must be completed by February of the next year.

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

**Date (m/d/y):** \_\_\_\_\_



### CONDITIONS THAT MUST BE UPHELD BY PARENTS/GUARDIANS

1. I agree that, if my child is unable to attend camp for any unforeseen circumstance, other than an acute sickle cell crisis, I must call the office immediately at 416-410-2995 and leave a message or email the Nursing Director, Karen, at [karenfleming@jumoke.org](mailto:karenfleming@jumoke.org).
2. I agree that, if my child has an acute sickle cell crisis, I must contact the Camp Jumoke office or email Karen as soon as absolutely possible to inform them that my child will not be attending camp.
3. I agree that, if I do not inform Camp Jumoke that my child will not be attending camp after being accepted, then my child will **forfeit** their opportunity to attend camp in 2012. For the following year, 2013, the board of directors at Camp Jumoke and the Healthcare Team will review my child's application and a decision will be made as to whether my child may attend camp.

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

Date (m/d/y): \_\_\_\_\_



### CAMPER CODE OF CONDUCT

We want to avoid having more serious, but increasingly common, social problems filter in to the Camp environment. We have identified "serious" issues as: alcohol, bullying, defiance, disorderly conduct, drugs, harassment, profanity, sexual activity, smoking, theft, vandalism, and weapons use. In addressing these issues we hope to prevent the kinds of problems that plague schools and communities from happening at Camp. A safe environment requires the complement of safe practices and consistent consequences. Descriptions of behaviours and potential consequences are detailed in the Final Instructions booklet.

Mitigating factors are taken into consideration when consequencing camper behaviour.

Any violation of the laws of the Province of Ontario results in automatic dismissal.

The Camp Administration reserves the right to withdraw any camper without warning who, in their opinion, compromises the physical or emotional safety of any person at Camp, or who is an immediate hazard to the safety of themselves or others.

#### **CAMPER AGREEMENT:**

*I have read and discussed the policies of Camp Wenonah and the Code of Conduct with my parent(s)/guardian(s), and I agree to abide by them and enter into all activities with a willing and positive spirit.*

Camper Signature: \_\_\_\_\_

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

#### **PARENT AGREEMENT:**

*I have read the 2011 Camp Wenonah Summer Camp Final Instructions Handbook.*

*I further understand the contents and the expectations for a safe and successful camping experience as outlined.*

Parent/Guardian (please print): \_\_\_\_\_

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