

2010 Camp Jumoke REGISTRATION NOTES

(Please keep this page for your information)

REGISTRATION PREREQUISITE

Campers attending Camp Jumoke will have their registration confirmed **ONLY** after approval given by the Camp Jumoke Medical Review Committee and only if the registration forms are complete with your child's picture and the non-refundable registration fee attached. *If your application is received without both items, then your application is considered incomplete and will not be recorded as complete until both have arrived at the Camp Jumoke office, which will jeopardize your child's opportunity to attend the camp session.*

DEPOSIT POLICY

The \$25.00 non-refundable deposit must accompany registration forms, unless other arrangements have been made with the Board of Camp Jumoke. No deposit will 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 Medical Team.

TRANSPORTATION

Bus transportation (Luxury Highway Coach) to and from Muskoka (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 - please let us know in advance what your preference is (on page 4) AND WE WILL INFORM YOU OF EXPECTED ARRIVAL TIME. Please arrive at least half an hour before the times indicated.

North/West Side of the Yorkdale Shopping Centre (In front of The Bay, facing 401)

- Departure Date & Time: SUNDAY, AUGUST 1ST @ 6:30 A.M.
- Returning Date & Time: SATURDAY, AUGUST 14TH @ 12:30 P.M.

COMPLETED REGISTRATION

Please mail completed documents (Pages 3 - 7) 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 picture and fee are received. Please contact us at the Camp Jumoke office (416-410-2995) if there are any inquiries.

(Camp spots are on a first come, first accepted basis. Space is limited).

At our Parent Orientation Day, Camp Wenonah will be present to discuss expectations at camp and to answer any questions.

CAMPER INFORMATION SHEET

One form is to be completed for each camper in advance of attending Camp. Camp Wenonah, the host camp, reserves the right to refuse admittance to Camp if the completed forms have not arrived in advance of the Camp Period. It is the responsibility of each parent/guardian to inform Camp Jumoke promptly of any changes to the medical and personal information and/or camper inability to attend Camp.

FOR PARENTS RECORDS TO KEEP AT HOME

WHAT TO BRING TO CAMP

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

CLOTHING

10 T-shirts	2 bathing suits
5 pair shorts	1 Jacket
2 Beach Towels	Sunhat
5 sweaters/sweatshirts	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
Rain Gear (rain coat and rain pants)	Rubber Boots

PARENTS PLEASE DO NOT FORGET TO SEND YOUR CHILD'S MEDICATION WITH THEM TO CAMP

EQUIPMENT

sleeping bag
pillow with pillowcase
flat single sheet
blanket
flashlight and extra batteries
insect repellent (10-30% deet)
toiletries (shampoo, comb, toothbrush, toothpaste, soap, deodorant)
sunscreen
personal water bottle (labelled with camper's name)

OPTIONAL

personal floatation device / life jacket
(we do encourage all campers to bring one...we do have a full inventory at Wenonah but appreciate those that can bring their own 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
self addressed, stamped envelopes/writing paper (for letters home)
acoustic guitar mosquito netting for bed/bunk
fishing rod white shirt for tie dying
books/comics stuffed animal

NOTES

- < 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.
- < Each child 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.

PACKING TIPS

A few suggestions that will help you pack for Camp:

1. **Please label all clothing items.** We also recommend that all equipment is labelled (adhesive tape or waterproof marker is best)
2. 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.)
3. **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!

2010 CAMP JUMOKE
(At Camp Wenonah)

Dates for Camp 2010

TWO WEEKS - PERIOD 3

Sunday, August 1st - Saturday, August 14th

CAMP FEES AND PAYMENT

1. Cost of Program: (Paid for By Camp Jumoke)

TWO WEEK CAMPER PROGRAM	<u>\$ 1,825.00</u>
Taxes included in total cost	

2. Family's Contribution Towards Camp

Although Camp Jumoke pays the majority of each camper's fee, a *\$25.00 non-refundable deposit is required* at time of registration to secure your spot. If this is a financial hardship or concern, please contact Camp Jumoke.

I am enclosing a \$25.00 non-refundable cash, cheque or money order as the registration fee for my child to attend Camp Jumoke at Camp Wenonah.

3. Transportation to and from Camp, please check one choice:

YES, my child will be taking the bus to & from camp, meeting at YORKDALE MALL (See page 1 of form for time of departure/return, covered by Camp Jumoke).

OR

YES, I will be driving my child to the camp site and I have informed Camp Jumoke of my intentions.

Further, I am making an optional donation on a separate cheque for \$_____.

Please make sure all cheques/money orders are made payable to: Camp Jumoke: 1457 Dundas Street West, Suite 203, Toronto, Ontario M6J 1Y7

(Tax receipts will be issued for any additional donations over the registration fee.)

SIGNATURE REQUIRED (Please read below)

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.

Parent/Guardian Signature: _____

Date (m/d/y):_____

ATTENTION ALL PARENTS: IT IS VERY IMPORTANT THAT YOU FILL OUT EVERY SECTION FOR THE MEDICAL INFORMATION BELOW. IF ANY AREA IS NOT COMPLETED, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE UNTIL EACH QUESTION HAS BEEN ANSWERED.

Campers' Name: _____

CAMPERS' HEALTH CARD # _____ WEIGHT: _____

Family Physician/Pediatrician: _____ Phone #: _____

IMMUNIZATIONS:

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

	MONTH/YEAR
PREVNAR	DATE: _____ / _____
PNEUMOVAX	DATE: _____ / _____
MENJUGATE (Meningococcal Group C Vaccine)	DATE: _____ / _____
MENOMUNE (Meningococcal Polysaccharide Group A, C, Y, and W-135 Vaccine)	DATE: _____ / _____
TETANUS	DATE: _____ / _____

HOSPITALIZATIONS:

What was the date that your child was last hospitalized? _____

What was your child last hospitalized for? _____

How long was your child hospitalized? _____

PREVIOUS SURGERIES:

Has your child had a splenectomy? Yes _____ No _____ If Yes, when? _____

Has your child had their gallbladder removed? Yes _____ No _____ If Yes, when? _____

Has your child had any other surgeries?
Yes _____ No _____ If yes, when and what type? _____

TRANSFUSION HISTORY:

Does your child receive transfusions regularly?
Yes _____ No _____ If Yes, when was the last transfusion? _____

Please check the box that corresponds with the reason why your child receives regular transfusions:

- Previous Stroke
- Stroke Prevention
- Other: _____

MEDICAL CONDITIONS:

Does your child have any other medical conditions? Yes _____ No _____

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

MEDICATION INFORMATION:

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

If yes please list all medications below (For example, Folic Acid, Penicillin VK, Hydroxyurea, etc.)

PLEASE LIST ALL MEDICATIONS CAMPER IS TO TAKE WHILE AT CAMP

(Please remember to send a 2 week supply of medications to camp with each camper)

<u>Medication Being Sent</u>	<u>Dose(in mg)</u>	<u>Time Taken?</u>	<u>Reason for Taking</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

PAIN TREATMENT GUIDE: 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 utilized (e.g. - hot packs, distraction, imagery, massage, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

ALLERGIES:

My child has allergies to the following medications: _____

Describe Reaction: _____

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 ____

Seasonal or Environmental Allergies: _____

Describe Reaction: _____

Treatment: _____

Does your child have asthma? Yes _____ No _____

If Yes, please send inhalers with child.

OTHER HEALTH CONCERNS:

Does your child have bed-wetting? Yes _____ No _____ If Yes, how often each night? _____

What size of pull-ups or goodnights does your child wear? _____

Any other behavioural/ health concerns:

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: _____ Signature: _____ Date: _____
 (Please Print)

Campers' Name: _____

Campers' Age: _____

Please attach a **recent** picture of your child in the space provided:

Diet Information

Special diet alternatives are available and must be pre-selected. Once selected, that is the menu choice for each meal at Camp. No substitutions or switching will be allowed during the Camp Period. Please check one if applicable:

- My child does not eat red meat
- My child requires the vegetarian alternative
- Other dietary restrictions: _____

Food Allergies: _____

If your child has a food allergy is it life-threatening? Yes ___ No ___

If yes, will he/she be bringing an EPI-PEN to camp? Yes ___ No ___

NO SNACK FOOD ALLOWED

Laundry Services

Laundry service is provided on Sunday by Camp Wenonah.

Cabin Mate Request

List up to two requests for cabin mates who are the same age or no more than 18 months of age difference. 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 _____