FOREST BROOK COMMUNITY CHURCH PRESENTS

DAYCAMP 2020

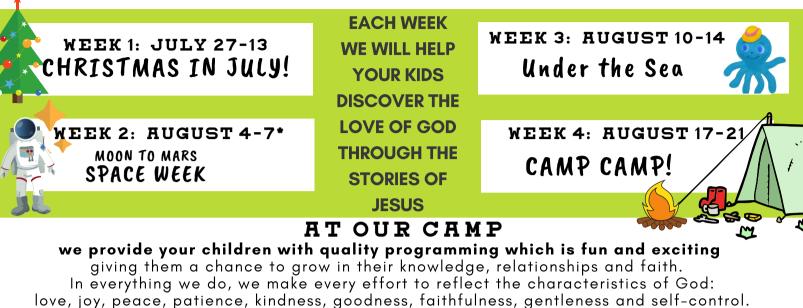
DUE TO PRECAUTIONS FOR COVID-19 WE HAVE ADJUSTED OUR PLANS FOR THE SUMMER. We will be limiting the number of campers and currently are only planning for 4 weeks of Day Camp (instead of 6) which is completely reliant on the recommendations from the Government Public Health authorities. The health and saftey of your children and family is our first priority. A SUMMER DAY CAMP FOR KIDS JK - Gr. 6 Completed JULY AND AUGUST **9**AM - 4PM **REPEAT WEEK DISCOUNT** After the first week, all additional weeks will receive a \$10 discount **BEFORE & AFTER CARE** each day | cost & information on last page 7:30am - 9:00am | 4:00pm - 5:30pm per week price includes 5 days of camp, camp t-shirt, fun electives and VERY limited numbers! Register early much more!

Special Contact-less Registration options

60 Kearney Drive, Ajax, ON LIT 4N2 | WWW.FORESTBROOK.CA | 905 427 3442 x 115

PROGRAMCOMPONENTS

DAY CAMP 2020 THEMES: EACH WEEK WILL HAVE A UNIQUE AND FUN THEME OF ITS OWN!



What to Bring:

Lunch and 2 snacks, Water Bottle, Back pack, Light Jacket, Bible (if you have one). NO toys or Electronics

What to Wear:

Running Shoes (NO sandals), Hat, Sunscreen, Camp Shirt (provided the 1st day of camp)

REGARDING ELECTIVES: Campers will be rotating through all electives.

CONTACT-LESS REGISTRATION **OPTIONS:**

Print out the registration form from the website and fill it out. Send in your completed registration form and **cheque by (snail) mail**

OR

OR

Print out the registration form from the website and fill it out. Contact camp staff at daycamp@foreatbrook.ca, drop it with **cash** or a cheque at the office in specified box at **specified** time, getting receipt on first day of camp.



Print out the registration form from the website and fill it out. **Scan** the completed registration form and email to admin@forestbrook.ca. You will be invoiced via e-mail with an option to pay online with credit card

COVID-19 Precautions

This summer there will be some additional precaution taken to help stop the spread of COVID-19

- Campers will be in groups of no more than 10 people including counselors.
 Campers will remaining in the same groups for the duration of camp.
 Daily temperature checks will be required for all campers and staff.
 Any camper or staff member who has been exposed to a confirmed case of COVID-19 in the previous 14 days will be excluded from the program setting. excluded from the program setting.
- Any camper presenting symptoms of COVID-19 will be immediately separated from others in a supervised area, sent home and referred for testing. Cleaning and disinfecting of frequently touched surfaces (such as doorknobs) will
- be done a minimum of twice a day (a cleaning chart will be used and posted to track cleaning).

CHILDINFORMATIONFORM

Child's Name & Address	PLEASE	FILL	OUT C	NE PAG	E PER CHILI)			
Last Name:	First Name:								
Address:	City:	ty: Province: Postal Code:							
Date of Birth [YY/MM/DD]:		Male	Female	T-Shirt Siz	e: (Children's Sizes)	s r	V L	XL	
		Grade Completed by June 30 2020:							
Do you have a friend attending this Day Cam	p?								
, , ,	(Friend's Name	(Friend's Name)		(Parent of Friend)			(Phone Number)		
Parent/Guardian Contact Inf	ormation	Please	indicate if	you are a Gu	ardian who is not a	Mothe	r or F	-ather	
[Mother] Name:	Cell #	Email:							
[Father] Name:	Cell #			_ Email:					
Emergency Contact Person									
Relationship to Child			Phone #]	

Is Forest Brook your church home? YES NO If no, do you have any affiliation with another church or religious institution? YES NO

If it is not Forest Brook , please indicate which place of worship_

Health and Wellness:			
Doctor's Name and Phone #:			
Health Card Number:			
Allergies:	Medications:		
Behavioural Concerns:			
Health Challenges:			
Other Concerns:			

Day Camp RELEASE

Health

I understand that every precaution will be taken to keep my child safe while in the care of Forest Brook Community Church. However, I understand that my child's participation in this Day Camp may result in injury, health emergency or **the contraction of COVID-19**. In the event of a health emergency, I acknowledge that Forest Brook staff/volunteers may arrange for my child to be taken to the emergency department of the nearest hospital and I hereby give permission for my child to be transported by emergency vehicle, if necessary. I acknowledge that Forest Brook staff/volunteers will make every effort to contact me as soon as possible should these measures need to be taken. I acknowledge that should my child present with symptoms of COVID-19, he or she will be separated from the group, sent home, and referred for testing. By signing on the line below, I hereby confirm my agreement to the foregoing.

Parents Signature

Date

Permission for Child to Leave FBCC Property and to have Pictures Displayed

____ (initial here) I hereby give permission for my child to leave the premises of Forest Brook Community Church with his or her group to go for walks in the surrounding neighborhood during day camp.

____ (initial here) I hereby give permission for my child's picture to be taken during camp and used for public media purposes to advertise and promote Forest Brook Community Church's Day Camp.

Waiver/Release of Liability and Indemnity

I hereby waive, release, discharge and hold harmless Forest Brook Community Church and its officers, directors, elders, employees, volunteers, agents, representatives and successors (collectively "FBCC"), from any and all claims, liabilities, demands, expenses and causes of action that I may have, or that hereafter may accrue to my child, that in any way may relate to or arise from the above-named person's participation in the activities of FBCC, including without limitation, any and all claims for medical expenses or treatment, personal injury, illness, or property damage. Notwithstanding the foregoing, I acknowledge that this release will not be effective to relieve FBCC from and against loss which is directly caused by FBCC's own gross negligence or willful misconduct. I further agree to indemnify and save harmless FBCC from any actions, claims or demands whatsoever that the above-named person may have against FBCC in connection with the above-named person's participation in the activities of FBCC. I agree and acknowledge that I have read this release and indemnity in its entirety and understand its terms and conditions.

RATES & CALCULATIONS

PLEASE FILL OUT ONE PAGE PER CHILD

PLEASE NOTE, AN ADMINISTRATION FEE OF \$15 WILL BE CHARGED FOR CANCELLATION UNLESS CANCELLATION IS DUE TO MATTERS RELATED TO COVID-19

Name of CHILD ____

*short week						
Date of Birth YY/MM/DD	Grade completed as of June 26, 2020	week #1 July 27-31 CHRISTMAS	week #2 August 4-7* SPACE	week #3 August 10-14 Under the SEA	week #4 August 17-21 CAMP CAMP	TOTAL
		\$120	\$105*	\$120	\$120	
Do you qualify for Repeat Discount? \$10 off each week after the first # of weeks attending 1 = x \$10 =						
SUB TOTAL						
Before & After Care \$50 for Morning (7:30am - 9:00am) \$50 for Afternoon (4:00pm - 5:30pm) X # of weeks Before & After Care Total						
Please see CONTACT-LESS REGISTRATION PAYMENT METHODS ON P.2 TOTAL						

Before & After Care

- All those who have registered and paid for care, can use this service freely for any day of the week.
- ON FRIDAY IT CLOSES AT 5:00 pm
- If a parent/guardian is late picking up their child from Day Camp and their child has already been moved to our After Care program at 4:10pm, you will be charged the full \$50.00. If a parent/guardian is late picking their child up from After Care, they will be charged \$20 for each 10 minutes.
- This is not programmed time and no snacks are provided. It will be quiet, supervised, relatively independent time where masks will be worn.
- There is a maximum of 10 Children.

FOR YOUR C	ETE YOUR REGISTRA	FOR CAMP Please see			
THE FOLLOWING THREE ITEMS MUST BE COMPLETED Contact-less Registration Options on p.2 The "Rates and Calculations" The "Information Form" must Payment must be received					
page must be completed for EACH CHILD.	be completed in its entirety for each child. FOR OFFICE USE ONLY	(and a receipt issued) at the church office.			
Date Received:	Time Receive	 ed:			
Payment Received: \$	Cheque Cash Credit Card	SC SC			
Payment for children in family					
Receipt Given: Yes No	Square Given by:	# of Info. Sheets Rec'd:			

THANK YOU FOR CONSIDERING OUR CAMP!

WE COUNT IT A PRIVILEGE TO SERVE THE FAMILIES OF OUR NEIGHBOURHOOD EACH YEAR. WE CAN'T WAIT TO SEE YOU AGAIN!