

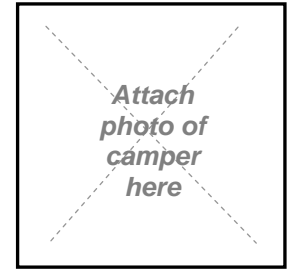


P: 416-482-2600 / 1-800-701-3132  
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 http://www.wahanowin.com

ENROLLMENT APPLICATION

2010

56<sup>th</sup> Wahanolicious  
 Summer of Excitement!



PLEASE PRINT CLEARLY - THIS IS THE CAMP'S PERMANENT RECORD. COMPLETE ALL BLANKS ON BOTH SIDES OF THE APPLICATION.

Camper Last Name  Camper First Name  Gender  New  #Yrs at Camp

**FAMILY INFORMATION**

(APPLIES ONLY TO THE PARENTS/GUARDIANS WITH WHOM THE CAMPER RESIDES - NON-CUSTODIAL PARENT INFORMATION IS REQUESTED BELOW)

Title (please check one):  Mr. and Mrs.  Mr. only  Mrs. Only  Ms. Only  Dr. and Mrs.  Mr. and Dr.  Drs.  Other \_\_\_\_\_

Last Name <b>Father</b> <input type="text"/> First Name <input type="text"/> Home Phone <input type="text"/> Work Phone <input type="text"/> Cell Phone <input type="text"/> Cottage / Summer Phone / Fax (circle one) <input type="text"/>		Last Name <b>Mother</b> <input type="text"/> First Name <input type="text"/> Other Home Phone <input type="text"/> Work Phone <input type="text"/> Cell Phone <input type="text"/> <b>Parent Email Address</b> (for updates) <input type="text"/>		Home Address <input type="text"/> City <input type="text"/> Province / State <input type="text"/> Postal Code / Zip Code / Country <input type="text"/> <b>Camper Cell Phone</b> <input type="text"/> <b>Camper Email Address</b> <input type="text"/>
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**Family Status** - Has there been a divorce or separation in your family  Yes  No If yes, who has custody? \_\_\_\_\_  
 Is the non-custodial parent to  Be contacted in the event of an emergency?  Receive duplicate mailings?  Receive the invoice?  
 If you checked off any of the above, please provide all of the following pertinent information:

Title and Name <input type="text"/>	Home Phone <input type="text"/>	Other Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="text"/>
Address <input type="text"/>	City <input type="text"/>	Province/State and Postal/Zip Code <input type="text"/>

**CAMPER INFORMATION**

Birthday (Month / Day / Year) <input type="text"/> Health Card / Insurance Number <input type="text"/> Camper's Physician's Name <input type="text"/> Physician's Phone Number <input type="text"/>	School <input type="text"/> <b>Emergency Contact Name (other than parents)</b> <input type="text"/> Relationship to Camper <input type="text"/> Cell Phone <input type="text"/>	Age (as of July 1/10) <input type="text"/> Grade (completed in 2010) <input type="text"/> Home Phone <input type="text"/> Work Phone <input type="text"/>
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**CAMP DATES**

- SESSIONS - Available to all campers**
- Full Season July 1 to August 20
  - July Session July 1 to July 28
  - July + 11 days July 1 to August 8
  - August Session July 28 to August 20
  - Awesome August Adventures "AAA" Session August 8 to August 20  
(Additional "AAA" application to be completed if participating in a special clinic)

**FEES AND PAYMENT SCHEDULE ON SEPARATE "RATES AND DATES" CARD**

- Limited to campers completing grade 4 and younger**
  - 2 + 2 July 1 to July 15  
*(with option to stay until July 28)*
  - The 11-Day Special July 28 to August 8  
*(with option to stay until August 20)*
- Limited to campers completing SK and grade 1 only**
  - Super Summer Sleepover
    - #1: August 8 to August 11
    - #2: August 15 to August 18

What other camps have you attended? Camp \_\_\_\_\_ Year(s) \_\_\_\_\_  
 Camp \_\_\_\_\_ Year(s) \_\_\_\_\_  
 How did you hear about Wahanowin? \_\_\_\_\_

## PERSONAL INFORMATION

**Cabin Grouping Requests** - Please note that campers are grouped according to the order in which applications are received and are based upon grade and age. Placements are done at the discretion of the Director, although all requests are taken into consideration. We are unable to honour negative requests unless all parties are notified - please don't put the camp in this unfair position.

First Choice (one person only) \_\_\_\_\_

Additional Requests (3 maximum) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Confidential Information** - Parents **must** disclose to the camp all medical, behavioural or personal information pertaining to their camper to ensure we can provide the best possible care and experience for them (including: bedwetting, eating disorders, sleep difficulties, bullying issues, daily medication requirements, ADD/ADHD/Ritalin, difficulties in school or with a divorce or death in the family, previous bad camp experience, etc.)

**Dietary Information** - Wahanowin prides itself on the quality food service provided. Our dining hall is kosher style, nut safe and we are able to accommodate most dietary needs easily. Campers with serious dietary restrictions or allergies must contact the camp to discuss menus and possible meal substitutions. Please indicate if your camper has the following dietary restrictions or allergies:

Vegetarian  Lactose Intolerant  Peanut Allergy  Dairy Allergy  Other \_\_\_\_\_

Kosher Meat (Additional charge \$100.00 for Full Season, \$50.00 for any shorter session)

### Visitors Day Information - Saturday, July 24<sup>th</sup>, 2010

Parents will attend  Parents will not attend Comments \_\_\_\_\_

**Transportation Information** - Please indicate how your child is traveling to and from camp. **Campers may not be driven to camp.** All campers receive transportation to and from Toronto. As well, the Niagara Falls bus is only available on Opening Day (July 1<sup>st</sup>), Changeover (July 28<sup>th</sup>) and Closing Day (August 20<sup>th</sup>).

**To Camp**  Toronto bus  Niagara Falls bus  Airport from \_\_\_\_\_  Train from \_\_\_\_\_

**From Camp**  Toronto bus  Niagara Falls bus  Airport to \_\_\_\_\_  Train to \_\_\_\_\_

**Email Service** - To expedite the communication from parents to campers, you may sign up for this service, which allows you to email your child once per day. The charge for this service is \$30.00 for the first camper and \$20.00 for each extra sibling. Parents can access this service through our website [www.wahanowin.com](http://www.wahanowin.com) or [www.bunk1.com](http://www.bunk1.com) and require a login and password. **\*E-mail login instructions will be sent by mail prior to the summer.**

Yes, sign me up for the email service and add the applicable charges to my account.

**Credit Card Authorization** - I authorize Camp Wahanowin to charge the deposit, First Installment (April 1), Final Balance (May 15), plus extensions or extras (prescriptions, dental fees, etc.) to my credit card.

Visa  MasterCard Card Number: \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*New\* Payment Plan option:

Installment Payment Plan: \$750.00 deposit with application. Balance to be paid in 6 equal payments on the 15<sup>th</sup> of each month (Jan-June).

Charge deposit and 6 equal payments to my credit card /  Deposit cheque enclosed. Post-dated cheques to be provided.

## CONDITIONS OF ENROLLMENT

- 1 Camper applications must be made in writing and are confirmed in the order received. We cannot accept telephone or other verbal reservations. Applications cannot be confirmed unless accompanied by a \$750.00 deposit for each child.
- 2 Refund policy - Any application that is withdrawn until March 1 will be subject to a \$250.00 administration fee. Cancellations which occur between March 2 and May 15 must pay a \$500.00 penalty and those withdrawn between May 16 and June 25 have a penalty of \$750.00. Applications that are cancelled or have sessions changed between June 26 and August 20 forfeit 50% of all fees and extras of your unused portion at camp. Campers that reduce their stay at camp will be charged according to the shorter session fee.
- 3 Fees are due as follows: \$750.00 deposit required with application. July, August, 2+2, The 11-Day Special and "AAA" session camper fees are due in full April 1<sup>st</sup>. Full Season and July+11 camper fees are due April 1<sup>st</sup> (\$2500.00) and May 15<sup>th</sup> (Balance) or installment payment plan (see above).
- 4 Campers that depart camp for breach of policy (policies can be found in the Wahanoguide on our website) do not receive a refund.
- 5 I agree to allow my child to participate in the full camp program and all activities and supervised trips or activities not on camp property.
- 6 If for any reason my child requires medical attention beyond that furnished by the Camp or by my own personal health insurance, I agree to be responsible for any additional expenses incurred. I also give the Director the authority to act on my behalf in case of a medical emergency.
- 7 I hereby consent to allow Camp Wahanowin to confiscate and **not return** (during or after camp) contraband items as outlined in the Wahanoguide.
- 8 I hereby consent to allow Camp Wahanowin to use my child's photograph or video image for publicity purposes.

**I have read and agree to the above Conditions of Enrollment and acknowledge that it is my responsibility to be familiar with all registration materials, policies, guidelines and details provided by the camp.**

Signature \_\_\_\_\_

For divorced/separated families with **joint custody**,  
signatures of both parents required

Date \_\_\_\_\_

### Office Use Only

Description \_\_\_\_\_ Amount \_\_\_\_\_  Visa  MC  Cheque  Other \_\_\_\_\_ Date \_\_\_\_\_

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