

Salvation Army Camping Newfoundland and Labrador



STARRIGAN MOMS & TOTS

July 5-7, 2019

(Age 2- Grade 2)

Application Deadline: June 7, 2019

General Information:

- Camp Starrigan Moms & Tots camp is open to children living in or to the east of Charlottetown.
- Completed applications and camp fees must be returned to your local Salvation Army Unit/Family Services Office before the deadline of June 7, 2019.
- **Incomplete applications will be returned.**
- Acceptance will be established on a first come basis and camp accommodation.
- For all inquiries regarding Moms and Tots, please contact Jackie Ferguson at Jackie_Ferguson@can.salvationarmy.org or (709)579-2022.
- This year we will be starting the camp earlier on the first day and ending after breakfast on the last day. There will be a bagged lunch op-

Themes:

- Children: "It's Game Time!"
- Moms: "The Game of Life!"

Camp Fees:

- The standard fee is \$115.50 + H.S.T. = \$132.85 for Mom with one child, \$155.80 for Mom with two, \$178.70 for Mom with three (which includes a \$25.00 non-refundable deposit).
- Full payment must be submitted with this application.
- Families with a gross income of less than \$40,000 per year are eligible for a reduced fee based on income level. Proof of income will be required in order to determine eligibility. Please contact your local Salvation Army Unit/Family Services Office for more information.

Transportation:

- Transportation can be provided from the following locations if the need is great:
 - ◇ The Salvation Army Church at 25 Adam's Avenue St. John's
 - ◇ Other locations: Goobies on the TCH

Salvation Army Camping Newfoundland and Labrador



Camper Information (Mother/Guardian)		
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	City/Town:	Province:
Postal Code:	Birthdate MM/DD/YYYY:	
Parent/Guardian name:		MCP:
Parent/Guardian Email:		
Parent/Guardian Tel Home:		Business/Cell:
Is Transportation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pickup Location (from list on front page):		
Parent/Guardian Signature _____		Date _____

Additional Emergency Contacts (Please Provide 2 that are different from the above)	
Contact #1:	Contact #2:
Relationship:	Relationship:
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone#:
Email:	Email:

Bagged Lunch on Last Day of Camp Optional: Yes No

Corps/Family Services Use Only	
Eligible for financial consideration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of reduced fee (based on 2019 guidelines):	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4
Please note: Requests for refunds must be submitted to DHQ in writing by August 30, 2019	
I certify that I have checked this application ensuring that all fields have been completed and that he/she meets the requirements for attendance (where applicable).	
Corps Officer/Youth Pastor/Family Services Officer Signature _____	Date _____

Salvation Army Camping Newfoundland and Labrador



Children's Information

Name of 1st Child:

Birthdate (MM/DD/YYYY):

Male

Female

Describe your Child (personality):

Name of 2nd Child:

Birthdate (MM/DD/YYYY):

Male

Female

Describe your Child:

Name of 3rd Child:

Birthdate (MM/DD/YYYY):

Male

Female

Describe your Child:

Starrigan Moms & Tots Camp
Conditions of Enrollment & Consent

- Camp fees must be submitted with this application.
- Salvation Army personnel must sign this application.
- A completed medical form must be submitted with this application. All medical information will be kept strictly confidential.
- Trained staff will closely supervise children during all camp activities. Moms will be responsible for supervision of their children during free time.
- A lifeguard will be on duty for all water activities.
- A qualified first aid provider is present at all times and operates out of a fully equipped first aid station.
- Visiting the camp is discouraged as this disrupts the children and camp activities. If visitation is required due to unforeseen circumstances, you are required to call the camp prior to your arrival (709-770-6154).
- Inappropriate clothing (displaying alcohol logos, profanity or anything of a sexual nature) is not permitted on campgrounds.
- Revealing clothing is not permitted on campgrounds.
- The Salvation Army is not responsible for the damage or loss of personal property.
- Electronic devices are permitted (at owner's own risk). However we ask that they not be used during scheduled program activities.
- The Salvation Army reserves the right to dismiss a camper for inappropriate behavior.
- The Camp Director reserves the right to dismiss any camper who in his/her opinion rejects the "Conditions of Enrollment" of the camp or demonstrates a hazard to the safety and/or well-being of the camp, himself/herself, or others. Campers dismissed under these circumstances will not be given a refund.

Camp Attendance Consent

As the parent/legal guardian, I have read the above. I understand and accept the Conditions of Enrollment. I have disclosed to The Salvation Army all relevant medical and physical information with respect to my child. By signing below, I hereby consent to my child attending The Salvation Army Camp and give permission for him/her to participate in all camp activities.

Photo/Video Consent

All videos and photographs taken by The Salvation Army are the property of The Salvation Army and may be used for promotional

Do you as the parent/legal guardian give consent for The Salvation Army to take and use photos of your child? Yes No

Signature of Parent/Legal Guardian

Date

Starrigan Moms & Tots Camp Medical Form 2019

MOTHER- Personal Information

Last Name: _____ First Name: _____
 Birthdate (MM/DD/YYYY): _____ M F MCP: _____

Allergy Information

Specify Below	Reaction
Medication:	
Food:	
Insect Bites:	
Environmental:	

Do you/your child carry an Epi-Pen: Yes No Do you/they need help using the Epi-Pen: Yes No

Special Diet Requirements

Diabetic Lactose Intolerant Dairy Free Gluten Free Vegetarian Other: _____

Prescription Medications Brought to Camp

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

All prescription medication must be brought to camp in the original containers. A pharmacy label must be attached indicating child's name, medication name, dosage and instructions regarding when to be taken. **Medication pre-sorted in store-bought containers cannot be accepted.** Prescriptions must not be past expiration date.

Non-Prescription Medications Brought to Camp

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Other Relevant Information/Special Needs

Medical Consent

To the best of my knowledge I am in good health. I hereby give permission to be administered the prescription drugs provided. I hereby give permission to receive basic non-prescription remedies (i.e. Tylenol, cold medication, head lice treatment, antihistamines for allergic reactions, etc.) if deemed necessary by the camp nurse or first aid provider. In the case of a medical emergency, I hereby give permission for the Camp Director to arrange transportation for me to the hospital for treatment and to notify my emergency contact of the same. I give permission for to be given a lice check before entering the campgrounds. I acknowledge that I may be required to leave the camp if Camp Staff deems head lice condition is severe.

Signature: _____ Date: _____

Starrigan Moms & Tots Camp Medical Form 2019

CHILD #1- Personal Information

Last Name: _____ First Name: _____
 Birthdate (MM/DD/YYYY): _____ M F MCP: _____

Allergy Information

Specify Below	Reaction
Medication:	
Food:	
Insect Bites:	
Environmental:	

Do you/your child carry an Epi-Pen: Yes No Do you/they need help using the Epi-Pen: Yes No

Special Diet Requirements

Diabetic Lactose Intolerant Dairy Free Gluten Free Vegetarian Other: _____

Prescription Medications Brought to Camp

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

All prescription medication must be brought to camp in the original containers. A pharmacy label must be attached indicating child's name, medication name, dosage and instructions regarding when to be taken. **Medication pre-sorted in store-bought containers cannot be accepted.** Prescriptions must not be past expiration date. **If these requirements are not met, the child cannot attend camp.**

Non-Prescription Medications Brought to Camp

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Other Relevant Information/Special Needs

Medical Consent

To the best of my knowledge my child is in good health. I hereby give permission for my child to be administered the prescription drugs provided. I hereby give permission for my child to receive basic non-prescription remedies (i.e. Tylenol, cold medication, head lice treatment, antihistamines for allergic reactions, etc.) if deemed necessary by the camp nurse or first aid provider. In the case of a medical emergency, I hereby give permission for the Camp Director to arrange transportation for my child to the hospital for treatment and to notify my emergency contact/me of the same. I give permission for my child to be given a lice check before entering the campgrounds. I acknowledge that my child may be required to leave the camp if Camp Staff deems head lice condition is severe.

Signature: _____ Date: _____

Starrigan Moms & Tots Camp Medical Form 2019

CHILD #2- Personal Information

Last Name: _____ First Name: _____
 Birthdate (MM/DD/YYYY): _____ M F MCP: _____

Allergy Information

Specify Below	Reaction
Medication:	
Food:	
Insect Bites:	
Environmental:	

Do you/your child carry an Epi-Pen: Yes No Do you/they need help using the Epi-Pen: Yes No

Special Diet Requirements

Diabetic Lactose Intolerant Dairy Free Gluten Free Vegetarian Other:

Prescription Medications Brought to Camp

Medication Name: _____ **Dosage:** _____

Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____

Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____

Reason for Taking: _____ **When Taken:** _____

All prescription medication must be brought to camp in the original containers. A pharmacy label must be attached indicating child's name, medication name, dosage and instructions regarding when to be taken. **Medication pre-sorted in store-bought containers cannot be accepted.** Prescriptions must not be past expiration date. **If these requirements are not met, the child cannot attend camp.**

Non-Prescription Medications Brought to Camp

Medication Name: _____ **Dosage:** _____

Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____

Reason for Taking: _____ **When Taken:** _____

Other Relevant Information/Special Needs

Medical Consent

To the best of my knowledge my child is in good health. I hereby give permission for my child to be administered the prescription drugs provided. I hereby give permission for my child to receive basic non-prescription remedies (i.e. Tylenol, cold medication, head lice treatment, antihistamines for allergic reactions, etc.) if deemed necessary by the camp nurse or first aid provider. In the case of a medical emergency, I hereby give permission for the Camp Director to arrange transportation for my child to the hospital for treatment and to notify my emergency contact/me of the same. I give permission for my child to be given a lice check before entering the campgrounds. I acknowledge that my child may be required to leave the camp if Camp Staff deems head lice condition is severe.

Signature: _____ Date: _____

Starrigan Moms & Tots Camp Medical Form 2019

CHILD #3- Personal Information

Last Name: _____ First Name: _____
 Birthdate (MM/DD/YYYY): _____ M F MCP: _____

Allergy Information

Specify Below	Reaction
Medication:	
Food:	
Insect Bites:	
Environmental:	

Do you/your child carry an Epi-Pen: Yes No Do you/they need help using the Epi-Pen: Yes No

Special Diet Requirements

Diabetic Lactose Intolerant Dairy Free Gluten Free Vegetarian Other:

Prescription Medications Brought to Camp

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

All prescription medication must be brought to camp in the original containers. A pharmacy label must be attached indicating child's name, medication name, dosage and instructions regarding when to be taken. **Medication pre-sorted in store-bought containers cannot be accepted.** Prescriptions must not be past expiration date. **If these requirements are not met, the child cannot attend camp.**

Non-Prescription Medications Brought to Camp

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Medication Name: _____ **Dosage:** _____
Reason for Taking: _____ **When Taken:** _____

Other Relevant Information/Special Needs

Medical Consent

To the best of my knowledge my child is in good health. I hereby give permission for my child to be administered the prescription drugs provided. I hereby give permission for my child to receive basic non-prescription remedies (i.e. Tylenol, cold medication, head lice treatment, antihistamines for allergic reactions, etc.) if deemed necessary by the camp nurse or first aid provider. In the case of a medical emergency, I hereby give permission for the Camp Director to arrange transportation for my child to the hospital for treatment and to notify my emergency contact/me of the same. I give permission for my child to be given a lice check before entering the campgrounds. I acknowledge that my child may be required to leave the camp if Camp Staff deems head lice condition is severe.

Signature: _____ Date: _____