



# Camper Application 2012

Forest Cliff Camp  
 8324 Glendale Drive  
 Lambton Shores, ON N0N 1J7  
 Phone 519-786-5996  
 Fax 519-342-4902

**No space will be held for any camper without a deposit. All registration forms must be in the Registrar's office with deposit or payment in full to secure a camper's space.**

Last Name				First Name			
Address							
City		Province		Postal Code		Phone ( ) -	
Parent/Guardian E-Mail Address		Birth Date		Day /	Month /	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female   Next Grade
Is this your first time at Forest Cliff Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, how did you hear about FCC?	
<b>YOUTH CAMP</b> Applicants age 6 – grade 7				<b>TEEN CAMP</b> Applicants grade 7 – age 15			
Youth Week 1	July 1 – 6			Girls Camp Teen Week	Aug 12 – 17		
Youth Week 2	July 8 – 13						
Youth Week 3	July 15 – 20			Co-ed Teen Week 1	Aug 19 – 24		
Youth Week 4	July 22 – 27			Co-ed Teen Week 2	Aug 26 – 31		
Youth Week 5	July 29 – Aug 3						
Youth Week 6	Aug 5 – 10			<b>You will be contacted if the week you select is full.</b>			

**MUTUAL cabin mate request between applicant and other camper:**

\_\_\_\_\_ (Write names(s) of request. Groups larger than 3 campers will be split. Forest Cliff Camp will work to honor mutual requests of campers that are of similar age. Forest Cliff Camp does not guarantee that the request will be met. All requests must be mutual. If you have questions please call.)

**Please Indicate Camper's Swim Level** \_\_\_\_\_

**Camper School** \_\_\_\_\_

Home Church (if any)	City
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**Camper Craft Selection: (Activities are assigned on a first registered first served basis)**

\*Note: Activities are offered based on demand, weather, and availability. We reserve the right to substitute.

**Please write your top 5 preferences (of which one (1) will be assigned) for morning craft:**

- |          |               |                  |            |
|----------|---------------|------------------|------------|
| 1. _____ | Archery       | Canoeing         | Drama      |
| 2. _____ | High Ropes    | Horseback Riding | Handcrafts |
| 3. _____ | Kayaking      | Radio DJ         | Riflery    |
| 4. _____ | Rocketry      | Sailing          | Wilderness |
| 5. _____ | Wacky Science | Wall Climbing    |            |

Morning craft will be the craft/skill each camper attends everyday

**Camper T-Shirt: *New Design* for 2012 = \$15.00 (HST included)**

All t-shirt orders must be made with application and placed before **May 31, 2012**. T-Shirts may be purchased or requested after May 31, 2012, however Forest Cliff Camp cannot guarantee size availability. Please **circle** camper t-shirt size below and **write** \$15.00 in Payment Schedule.

- |                             |                |                     |
|-----------------------------|----------------|---------------------|
| ☺ Youth Medium (Youth 8-10) | ☺ Adult Small  | ☺ Adult Large       |
| ☺ Youth Large (Youth 10-12) | ☺ Adult Medium | ☺ Adult Extra-Large |

**Camper Fees:** *Fees include Tuck*

Youth Camp: \$450.00 + \$58.50 (HST 13%) = \$508.50; Week 1\*: \$420.00 + \$54.60 (HST) = \$474.60

Teen Camp: \$470.00 + \$61.10 (HST 13%) = \$531.10; Week 9\*: \$440.00 + \$57.20 (HST) = \$497.20

\*Weeks 1 and 9 have a special discounted price to create special interest in these great weeks of camp!

Family Fee: 1<sup>st</sup> and 2<sup>nd</sup> child pay regular fee. Each additional child attending camp pays 50% of the regular fee plus tax.**We now have ONLINE REGISTRATION ([www.fccamp.org](http://www.fccamp.org))****Payment Schedule:** Please fill in the payment schedule below and then fill out payment information:

Camper Fee	
T-Shirt (\$15) <span style="float: right;">Size:</span>	
Optional Donation To Forest Cliff Camp's Bursary Fund	
<b>Total Due</b>	
Deposit (Required to hold a campers space)	\$100.00
Total Payment enclosed with Application	

Make cheques payable to: **Forest Cliff Camp.** (A **\$20.00 NSF fee** applies.)

Camper Confirmations will be mailed after application is processed.

Receipts will be issued upon completion of payment and available for pick up at camper drop off.

Receipts will be issued to the person making the payment.

If you wish to apply for a Forest Cliff Camp scholarship, please check the box below and a Confidential Sponsorship Form will be mailed or emailed to you. All applicants are subject to Sponsorship Committee approval. There is **no guarantee** and all criteria must be met.

 Please send me a Confidential Sponsorship Form
**Payment Information: (VISA, MasterCard, Cheque or Online)**

Credit Card

VISA or MasterCard (circle)	Amount Due:
Card Number:	Expiry Date:
Name on Card:	
Signature:	

Please note: The 1<sup>st</sup> Cheque must include the \$100.00 deposit and cannot be post-dated. Payment must be complete by June 15, 2012

Cheque

Total Amount Due:		
Cheque #	Date of Cheque	Amount
1 <sup>st</sup> Cheque (must include \$100 deposit)		
2 <sup>nd</sup> Cheque		
3 <sup>rd</sup> Cheque		
4 <sup>th</sup> Cheque (June 15, 2012)		

**Cancellation Policy:** All refunds are subject to a **\$35.00 service charge**. A complete refund (*excluding the service charge*) is available with written notice, **45 days prior** to start of reserved week of camp. A 50% refund (*excluding the service charge*) with written notice, *within* 45 days of reserved week of camp. **Non-refundable if cancelled within 7 days of the reserved week of camp or thereafter.**

Please be sure to complete and return the health form even if the information is in our database as we rely on **you to keep it current!** Your application **will not be processed unless it is complete** (including health card #, tetanus date and signature). **Missing information will delay confirmation of your acceptance.**

[www.fccamp.org](http://www.fccamp.org)



**Additional Comments:**

**Section B: (for nursing staff only)**

**Nurses Notes:** Please include date, time and full signature with each entry.  
All medications given P.R.N. charted with reason.

MEDICATIONS	DATE						
	Time Ordered	Initial Time Given	Initial Time Given	Initial Time Given	Initial Time Given	Initial Time Given	Initial Time Given

**Additional Nurses Notes:**