



## Referral Information

CHILDREN AGES 7-10

APPLICATIONS BY MAIL ONLY

### Mission Statement

*The Stevenson Children's Camp is committed to providing a fun-filled, safe and memorable camp experience for children who would not otherwise have an opportunity to attend summer camp.*

ACCREDITED  
MEMBER



### Attention: Referring Schools, Agencies and Individuals

Enclosed is the APPLICATION FORM for Stevenson Children's Camp (you may copy as many forms as needed by your school or agency). This is a residential camp located on Gore Road, east of London. The camp is for children ages 7-16 whose families, to the best of your knowledge, are experiencing difficult financial circumstances that would prevent their child from attending summer camp. To provide this opportunity for the maximum number of children, campers can attend ONLY one session.

### NEW THIS YEAR:

**Stevenson Children's Camp is pleased to be able to expand its age categories to include programs for children from 7- 16. All campers that are 7-13 will complete this camper application form. Any camper that is 11, 12, or 13 will have to select session 8 as their desired week of SENIOR CAMP. Any Campers that are 14 or 15 should be encouraged to apply for our Leader in Training (LIT) program and any 16 year camper should apply to be a part of the brand new Councilor in Training (CIT) program.**

### Registration Process

**You must complete** the referring school or agency section of the application, then may photocopy with the parent information letter for distribution to selected children ages 7-16 that you believe fit the criteria. Our primary mission is to provide a positive summer camp experience for children who would not otherwise have this type of opportunity. We attempt to meet all campers' needs socially, emotionally and/or otherwise. Please keep this in mind when referring children who exhibit higher needs that require additional supervision. We do not have the capacity for one-on-one supervision. Applications will not be processed without the completed referral section.

**Applications are by mail only** and are processed on a first come, first served basis. The registration fee is **\$20.00 per applicant**. We accept only Cash or Money Orders, **NO Personal Cheques**. There are no other costs for the children to attend camp. We offer eight sessions, running from Monday to Friday throughout the summer.

### Transportation

Campers are picked up by bus at Argyle Mall on Monday mornings. **Parents must arrange to pick up their child at the camp on Friday**. A map will be provided with their confirmation.

Please familiarize yourself with the information provided in the Parent Information letter to assist with your referral process. Thank you in advance for your support and assistance in providing a fun-filled, memorable camp experience for many children. If you need further information, please contact the camp at 519-268-7235.



## Parent Information

**CHILDREN AGES 7-13**

**APPLICATIONS BY MAIL ONLY**

### Mission Statement

*The Stevenson Children's Camp is committed to providing a fun-filled, safe and memorable camp experience for children who would not otherwise have an opportunity to attend summer camp.*



Dear Parent or Guardian,

Your child has been selected to receive an APPLICATION FORM for Stevenson Children's Camp. This is a residential camp for children age 7-13 whose families are experiencing difficult financial circumstances that would prevent their child from attending summer camp. **To provide this opportunity for the maximum number of children, campers can attend ONLY one session.**

### Cabins/Accommodations

All campers sleep in double cabins with bunk beds, housing a maximum of 16 children and 2 counselors. Campers supply their own sleeping bag, pillow, towel and toiletries.

### Food

All food is prepared by a well-trained kitchen staff that provides a balanced variety of meals and snacks following government standards of cleanliness, sanitation and quality. During the camp day, we serve three meals and three snacks. SOME DIETARY RESTRICTS ARE AVAILABLE INCLUDING; GLUTEN FREE, DIABETIC DIET AND VEGITARIAN. If you have questions please contact the camp. **Due to allergy and hygiene concerns, we ask that you do not send any snacks with your child.**

### Transportation

Campers are picked up by bus at Argyle Mall on Monday mornings. **Parents must arrange to pick up their child at the camp on Friday.** A map will be provided at registration. Complete details will be sent with your confirmation package.

### Head Lice Information

Children will be checked for head lice before boarding the bus to camp. If head lice or nits are detected you will be given two options. You have the opportunity to treat your child and bring them to camp later that day, where they will be checked again before joining the program, or with your permission we will transport them to camp where they will be treated with the appropriate medicated shampoo.

### Camp Subsidy:

Stevenson Children's Camp provides subsidy to all campers. This is the reason that no applications will be accepted without the referral filled out. The TRUE COST OF CAMP is close to \$400.00 and the camp works very hard to secure funds so that no family pays more than \$20.00. We ask that if families feel they can pay more than \$20.00 that they consider making a donation to help support future projects and growth of the camp. DONATION information can be found on our website.

## **CAMPER CONDUCT:**

At Stevenson Children's Camp we expect that all campers and staff will live and work and play in a spirit of fun, respect and cooperation. The expectation for behavior includes;

- Calling people by their given names in a gentle, respectful way.
- Respecting each other's privacy and belongings.
- No one will hurt, ignore or make fun of people for their clothes, the way they speak, the colour of their skin... for who they are or what they think!
- All campers will listen to everyone's ideas and take turns in speaking and playing.
- No camper is to bring electronic games, matches, lighters, expensive jewelry, cell phones, extra money or toys that look like weapons.
- **FAILURE TO COMPLY WITH THIS CONDUCT MAY RESULT IN YOUR CHILD NOT BEING ABLE TO FINISH THEIR CAMPING EXPERIENCE AND BEING SENT HOME**

## **BULLYING:**

Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behavior must be aggressive and include:

**An Imbalance of Power:** Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.

**Repetition:** Bullying behaviors happen more than once or have the potential to happen more than once.

Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose. **PLEASE REVIEW THIS WITH YOUR CAMPER AND ensure they know to REPORT THIS TO ANY COUNSELLOR IMMEDIATELY.**

## **Registration Process**

- **It is important to complete all sections of the application form**
- **No applications will be processed without the referral section completed by a school or agency**
- **Only mailed applications are accepted on a first come, first served basis**
- **\$20.00 registration fee—NO PERSONAL CHEQUES—cash only payment-arrangements can be made.**
- **Registrations to be forwarded to: Stevenson Children's Camp**  
**(ACCEPTED BY MAIL ONLY) P.O. Box 39020 London, ON, N5Y 5L1**

A confirmation letter will be sent by mail with a complete camper check list, session date, drop off and pick up procedures and contact information.

PLEASE NOTE THAT STEVENSON CHILDRENS CAMP ENDEAVORS TO HAVE ALL CAMPERS HAVE A SUCCESSFUL FUN FILLED WEEK. IF THE DIRECTOR OR EXECUTIVE DIRECTOR OF THE CAMP FEEL AT ANY TIME THE CONDUCT OR BEHAVIOR OF A CAMPER IS PUTTING THE CAMPER THEMSELFS OR OTHER CAMPERS AT RISK YOU WILL BE ASKED TO PICK YOUR CAMPER UP AND THEIR CAMPING EXPERIENCE WILL END. FAILURE TO COMPLY WITH THIS REQUEST MAY RESULT IN POLICE BECOMING INVOLVED.



## Camper Application Form

Please use ONE application PER Camper



**FOR YOUR CHILD'S APPLICATION TO BE CONSIDERED  
ALL REQUESTED INFORMATION MUST BE PROVIDED  
(Health Card # and emergency contact information MUST be  
completed)**

### Part 1: Contact Information—Completed by Parent/Guardian

Camper—Full Name: \_\_\_\_\_  Male  Female

Camper—Name commonly used (if different than above): \_\_\_\_\_

Date of Birth: (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ Age: \_\_\_\_\_

**Please note that if your child is older than 11 as of June 30 they will only be accepted into session 4 or 8.**

**Please note that if your child is older than 13 as of June 30 you will need to complete an LIT or CIT form.**

Name of School camper attend: \_\_\_\_\_

Has your child attended Stevenson Children's Camp before?  Yes  No Do you have other child(ren)

attending camp this year?  Yes  No Full Name \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of **emergency**, or if for any other reason your child must be sent home and you cannot be reached, please provide an emergency contact who has your permission and will accept responsibility for your child.

**Emergency contact Names:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Additional persons authorized to pick up your child from camp:**

\_\_\_\_\_

### Part 2: Completed by referring school or agency (must be completed for application to be processed)

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Additional information that would assist us in providing a positive camp experience for this child:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 3: Medical and additional information**

Camper—Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does your child have any medical history which we should be aware of (asthma, diabetes, heart problems, **any behavioral concerns**, etc)? If so, please describe: \_\_\_\_\_  
 \_\_\_\_\_

Are you sending any medication with your child to camp?  Yes  No (if yes, please list full details below)

**Any medication (prescribed or over the counter) must be checked in with our Health Care Coordinator at registration in a current prescription container with a proper pharmaceutical label.**

Drug Name	Purpose	Daily Dosage and Times Administered

Does your child have any food, environmental or medical allergies?

Description: \_\_\_\_\_

Your child’s sleeping habits: Bedwetting \_\_\_\_\_ Sleep walks \_\_\_\_\_ Nightmares \_\_\_\_\_

Your child’s swimming level: Non-Swimmer \_\_\_\_\_ Beginner \_\_\_\_\_ Average \_\_\_\_\_

Please provide details regarding any information or challenges that may affect your child’s camp experience \_\_\_\_\_

**\*\*\*On occasion the camp has promotional events which may require photographs.**

**\*\*\*Please indicate whether you grant permission for your child to be included. Yes  No**

**In order for Stevenson Children’s Camp to provide the camp experience for the maximum number of children each summer, campers can attend ONLY one session. Please indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices. Please note that all efforts will be made to secure priority weeks but it is not always possible**

	<b>Session 1-Monday July 2-Friday July 6</b>		<b>Session 5-Monday July 30-Friday August 3</b>
	<b>Session 2-Monday July 9—Friday July 13</b>		<b>Session 6-Monday August 6—Friday August 10</b>
	<b>Session 3-Monday July 16—Friday July 20</b>		<b>Session 7-Monday August 13—Friday August 17</b>
	<b>Session 4-(Senior Camp 11,12,13 only) Monday July 23—Friday July 27</b>		<b>Session 8 (Senior Camp 11,12,13 only) Monday August 20—Friday August 24</b>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\$20.00 REGISTRATION FEE SHOULD ACCOMPANY THIS APPLICATION FORM**

**NO PERSONAL CHEQUES—CASH, MONEY ORDER or AGENCY CHEQUES will all be accepted**

There are no other charges to attend camp. **If you are unable to pay at the time of registration please attach a note or contact the Camp Director to arrange payment at a later date.**