



Stevenson Children's Camp Leadership Program



Stevenson Children's Camp is pleased to announce that it will be **expanding its leadership program** available for boys and girls between the ages of 14 and 15. Twelve boys and twelve girls will be selected through recommendations and an interview process. Recommendations are to be forwarded by teachers or support workers that are familiar with the young person and the families' present situation.

The purpose of this program is to develop and enhance leadership skills, self-awareness and confidence in a positive manner. We will focus on many areas throughout the two weeks and participants will be involved in a variety of workshops, self-assessment, games, sports activities, activity planning and implementation.

Our mission is to provide camp experiences for children who would not otherwise have the opportunity. Our leadership program is an extension of this goal and is available to families who are experiencing financial hardship and can benefit from this opportunity.

General Information

- There have been some changes in the format of our program this year—there will be three sessions, two weeks in duration
- **Each session will accept 4 males and 4 females**
 - Session one is July 9-13 and July 16-20
 - Session two is July 23-27 and July 30-August 3
 - Session three is August 6-10 and 13-17
- Participants will attend camp for **both weeks** with the weekend off
- Applicants must complete attached application and questionnaire
- Two letters of reference are required—they should refer to leadership experiences in the school and community
- There will be an interview process conducted by senior camp staff and community partners from referring agencies

If applicant is accepted they will be required to complete a full application form and there will be a registration fee of \$150.00, however this can be paid in installments if necessary.

Please do not submit money with application.

For more information please contact:

*Joe Douglas, Executive Director
519-268-7235*

Mail applications to:

**P.O. Box 39020
London, ON
N5Y 5L1**

**Stevenson Children's Camp
Leadership Program Application Form**

Name of Applicant _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____	Age as of June 30 th , 2018 _____	
Name of School Camper attends _____		
Parent/Guardian's Name _____		
Address _____		
City _____	Postal Code _____	
Telephone # Home _____	Work _____	
In case of an 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: _____		
Relationship: _____		
Phone: home _____	Cell _____	Work: _____

*****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**

To be completed by the Referring School/Agency

Agency/School Name _____	
Address _____	
City _____	Postal Code _____
Telephone # _____	Date _____
Contact Name _____	Position _____
Reason for referral of this applicant: _____ _____ _____ _____ _____ _____ _____ _____	
Signature _____	

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, 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 _____

What language(s) does your child speak?: _____

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 1st and 2nd choices.

Session 1	Session 2	Session 3
July 9- July 13	July 23- July 27	August 6- August 10
July 16- July 20	July 30- August 3	August 13-August 17

Parent/Guardian Signature: _____ Date: _____

YOU WILL BE CONTACTED BY CAMP STAFF FOR AN INTERVIEW

\$150.00 per two week session. FEE SHOULD NOT ACCOMPANY THIS APPLICATION FORM

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 to arrange for payment.

In order to protect the confidentiality and safety of all campers and staff
–please do not send cell phones or digital cameras to camp with children.

**Registrations to be forwarded to: Stevenson Children’s Camp
(ACCEPTED BY MAIL ONLY) P.O. Box 39020 London, ON, N5Y 5L1**

To be completed by candidate

Have you previously attended Stevenson Children's Camp? YES NO

If yes, what year or years did you attend? _____

What was your most positive memory of camp?

Why do you want to be a participant in the leadership program?

What strengths and skills do you have that will assist you in this program?

What do you think participating in the camp leadership initiative can offer you?

What do you hope to learn through taking part in this program?
