



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.

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 age 7 – 10 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.

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 age 7 – 10 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 received by mail only and processed on a first come, first served basis. The registration fee is **\$15.00 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 at registration.

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.

Executive Director



Member Agency
United Way
of London & Middlesex



Parent Information Letter

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.

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 – 10 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 two 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. **Due to allergy and hygiene concerns we ask that you do not send any snacks with your child.**

Activities

Our program is planned and implemented by a competent, enthusiastic summer staff. Arts and crafts, low ropes initiatives, sports, co-operative games, swimming, hiking, campfires and special activity days are all part of the fun !!!

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.

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**
- **\$15.00 registration fee - NO PERSONAL CHEQUES – cash only-payment arrangements can be made**

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.



Member Agency
United Way
of London & Middlesex



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 _____

Name of School camper attends: _____

Has your child attended Stevenson Children's Camp before? Yes No

*******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

Parent/Guardian Names: _____

Address: _____

City: _____ Postal Code _____

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: _____ Postal Code _____

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: _____

Agency Name: _____ Telephone: _____

Agency Address: _____ Postal Code: _____

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 - i.e. asthma, Diabetes, heart problems etc.

Description: _____

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 & Times Administered

Does your child have any food, environmental or medical allergies **Yes** **No** Please give details

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 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 2nd and 3rd choices

	<i>Monday July 4th to Friday July 8th</i>
	<i>Monday July 11th to Friday July 15th</i>
	<i>Monday July 18th to Friday July 22th</i>
	<i>Monday July 25th to Friday July 29th</i>

	<i>Monday August 1nd to Friday August 5th</i>
	<i>Monday August 8th to Friday August 12th</i>
	<i>Monday August 15th to Friday August 19th</i>
	<i>Monday August 22nd to Friday August 26th</i>

Parent/Guardian signature _____ *Date:* _____

**\$15.00 REGISTRATION FEE SHOULD ACCOMPANY THIS APPLICATION FORM
NO CHEQUES – CASH ONLY**

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.

Registrations to be forwarded to:
(ACCEPTED BY MAIL ONLY)

Stevenson Children's Camp
P.O. Box 39020 London Ontario N5X 5L1