



CAMP JUMBOKE

Application Package 2017

CAMP SESSION INFORMATION



New campers between 8-10 years of age will attend a one-week introductory camp session. New campers between 11-15 years of age and all returning campers will attend camp for the two-week session. Please carefully review the choices below and select the appropriate camp session.

Dates for Camp 2017

(Please choose one option below)

New campers (ages: 8 years old – 10 years old) ONLY:

One week introductory camp session (August 6th, 2017 – August 12th, 2017)

New campers (ages: 11 years old – 15 years old) or returning campers (ages: 9 years old – 15 years old):

Two week camp session (July 30th 2017 – August 12th 2017)

CAMP PAYMENTS & FEES

(Please make all cheques/money orders payable to Camp Jumoke)

One week camp program: \$1124.35 (tax included) Paid by Camp Jumoke

Two week camp program: \$2231.75 (tax included) Paid by Camp Jumoke

Tuck shop deposit \$10/camper/week Paid by Camp Jumoke
(Snacks at camp)

Non-refundable registration fee: \$40 Paid by camper family

Optional Donation enclosed \$ _____ *(eligible for tax receipt)*

EVERY PENNY
HELPS SEND KIDS
TO CAMP.
THANK YOU!

CAMP APPLICATION 2017



Camper's Name: _____
first name *last name*

Camper's Healthcard #: _____

Parent (Guardian's) Name: _____
first name *last name*

Parent (Guardian's) Name: _____
first name *last name*

Street Address: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

Home Phone: _____ Work: _____

Cell Phone: _____

Age as of July 31st, 2017: _____ Date of Birth (M/D/Y): _____ Gender: Male Female

E-mail address of Parent: _____

Name Of Current School: _____

Is Your Child A Previous Jumoke Camper? No Yes (If Yes, Please Indicate which year(s)?) _____

MANDATORY EMERGENCY/ALTERNATE CONTACT (PROVIDE A CONTACT OTHER THAN A PARENT OR GUARDIAN, AS A SECONDARY CONTACT)

Name: _____

Phone number(s): _____

Email address: _____

CONDITIONS OF ENROLMENT:

The Camp Director reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Camp. Every precaution is taken for the safety and good health of our campers, but in the event of an accident or sickness, the Camp Director, staff and the employees of the facilities outside of the Camp grounds are hereby released from any liability. Media material taken at Camp (photography and video) can be used, with or without my child's name, in the promotion of Camp Jumoke and Camp Wenonah.

I have read this application form, the registration information sheet, and I accept the conditions of enrolment. In the event that a camper requires additional or special medication, x-ray, or treatment beyond that which is possible at the camp, the parents/guardian will be charged with the additional expenses, if any. In case of surgical emergency, I hereby give permission to the physician selected by Camp Jumoke, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

Parent/Guardian Signature

Date (m/d/y)

CAMPER INFORMATION



1. What can the Camp Wenonah staff do to provide the best experience for your child?

2. What do you do when your child is upset? How do you calm them down?

3. Help us understand the social preferences of your child.

Does your child most easily make friends with other children who are:

- My child's own age
- Younger
- Older
- Adult
- All ages

5. What are the eating habits of your child (please check)?

- Fussy
- Average
- Hearty

6. a) Please help us understand your child's sleep patterns.

Check all of the following that apply:

- Frequently wets bed
- Occasionally wets bed
- Walks in sleep
- Nightmares/terrors

b) What size of pull-ups or goodnights does your child wear (*if needed*)?

c) Please explain the nature of your child's sleep pattern:

d) Does your child have any particular fears? If yes, please explain.

4. Are there any recent significant changes in family relationships that may affect your child while he/she is at Camp (*please check*)?

- Birth
- Death
- Illness
- Separation
- Divorce
- Move
- Other

Please explain the nature of the change:

7. Is your child on a special diet (please check)?

- No special diet
- Vegetarian
- Does not eat red meat
- Other (please specify):

NOTES ABOUT FOOD SERVICE: Special diet alternatives are available, and **MUST** be pre-selected. Once selected, that is the menu choice for **EACH** meal at Camp. No substitutes or switching will be allowed during the Camp Period(s) attending.

CAMPER HEALTH INFORMATION



Family Physician/Pediatrician: _____

Phone Number: _____ Camper's Weight: _____

IMMUNIZATIONS

Please list the month and year that your child had the immunizations listed below:

MONTH/YEAR

PREVNAR DATE: _____

PNEUMOVAX DATE: _____

MENACTRA DATE: _____

TETANUS DATE: _____

HOSPITALIZATIONS

1. What was the date that your child was last hospitalized? _____

2. What was your child last hospitalized for? _____

PREVIOUS SURGERIES

3. Has your child had a splenectomy? Yes No

If Yes, when? _____

4. Has your child had their gallbladder removed? Yes No

If Yes, when? _____

5. Has your child had any other surgeries? Yes No

If yes, when and what type? _____

TRANSFUSION HISTORY

6. Does your child receive transfusions regularly? Yes No

If Yes, When was the last transfusion? _____

Reason why your child receives regular transfusions:

Previous Stroke _____ Stroke Prevention _____ Other _____

CAMP JUMOKE
1457 Dundas Street W,
Suite 205
Toronto, ON
M6J 1Y7

416.410.2995
info@jumoke.org

ADDITIONAL INFORMATION



1. Has (*or is*) your child received psychological or group counseling, or psychiatric help?

Yes No

If yes, please explain in a separate letter (*for specific issues of a confidential nature, you may address the letter to the Nursing Director*).

2. Are there any issues of a medical nature that might arise during your child's time at Camp (*i.e. Eating Disorder, Depression, etc.*)? Yes No

If yes, please explain the extent of this issue in a separate letter, and submit to the Nursing Director.

3. Does your child have any other medical conditions, health concerns and/or restrictions?

Yes No

If yes, please state the condition and any important information:

4. Does your child have any recent or current behavioural concerns (*i.e. ADD, ADHD, Depression, etc.*)?

Yes No

If yes, please explain the extent of the behavioural concern in a separate letter, and submit to the Nursing Director.

5. Does your child have any special habits, emotional, or physical needs? Yes No

If yes, please explain the extent of these needs in a separate letter (*for specific issues of a confidential nature, you may address the letter to the Nursing Director*).

CABIN MATE REQUESTS

List up to two requests for cabin mates who are the same age or no more than 18 months of age difference. Each child being requested as a cabin mate must also request for your child to be a cabin mate on their application.

1. Name _____ Age _____

2. Name _____ Age _____

CAMPER MEDICAL INFORMATION

MEDICATION INFORMATION

Does your child take medications on a regular basis at home? Yes No

If yes, please list all medications below:

Medication Name	Dose (in mg)	When is med taken?	Reason for taking?
Folic Acid			
Penicillin VK			
Hydroxyurea			

CAMP JUMOKE
1457 Dundas Street W,
Suite 205
Toronto, ON
M6J 1Y7

416.410.2995
info@jumoke.org



PAIN MANAGEMENT

In order to ensure that we are able to provide your child with care that mimics what happens at home, please list the order in which medications (*e.g. – ibuprofen, morphine*) should be used to relieve your child’s pain. Please include any non-medicinal interventions that should be included (*e.g. – hot packs, distraction, imagery, massage, etc.*)

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

ALLERGIES:

1. My child has allergies to the following medications: _____

Describe Reaction: _____

2. My child is allergic to:

- Insects Spiders Bees Wasps Others: _____

Describe Reaction: _____

Is it life threatening?	Yes	No
Will he/she be bringing an EPI-PEN to camp?	Yes	No

3. If your child has seasonal or environmental allergies,

Describe Reaction: _____

Treatment: _____

4. Does your child have asthma? Yes No

If Yes, please send inhalers with child. _____

To the best of my knowledge all medical problems or conditions pertaining to the Camp Jumoke Camper have been fully noted. I give permission for this health information to be shared with the appropriate camp staff and medical personnel as necessary. If the parent/guardian cannot be reached, permission is hereby given to the camp medical staff to take whatever steps they deem necessary to ensure the safety and health of the camper. Note: Camp Jumoke provides ongoing medical support to the camper while they are in attendance at camp.

Parent/Guardian (*please print*): _____

Signature: _____ Date: _____

CAMP JUMOKE
 1457 Dundas Street W,
 Suite 205
 Toronto, ON
 M6J 1Y7

416.410.2995
 info@jumoke.org

ACTIVITY AND COMMITMENT FORMS



Personal Individualized Choices (PIC) – for two week campers ONLY

Explanations of PIC areas are found in the Camper Final Instructions Handbook, and on our website (www.campwenonah.com/residential/programs.asp). Discuss with your child what he/she would like to take at camp, and the goals of the overall experience.

NOTES:

- New as of camp session 2013 – campers will make their PIC selections once they ARRIVE at camp. There will be NO choices made before camp.
- If paddlemaking is selected as one of your child's PICs, there will be an additional cost of \$35 that parents are responsible for. Please make sure these funds are provided on the day of departure for camp.

TRIP WAIVER – for ALL campers (*Must be signed for the overnight out trip Program*)

I understand that activities taking part outside the normal camp experience may have risks attached. I agree to indemnify and hold harmless Camp Wenonah, its Officers, Directors, Agents, Employees, Contracted Service and Camp Jumoke providers from and against all claims, loss or expense arising from any accident, injury or damage sustained during the participation of my child in activities provided through the Wenonah trip experience.

Camper Name: _____

Parent/Guardian Signature: _____

Date (m/d/y): _____

Parental/Family Commitment

1. In order to fulfill our commitment to Camp Jumoke, we will volunteer at:

- The annual walk-a-thon (*June*)
- The annual brunch/gala (*September*)
- The annual bowl-a-thon (*February*)
- The Camp Jumoke office 3 - 4 times per year (*phone calls, mail outs, etc.*)
- Negotiate with Camp Jumoke, volunteer duties that would fulfill our commitment
- High School Students – Community Hour Requirement Program (*40 hours*)

2. Under certain circumstances, such as behavioural issues and excluding medical issues, a child has to be sent home from camp and it is the responsibility of parents/guardians to pick up their child from camp and transport them back home, at their own expense. By signing below you acknowledge the abovementioned and agree to take responsibility for organizing transportation for your child within 24 hours of being notified of their dismissal from Camp Wenonah. In addition, your commitment to the identified volunteer activity must be completed by February of the next year.

Parent/Guardian Signature: _____

Date (m/d/y): _____

CAMP JUMOKE
1457 Dundas Street W,
Suite 205
Toronto, ON
M6J 1Y7

416.410.2995
info@jumoke.org

CONDITIONS THAT MUST BE UPHELD BY PARENTS/GUARDIANS



1. I agree that, if my child is unable to attend camp for any unforeseen circumstance, other than an acute sickle cell crisis, I must call the office immediately at 416-410-2995 and leave a message or email the Nursing Director at info@jumoke.org.
2. I agree that, if my child has an acute sickle cell crisis, I must contact the Camp Jumoke office or email the Nursing Director as soon as absolutely possible to inform them that my child will not be attending camp.
3. I agree that, if I do not inform Camp Jumoke that my child will not be attending camp after being accepted, then my child will forfeit their opportunity to attend camp in 2017. For the following year, 2017, the board of directors at Camp Jumoke and the Healthcare Team will review my child's application and a decision will be made as to whether my child may attend camp.

Parent/Guardian Signature: _____

Date (m/d/y): _____

CAMPER CODE OF CONDUCT

We want to avoid having more serious, but increasingly common, social problems filter in to the Camp environment. We have identified "serious" issues as: alcohol, bullying, defiance, disorderly conduct, drugs, harassment, profanity, sexual activity, smoking, theft, vandalism, and weapons use. In addressing these issues we hope to prevent the kinds of problems that plague schools and communities from happening at Camp. A safe environment requires the complement of safe practices and consistent consequences. Descriptions of behaviours and potential consequences are detailed in the Final Instructions booklet. Mitigating factors are taken into consideration when consequenceing camper behaviour. Any violation of the laws of the Province of Ontario results in automatic dismissal. The Camp Administration reserves the right to withdraw any camper without warning who, in their opinion, compromises the physical or emotional safety of any person at Camp, or who is an immediate hazard to the safety of themselves or others.

CAMPER AGREEMENT:

I have read and discussed the policies of Camp Wenonah and the Code of Conduct with my parent(s), and I agree to abide by them and enter into all activities with a willing and positive spirit.

Camper Signature: _____

Date (m/d/y): _____

PARENT AGREEMENT:

I have read the Camp Wenonah Camper Code of Conduct with my child. I further understand the contents and the expectations for a safe and successful camping experience as outlined.

Parent/Guardian Signature: _____

Date (m/d/y): _____

CAMP JUMOKE
1457 Dundas Street W,
Suite 205
Toronto, ON
M6J 1Y7

416.410.2995
info@jumoke.org