



**Kerr Street Mission**  
Oakville's Mission of Hope



485 Kerr Street  
Oakville ON L6K 3C6  
Tel: 905-845-7485  
Alisa Ward, Camp Director  
alisa@kerrstreet.com  
www.kerrstreet.com

# 2018 Registration Package



## Message from the Camp Director

I am so excited to be a part of the camp team once again! Summer camp has been a huge part of my life, having spent my childhood attending Camp Mini Yo We, and over 8 years on Staff. My first introduction to Kerr Street Mission was through KSDC in 2010, where I served as the Volunteer Coordinator. I have such a heart to serve this community and I am so glad to have the opportunity to help grow strong leaders and set the foundation for an amazing summer camp experience for each of our families.



This year KSDC will be held on site at 485 Kerr Street, and will be filled with amazing experiences within our community and some fun field trip adventures throughout the GTA. Bringing camp back to KSM allows us to deepen relationships and offer even more opportunities for not only our campers but each of their families to connect to our incredible community. I look forward to welcoming you and getting to know you this summer!

- Alisa Ward, Camp Director  
a.k.a. Rookie

## About Kerr Street Day Camp

Kerr Street Day Camp (KSDC) offers an exciting high quality summer day camp opportunity for children aged 5 - 12 years in our neighborhood. Each week will include a new theme filled with traditional camp activities and adventures: games, sports, crafts, songs, as well as swimming and special outings.

KSDC is committed to creating a positive environment for campers, staff, and volunteers. Camp is supported by carefully screened and selected staff who are dedicated to high quality, safe, and inclusive programming.

**Cost to attend KSDC for 1 week: Families registered with KSM \$25**  
**Non-KSM registered families \$100**

This cost includes all transportation, community outings, swimming and out trips.

If you are registered with Kerr Street Mission and would like to request additional assistance/subsidy please contact [alisa@kerrstreet.com](mailto:alisa@kerrstreet.com).

## Day Camp Weeks

**Week 1:** July 9th – 13th

**Week 2:** July 16th – 20th

**Week 3:** July 23 – 27th

**Week 4:** July 30th – Aug 3rd

**Week 5\*:** Aug 7th – Aug 10th

**Week 6:** August 13th – 17th

*\*Shorter week due to Civic Holiday.*

## Registration

We will be accepting registrations on a first come, first served basis. All families will be contacted after May 14th to confirm their registration. Partial payments will be accepted between May 15th – June 15th, and **full payment for the summer must be received by June 15th, 2018**. Failure to do so will compromise campers space in our program.

Please register by completing the forms within this package and drop off in person or via mail to:

**Kerr Street Mission – 485 Kerr Street, Oakville, ON L6K 3C6**

Kindly give us 3 weeks' notice if your child will not be attending camp in order to receive a refund. After 3 weeks, no money will be refunded, although you child can transfer to an alternate week up until 1 week before the start of camp (space permitting).

## Register Early!

Camp spaces and subsidies are limited. We encourage you to register by June 1st, 2018 to ensure we can plan for your arrival and a great camp experience!

## Camp Hours

**Drop Off:** 8:30 am - 9 am

**Pick Up:** 3:30 pm - 4 pm

We look forward to a FUN Summer!!!



# KSDC Registration Form

Camper Full Name: \_\_\_\_\_

Address (incl. apt. #): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date: (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: M / F

Health Card #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School: \_\_\_\_\_

Does the camper use an epi-pen, medication or have any special needs, allergies, or other concerns? (circle) Y / N *If "Yes" please attach a note*

Parent/Guardian Name (1): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian Name (2): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*In case of custody agreements, please attach a note.*

## ALTERNATE EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## SIGN OUT INFO

List the names of any adults who have your permission to sign your child out. (Any names NOT on this list will be unable to sign the camper out without a handwritten note)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can the above stated child walk home alone (10 years old or older)? Y / N \_\_\_\_\_ (initial)

## 2018 DATES - PLEASE CHOOSE YOUR WEEKS

**WEEK 1** July 9-13       **WEEK 2** July 16-20       **WEEK 3** July 23-27

**WEEK 4** July 30-Aug 3       **WEEK 5** August 7-10       **WEEK 6** August 13-17

# KSDC Permission and Waiver

I, \_\_\_\_\_ (the **PARENT**), am the parent/legal guardian of \_\_\_\_\_ (the **CAMPER**), who has my permission to attend and participate in summer camps run by Kerr Street Community Services, operating as Kerr Street Mission located at 485 Kerr Street, Oakville. I have read and completed the application and confirm all information is correct.

**THE CAMPER** hereby agrees to abide by the behavioral guidelines for the camp and the parent agrees that in the event that the **CAMPER** fails to comply with the guidelines or behaves in such a way as is likely to cause damage or injury to persons or property while at camp, the **CAMPER** may be sent home at the parent's expense and the parent shall be responsible for any costs incurred in rectifying any damage.

**THE PARENT** hereby authorizes the administration of any first aid treatment that may be deemed necessary by any of the Kerr Street Mission staff. In the event of a more serious medical emergency affecting the **CAMPER**, the staff shall make all reasonable efforts to contact the parent/guardian. Where attempts to contact the parent are not successful or are not feasible due to the urgency of the situation, the staff are hereby authorized to obtain the services of a duly licensed physician and to secure appropriate treatment for the **CAMPER**. The parent hereby confirms that the **CAMPER** is covered by **OHIP** or equivalent medical insurance.

**I GIVE THE CAMPER PERMISSION** to travel by foot within the community without prior notice to participate in day camp programming (ie to swim at a local community pool) over the course of the summer. In addition I give permission to travel by bus on any field trips during camp, provided I am given notice of the destination and time of the trip which will be included in the newsletter on the first day of each week of camp. In the event that the parent does not receive the weekly newsletter, it is the parent's responsibility to contact Kerr Street Mission the following day to obtain a copy thereof. If the camper requires any accommodations or modifications to program, it is the parents responsibility to notify Kerr Street Mission prior to camp.

**THE PARENT AND THE CAMPER** hereby acknowledge that there are inherent risks involved in the travel and group activities which comprise the camp, and voluntarily elect to assume said risks as their sole responsibility. The parent and the **CAMPER** hereby release Kerr Street Community Services employees, agents, board of directors, volunteers from any and all liability, claims, damages and costs for loss, personal injury, accident, misfortune or damage to the **CAMPER** or his/her property while participating in events sponsored by Kerr Street Mission. It is understood that Kerr Street Mission shall take reasonable precautions to provide for the health and safety of the **CAMPER**.

**I AUTHORIZE** the use of any photos taken over the duration of the camp for non-profit promotional purposes in the future. **YES / NO** \_\_\_\_\_ (initial)

**I ACKNOWLEDGE** having read and understood each of the foregoing provisions and camp policies and agree to abide by the terms of this agreement, authorization and waiver.

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