



Parent/Guardian Information

Registration Date: _____

Mother/Guardian 1 First Name: _____ M.I. _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Work Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Email: _____

(For office use) Photo I.D. Verified: Yes [] Type of I.D.: _____

Father/Guardian 2 First Name: _____ M.I. _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Work Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Email: _____

(For office use) Photo I.D. Verified: Yes [] Type of I.D.: _____

1st Child's Information

Registration Date: _____

First Name: _____ M.I. _____ Last Name: _____

Gender: [] Male [] Female Date of Birth (MM/DD/YYYY): _____/_____/_____ (Ages 4-11)

Child's Home Phone: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Does your child have known behavioural issues? [] Yes [] No

Is your child on an I.E.P.? [] Yes [] No Grade Entering in September _____

Child's Medical Information

Please list any allergies and/or medical conditions and how they are managed:

Family Doctor: _____ Phone: () _____

Address: _____ Health Card #: _____

Note: We may take a photo of your child for security purposes.



2nd Child's Information

Registration Date: _____

First Name: _____ M.I. _____ Last Name: _____

Gender: ☐ Male ☐ Female Date of Birth (MM/DD/YYYY): _____ / _____ / _____ (Ages 4-11)

Child's Home Phone: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Does your child have known behavioural issues? ☐ Yes ☐ No

Is your child on an I.E.P.? ☐ Yes ☐ No Grade Entering in September _____

Child's Medical Information

Please list any allergies and/or medical conditions and how they are managed:

Family Doctor: _____ Phone: () _____

Address: _____ Health Card #: _____

Note: We may take a photo of your child for security purposes.

3rd Child's Information

Registration Date: _____

First Name: _____ M.I. _____ Last Name: _____

Gender: ☐ Male ☐ Female Date of Birth (MM/DD/YYYY): _____ / _____ / _____ (Ages 4-11)

Child's Home Phone: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Does your child have known behavioural issues? ☐ Yes ☐ No

Is your child on an I.E.P.? ☐ Yes ☐ No Grade Entering in September _____

Child's Medical Information

Please list any allergies and/or medical conditions and how they are managed:

Family Doctor: _____ Phone: () _____

Address: _____ Health Card #: _____

Note: We may take a photo of your child for security purposes.



1. Emergency Contact (please name two people we can call if parent(s) cannot be reached)

1st Contact Name: _____ Phone: _____

Address: _____ Relationship to the Child: _____

Is contact authorized for pick up: [] Yes [] No (Please Note: photo ID required to pick up children)

2nd Contact Name: _____ Phone: _____

Address: _____ Relationship to the Child: _____

Is contact authorized for pick up: [] Yes [] No (Please Note: photo ID required to pick up children)

2. Authorized Pick-up Personnel (please name anyone else other than the parent(s) or emergency contacts that have permission to pick-up your child/children from Camp Vision)

1st Contact Name: _____ Phone: _____

Address: _____ Relationship to the Child: _____

(Please Note: photo ID required to pick up children)

2nd Contact Name: _____ Phone: _____

Address: _____ Relationship to the Child: _____

(Please Note: photo ID required to pick up children)

3rd Contact Name: _____ Phone: _____

Address: _____ Relationship to the Child: _____

(Please Note: photo ID required to pick up children)

4th Contact Name: _____ Phone: _____

Address: _____ Relationship to the Child: _____

(Please Note: photo ID required to pick up children)

Child will normally depart with:

Please Note: Children will be released to the parent(s) and or persons listed on registration. Children will not be released to anyone not listed on this form, unless, Camp Vision Staff is advised of the change in advance, preferably in writing.



Waivers and Conditions of Enrolment:

1. All applications must be submitted with a non-refundable registration fee of \$15.00 per child up to \$30 for 2 or more children, to hold your child(ren's) space in the program.
2. Camp fees must be paid on the first day of every week, one week in advance. A late charge of \$10.00 will be applied on the fourth (4th) day after. Late camp fees must be paid prior to the following week's enrolment.
3. Partial camp refunds will only be issued for medical reasons stated in a letter from your doctor. There is an **administration fee of \$35.00 applied to all refunds.**
4. Failure to attend or participate in the full program will not reduce the fee.
5. I, the parent/guardian of the above-named participant(s), release Christian Faith Outreach Centre **Camp Vision**, it's directors, board, and corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above-named or his/ her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named individual.
6. Each camper must be covered by Ontario Health Insurance or equivalent medical insurance. The parent/guardian certifies that the individual is in good health, normal in condition and habits, and is suitable for the program. By signing this form, the parent/guardian is giving Christian Faith Outreach Centre **Camp Vision** staff the right to obtain medical attention necessary for the individual welfare and good health, including ordering injection, anaesthesia, or surgery. In such situation, the camp will attempt to notify the parent or emergency contact(s) as soon as possible. The parent/guardian is responsible for all costs incurred. For withdrawal during camp on a physician's order, one half of the fee for the expired term will be refunded.
7. The program director(s) reserves the right to dismiss an individual who, in the opinion of the director, is a hazard to the safety and rights of others who appears to have rejected the reasonable controls of the program. No refund will be made for dismissals due to disciplinary action.
8. As a Christian non-profit charitable organization, we encourage program registrants to think about spiritual values as presented in the Bible and to apply them in practical ways while enjoying wholesome, vigorous activities. We welcome registrants of all races and creeds.
9. I give permission for Christian Faith Outreach Centre **Camp Vision** to photograph and/or videotape my child(ren) while at **Camp Vision**. I understand that these images may be used in videos for promotion of Christian Faith Outreach Centre **Camp Vision** in newspapers, web and other promotional material.
10. I do hereby give permission for my child(ren) to attend all field trips with **Camp Vision** directors, teachers and volunteers.
11. We have always and will continue to use your personal information for **Camp Vision** purposes only. Your information will never be shared or sold to any mailing lists.

I have read, understood and agree to the Christian Faith Outreach Centre
Camp Vision Waivers & Conditions of Enrolment:

Signature:

Parent/Guardian Signature: _____

Date(mm/dd/yyyy): ____/____/____

Thank You!



SUMMER CAMP July 2nd – August 22nd, 2025

Camper ID: _____

Camp Hours

Camp Program	9:00 am – 5:00 pm
Before Care	8:00 am – 9:00 am
After Care	5:00 pm – 6:00 pm *
Thursday Trips	Meeting time 8:30 am sharp

* Note: There is a late charge of \$1.00 per minute per child to be paid in cash to camp counselor after 6:00 pm.

Camp Fees (Please check appropriate box(s))

Program	1 st Child	Cost	2 nd Child	Cost	3 rd Child	Cost
Week		\$100.00		\$80.00		\$75.00
Daily Fee		\$38.00		\$30.00		\$25.00
Before & After Care **		\$30.00		\$30.00		\$30.00
Before OR After Care**		\$15.00		\$15.00		\$15.00
Before <input type="checkbox"/> After <input type="checkbox"/>						
Short Week***		\$85.00		\$70.00		\$65.00

If daily, please check the appropriate days:

Monday Tuesday Wednesday Thursday Friday

☐☐☐☐☐

We issue receipts with every payment.
Please keep your receipts for tax purposes.

Please check the appropriate weeks:

W1 July 2 – 4***

\$ _____

W2 July 7 – 11

\$ _____

W3 July 14 – 18

\$ _____

W4 July 21 – 25

\$ _____

W5 July 28 – Aug 1

\$ _____

W6 Aug 4 – 8***

\$ _____

W7 Aug 11 – 15

\$ _____

W8 Aug 18 – 22

\$ _____

**Weekly Rate. Registrations are accepted on a first come first serve basis.

Christian Faith Outreach Centre Camp Vision is a non-profit, interdenominational camp.

PAYMENT INFORMATION

☐

Cash / Certified Cheque

☐

Debit

☐

Credit Card: | Master Card | Visa | American Express | (please circle one)

Registration Fee \$ _____ # of Children _____

Total Cost \$ _____ - Discount \$ _____

Total (after discount) \$ _____

Card Number: _____ Exp: _____/_____

Security Code: (appears on back of card) _____

Cardholders Signature: _____ Date: _____

REGISTER:

In person or by mail/email at:

Christian Faith Outreach Centre

158 Harwood Ave S. Suite 203

Ajax ON, L1S 2H6

By Email: campvision@cfoc.ca

REGISTER ONLINE:

Web: Scan the QR Code

www.cfoc.ca/campvision

Contact us:

(P) 905.619.1109

(E) campvision@cfoc.ca

