



## 2026 Joy Camp Application Form

**APPLICATION PROCESS:** Send these application forms to **Joy Camp, 10419 111 Ave. Grande Prairie AB T8V 1T9**. Campers must apply ahead of time. The deadline is July 3. The camper fee can be paid by these options: Cheque; Money order/bank draft; and e-transfer. The fee must be enclosed with the application. Do not send cash. Make cheques out to David Thompson Bible Camp. If you do not have cheques, send a money order from the Post Office or get a bank draft. If you prefer to pay by e-transfer (Enter a note, on the memo that it is for "Joy Camp Day Camp): use [office@dtbc.ca](mailto:office@dtbc.ca) (If the fee is difficult for you, apply anyway and let us know. There are funds available.)

There are four places to sign—in boxed areas on pages 2 & 5. Be sure these are completed.

**Full name of camper:** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail address, if you have one:** \_\_\_\_\_

**Alberta Health Care #** \_\_\_\_\_ **Phone no.** \_\_\_\_\_

**Parent/Caregiver E-mail:** \_\_\_\_\_

**Contact information in case of emergency (e.g. group home #, if not the same as above):**

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

**Home phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Secondary Contact Person & Phone Number** \_\_\_\_\_

**You are registering for the Joy Day Camp August 3-5 9:30 a.m. to 6:00 p.m.**

Do you plan to attend all 3 days of day camp? (Please check.)

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Will you be coming and staying at camp for the hours given (9:30-6:00)? If not, please indicate when you plan to arrive \_\_\_\_\_ and leave \_\_\_\_\_

Fee: \$150.00 or \$50.00/day.

Fee without meals: \$100.00 or \$35.00/day

**Camper fee enclosed** \_\_\_\_\_

## INFORMATION ABOUT PERSONAL STAFF

Will you have personal staff helping you at camp? \_\_\_\_\_ How many? \_\_\_\_\_

If so, what hours? \_\_\_\_\_

Name(s) of staff: \_\_\_\_\_

Note: If you are using a wheelchair, you must bring a worker with you.

The camp is asking personal staff to pay a fee of \$40 for the whole camp (or \$8.00 per meal) to help cover meal costs. State how many staff and/or meals: \_\_\_\_\_

\_\_\_\_\_ **Staff fee enclosed** \_\_\_\_\_

Supper on the last evening is free for all staff, family members, or guardians. Please tell us how many family members, guardians, or extra staff will be eating the free meal (supper) with us on Wednesday, August 5<sup>th</sup>. (Don't count the personal staff with you at camp): \_\_\_\_\_

Please have your agency, staff, parent, or other caregiver sign the following:

In the event of illness or accident, deemed serious by the camp nursing staff or a doctor in town, I/we, (name or agency) \_\_\_\_\_, will be responsible to come and pick up the camper named on this form:

Signed \_\_\_\_\_

We take pictures for your personal camp album and for the camp's own promotional albums. For example we take a big group picture, snap-shots of various groups, and activity pictures. Do you give permission for taking your picture for camp purposes? (Please circle)

YES      NO      Signed: \_\_\_\_\_  
Parent/Caregiver/Guardian's signature required

### Summary of Enclosed Fees:

<b>Camper fee</b>	\$ _____
(Copy amount from front page)	
<b>Staff fees</b>	\$ _____
(Copy amount from above)	
<b>\$15 late fee</b> (after July 3rd)	\$ _____
<b>Total fees enclosed</b>	\$ _____
<b>or payment is e-transfer</b>	\$ _____

Again, send by regular mail (no faxes, please) these application sheets to Joy Camp 10419 111 Ave. Grande Prairie AB T8V 1T9 We may not be able to provide craft items or a place at camp if you apply after July 3rd. If you have questions, phone the camp (780 494 2103) or Thiessen's (780 513 6593)

## QUESTIONS TO BE ANSWERED

1. Are there any health or behavioural concerns we should be aware of that might affect your participation in the camp program or affect others at camp? If so, please explain.

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Please notify us if you are exposed to a communicable disease during the three weeks prior to camp.

2. What is your health history? For this question and the others, check all that apply.

Disability diagnosis (This must be filled in, in case of emergency) \_\_\_\_\_

Seizures

Frequent colds

Hepatitis

Frequent upset stomach

Diabetes

Frequent constipation

Hypochondria (excessive concern about health)

Fainting spells

If you have seizures, what type are they, what are the symptoms, and what is the recommended course of action?

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Other concerns/comments regarding health history:

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3. Do you have needs regarding meal time? (Give comments where needed)

Independent

Some help required (Describe below)

Supervision needed regarding quantities

Straw needed for drinking

On a diet \_\_\_\_\_

Allergies or difficult foods \_\_\_\_\_

Comments: \_\_\_\_\_

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For SPECIAL DIETARY NEEDS there are some things we cannot provide, e.g. blenders, special snacks or special food items. To discuss your needs, please contact Jonathan Lorentzen by phone before camp, at 780 402 8778.

4. Do you have any allergies to other substances, besides food; e.g. medicines, scents, etc.?

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5. How is your communication and vision?

Speaking  Understanding spoken words

Limited speaking vocabulary  Sign Language

Hearing problems  Vision problems

Comments:

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6. Do you have any physical disabilities?

No limitations  Wheelchair

Walker/Cane  Need help with transfer

Leg braces  Transfer with no assistance

Other limitations (give details) \_\_\_\_\_

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Other comments: \_\_\_\_\_

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7. Do you display any behaviours we should be aware of?

No behaviours of concern  Fears

Refusal to cooperate  Verbal aggression

Physical aggression  Memory loss

Other behaviours ( \_\_\_\_\_ )

Comments about behaviour (e.g. effective strategies so we can help you be successful):

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8. To help us get to know you a little bit, we'd like to find out: Do you enjoy being with other people?  
 \_\_\_\_\_ Or do you usually prefer to be by yourself? \_\_\_\_\_

Tell us about some of your favourite games or hobbies or activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 9. Regarding Medications

The expectation is that personal staff will be administering medication to their individual camper(s). However, if any day camper needs help from the camp nurse to administer meds, please **send** in an MAR (Medical Administration Record) from your pharmacy or group home with this application, and **bring** a copy to camp.

If you need the nurse to give you your medications, no dosettes or hand-packed medication boxes are allowed. Have your pharmacist put your medications in a **bubble pack** for camp. If you have only **one** medication you may bring it in its original bottle or package which has the dosage and instructions on it. If there is more than one kind of medication, give your pharmacist plenty of time to put what you need for camp in a bubble pack.

Sometimes campers request over-the-counter preparations such as Tylenol or Tums. We cannot give them such medications without consent of a parent, guardian or care-giver. If you wish the camp to administer these medications at their discretion, please sign the following:

I hereby grant David Thompson Bible Camp the option of giving my camper, \_\_\_\_\_,  
 over-the-counter medication as needed. Signed \_\_\_\_\_

When you arrive at camp, we will take your picture, to be used by the nurses for identification purposes when they give out the meds. If you do not want your picture taken, you must bring a photo of yourself with you for the nurses to use.

Please sign or have your guardian sign below:

*I certify that the information on this five-page form is complete and correct. I also agree to abide by the camp schedule and cooperate with camp staff.*

\_\_\_\_\_ Date \_\_\_\_\_

If you don't receive a reply letter from the camp by three weeks after you have sent in the application, let us know.

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