



2022 Joy Camp Application Form

APPLICATION PROCESS: Send these application forms to **Joy Camp, 10419 111 Ave. Grande Prairie AB T8V 1T9**. 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 the fee is difficult for you, apply anyway and let us know. There are funds available.)

There are three 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 _____

This year we need your T-shirt size. Please check: Small _____ Medium _____ Large _____
Extra Large _____ 2X Large _____ 3X Large _____

You are registering for the Joy Day Camp Aug 10-12 9:30 a.m. to 6:00 p.m.

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

Wednesday _____

Thursday _____

Friday _____

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: \$135.00 or \$45.00/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 \$25 for the whole camp (or \$5.00 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 Friday, August 12 (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:

Camper fee	
(Copy amount from front page)	\$ _____
Staff fees	
(Copy amount from above)	\$ _____
\$15 late fee (after July 13)	\$ _____
Total fees enclosed	\$ _____

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 even a place at camp if you apply after July 13.** 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.

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?

Other concerns/comments regarding health history:

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: _____

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.?

5. How is your communication and vision?

Speaking Understanding spoken words

Limited speaking vocabulary Sign Language

Hearing problems Vision problems

Comments:

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) _____

Other comments: _____

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):

8. Do you need help with grooming, dressing and personal care; for example: showering, dentures, hearing aid, brushing teeth, hair, toileting, feminine hygiene, skin care, etc.?

__Independent

__Some help required

Comments: _____

9. 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: _____

10. 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.

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.
