

Kandu

Summer Day Camp

Camrose Association for Community Living

KANDU Summer Day Camp 2024

Kandu is a nonprofit camp which offers a wide variety of recreation, sport, and craft activities for all children, including children with special health and developmental concerns. The camp runs throughout July and August for children aged 7 to 15. This is a very popular program that fills up quickly every year.

Camp Cost 2024

Cost: \$35/day, \$100/week, \$400/month, \$700/Full time

Non-refundable Registration Fee \$25 - Additional costs may apply for field trips

Kandu Camp Runs: Monday, Tuesday, Wednesday and Thursday.
(Camp does not run on stat holidays. If camp falls on a stat Monday, the Friday will be a camp day for that week)

9:00 am to 4:00 pm (7 hours a day)

Start day will be Tuesday, July 2nd

Last day will be Thursday, August 22nd

Registration Deadline is June 17th, 2024 and is on a first come first serve basis. Please feel free to register after the deadline; however spots may be full.

Completed camp registration forms and camp fees will be accepted at CAFCL's office located at 4604-57st. Email familysupport@cafcl.org or Phone 780-672-0257

Please note that payment must be made in advance. Payment can be made in the form of post dated cheques from the time of application; master card, visa and or cash. Registration is not complete until camp fees are paid in full. Payment plans and subsidy are also available! E-transfer payments can be sent to payments@cafcl.org

Cancellation Policy: Cancellations must be made no later than **10** business days or subject to **75%** of the registration fee. Kandu has a *"No show, no refund"* policy.

We're excited to get to know your child and have lots of fun this year!

Please feel free to contact the Camrose Association for Community Living with any questions. Phone: 780-672-0257 E-mail: familysupport@cafcl.org

2024 Registration Form
Registration Deadline: June 17th, 2024

Campers Name:		
Registration Fee:		
Method of payment:		
	Cheque <input type="checkbox"/>	Debit <input type="checkbox"/>
	MasterCard <input type="checkbox"/>	E-transfer (EMT) <input type="checkbox"/>
	Visa <input type="checkbox"/>	OTHER <input type="checkbox"/>
	Cash <input type="checkbox"/>	Applying for Subsidy <input type="checkbox"/>
	Cheque #'s -	Payment Plan <input type="checkbox"/>
<p>*Select the days your camper is available. INDICATING AVAILABILITY DOES NOT GUARANTEE YOUR CHILD WILL HAVE A SPOT THAT DAY – We’re doing our best to accommodate. (please check appropriate boxes) If filling this out on the computer double click the box, click CHECKED and OK. This will check your box.</p>		
Week 1 (July 2-5) July 2 <input type="checkbox"/> , July 3 <input type="checkbox"/> , July 4 <input type="checkbox"/> , July 5 <input type="checkbox"/>		Week 5 (July 29- Aug 1) <input type="checkbox"/> , or July 29 <input type="checkbox"/> , July 30 <input type="checkbox"/> , July 31 <input type="checkbox"/> , Aug 1 <input type="checkbox"/>
Week 2 (July 8-11) July 8 <input type="checkbox"/> July 9 <input type="checkbox"/> , July 10 <input type="checkbox"/> , July 11 <input type="checkbox"/>		Week 6 (Aug 6-9) <input type="checkbox"/> , or Aug 6 <input type="checkbox"/> , Aug 7 <input type="checkbox"/> , Aug 8 <input type="checkbox"/> , Aug 9 <input type="checkbox"/>
Week 3 (July 15-18) July 15 <input type="checkbox"/> , July 16 <input type="checkbox"/> , July 17 <input type="checkbox"/> , July 18 <input type="checkbox"/>		Week 7 (Aug 12-15) <input type="checkbox"/> , or Aug 12 <input type="checkbox"/> , Aug 13 <input type="checkbox"/> , Aug 14 <input type="checkbox"/> , Aug 15 <input type="checkbox"/>
Week 4 (July 22-25) <input type="checkbox"/> , or July 22 <input type="checkbox"/> , July 23 <input type="checkbox"/> , July 24 <input type="checkbox"/> , July 25 <input type="checkbox"/>		Week 8 (Aug 19-22) <input type="checkbox"/> , or Aug 19 <input type="checkbox"/> , Aug 20 <input type="checkbox"/> , Aug 21 <input type="checkbox"/> , Aug 22 <input type="checkbox"/>
Date of registration:		Age of child or youth:
*Birth date (day/month/year):		Male <input type="checkbox"/> Female <input type="checkbox"/> Other Gender <input type="checkbox"/>
*Alberta Health Care #:		
*Parents/Guardian:		
*Address:		City:
*Postal Code:		
*E-mail Address:		
*Home Phone:		*Work Phone:
*Cell Phone:		(who’s cell phone)
*Text Can we text you? Y <input type="checkbox"/> N <input type="checkbox"/>		Campers Cell Phone:
*Emergency Contacts:		Name:
		Relationship:
		Phone #:
		Name:
		Relationship:
		Phone #:
Allergies/Medic Alert/Medications (when sending medications to an event, please ensure that the medications are placed in a sealed container that is clearly marked with the:		

Individual's name and phone number, Current date, Name of medication, Time to be given, Dosage of medication , Route for administration (oral, topical etc.) If the medications are not received with the following information summer staff will not accept them, nor administer them.

Special Concerns: (behavior, social skills, self help)

Does your child have an aide or support worker?

Will his/her aide accompany them to summer camp?

Name of your child's aide or support worker? (Aide may be required to provide transportation)

Contact # for aide or support worker:

Other: Please provide us with any information about your child that you feel would be helpful for us to know. (Sensory concerns, likes, dislike, fears, favorite activities, etc.)

The Full Camp Experience

What are some of the things that your child would really love to do at camp? Maybe we can make it happen!

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

****All children must be signed in and out of camp each day****

Please let Summer Staff know if someone other than you will be picking your child up. It is important we are aware of who will be in charge of your child when they leave our supervision, as safety is important to us. Also make summer staff aware of any one that is NOT permitted to pick up the camper (court order, etc.)

Please initial that you have read this, _____.

Due to FOIP legislation, permission must be granted before pictures are published. We will be taking pictures during camp for future advertising. Please indicate that you agree or do not agree to give authorization to the Camrose Association for Community Living Summer Program and general media (TV, newspaper, etc.) personnel to photograph and/or videotape recordings of your child for the promotion of CAFCL and/or the Summer Program.

YES I agree: No I do not agree:

The information contained on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act and shall ONLY be used for the purpose for which it was collected.

Parent/ Guardian Name:

Parent/Guardian Signature:

Date:

Kandu Camp Summer Programs (Camrose Association for Community Living)

Informed Consent Agreement

*NOTE: This **MUST BE SIGNED** before participation will be allowed.

I [redacted] (parent or guardian) am authorized and request to

have [redacted] (participants' name) participate in Kandu

Camp Summer program. I am aware that in addition to being at the Camrose Association for Community Living the program will take place at various removed locations. Which I understand may/will involve, but not be limited to the following activities.

It is understood that [redacted] (participant name) has my permission to attend and participate in all planned activities during July and August 2024, as outlined in the Summer Day Camp Schedule.

Various indoor and outdoor sport activities

Swimming / Spray Park

Painting

Sport Court Activities

Arts and crafts

Bowling

Petting, holding, viewing, and at farms and at petting zoos

Ice skating (indoor rink depending)

Movie theatre tour and show

Old MacDonald's Campground and Miquelon Lake Day Adventures

Participating in and / or viewing the Big Valley Jamboree Parade

Visit Edmonton Valley Zoo

Use of the Family Resource Centre and / or Field House

Millennium Place – swimming, wave pool, indoor play and leisure facility

And other possible activities associated with this program!

Archery

Outdoor based activities

Cooking/baking

Library

Nature walks

Community Garden

I am Aware and Acknowledge that participation in recreational leisure and sport activities in general involves inherent risks which expose participants to the possibility of injury that include, but are not limited to, skin abrasions, Skin, nerve, bone, muscle, eye, spinal cord, skull and neck damage, pain, paralysis, brain injuries or even death.

I am Aware and Acknowledge that this program involves transportation by way of foot, bus, personal staff vehicles and CAFCL owned vans to and from the areas that the program takes place and that my child will be exposed to all risks associated with foot travel and road and highway transportation. In addition, some elements of this program may take place in remote locations. As a result, immediate medical attention may be compromised

I understand that in choosing to permit my child to participate brings with it the assumption of the risks outlined and I assume full responsibility to instruct my child about the risks and choices available to him/her relative to those risks.

I understand, agree and acknowledge that by choosing to have my child participate in this program brings with it the assumption by me and my child, of all risks associated with this activity including the specific risks as above. In addition I understand that I am free to withdraw my child from this program at any time.

I understand, agree and acknowledge that the Camrose Association for Community Living and its staff cannot give consent for emergency medical treatment. I give my permission for emergency medical treatment to be given to the participant. I understand that I will be informed of the treatment as soon as possible and my permission will be sought for any follow up or additional treatment.

I further understand that this program may be conducted by personnel whose skills and competencies vary according to training and experience. And that it is my responsibility to determine whether or not I am satisfied with the qualifications of the program personnel, including the persons involved with the transportation of my child.

I declare that I have read, understood, and agree to the contents of the above form in its entirety. I relieve the Camrose Association for Community Living, its employees and its volunteers of any and all responsibility for injury or accident to the named participant.

(Parent / Guardian)

(Witness)

Date: _____