

Kandu Summer Day Camp

Camrose Association for Community Living Summer Camp 2025

Join the Fun at Kandu Camp!

Looking for a summer adventure your child won't forget? Kandu Camp is a non-profit summer day camp offering tons of exciting activities- from sports, outdoor fun, crafts to field trips! Whether your child loves to run, create or explore, there's something for everyone. We warmly welcome children with special health or developmental needs, ensuring that every child has a fantastic experience.

Kandu Camp runs throughout July and August for kids ages 7-15. It's a local favourite, so don't wait- spots fill up quickly. Register early to secure your child's place in this fun-filled summer adventure.

Camp Cost 2025

Cost: \$40/day, \$120/week, \$400/4 weeks, \$750/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)

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

Start day will be Tuesday, July 2nd

Last day will be Thursday, August 21st

Registration Deadline is Wednesday, June 18th, 2025 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 be sure to include both the family's name and the camper's name with your payment.

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.

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

2025 Registration form

Registration Deadline: June 18th, 2025

Campers Name:		
Registration Fee:		
Method of payment:		
<ul style="list-style-type: none"> If applying for subsidy, please indicate 	Cheque	<input type="checkbox"/> Cheque #'s -
	MasterCard	<input type="checkbox"/>
	Visa	<input type="checkbox"/>
	Cash	<input type="checkbox"/>
	Applying for subsidy	<input type="checkbox"/>
	Other	<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 are do our best to accommodate. (Please check the appropriate boxes) If filling this out on the computer click the white box, an X should appear in the box, this will check your box.</p>		
<p align="center">Week 1 (July 2-4)</p> <p align="center"><input type="checkbox"/> July 2 <input type="checkbox"/> July 3 <input type="checkbox"/> July 4</p>		<p align="center">Week 2 (July 7-10)</p> <p align="center"><input type="checkbox"/> July 7 <input type="checkbox"/> July 8 <input type="checkbox"/> July 9 <input type="checkbox"/> July 10</p>
<p align="center">Week 3 (July 14-17)</p> <p align="center"><input type="checkbox"/> July 14 <input type="checkbox"/> July 15 <input type="checkbox"/> July 16 <input type="checkbox"/> July 17</p>		<p align="center">Week 4 (July 21-24)</p> <p align="center"><input type="checkbox"/> July 21 <input type="checkbox"/> July 22 <input type="checkbox"/> July 23 <input type="checkbox"/> July 24</p>
<p align="center">Week 5 (July 28-31)</p> <p align="center"><input type="checkbox"/> July 28 <input type="checkbox"/> July 29 <input type="checkbox"/> July 30 <input type="checkbox"/> July 31</p>		<p align="center">Week 6 (August 5-8)</p> <p align="center"><input type="checkbox"/> Aug 5 <input type="checkbox"/> Aug 6 <input type="checkbox"/> Aug 7 <input type="checkbox"/> Aug 8</p>
<p align="center">Week 7 (August 11-14)</p> <p align="center"><input type="checkbox"/> Aug 11 <input type="checkbox"/> Aug 12 <input type="checkbox"/> Aug 13 <input type="checkbox"/> Aug 14</p>		<p align="center">Week 8 (August 18-21)</p> <p align="center"><input type="checkbox"/> Aug 18 <input type="checkbox"/> Aug 19 <input type="checkbox"/> Aug 20 <input type="checkbox"/> Aug 21</p>
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: Can we text you? – Yes <input type="checkbox"/> No <input type="checkbox"/>	(who's cell phone)
Campers Cell Phone:	
Emergency Contacts:	Name:
	Relationship:
	Phone #:
	Name:
Does your child have any allergies, and or medical, physical, emotional, behavioral conditions camp staff should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain.	Relationship:
	Phone Number:
Does your child have an aide or support worker?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will his/her aide accompany them to summer camp?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of your child's aide or support worker? (Aide may be required to provide transportation)	
Contact # for aide or support worker:	
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!	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
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:	

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 **may** 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 2025, as outlined in the Summer Day Camp Schedule.

Various indoor and outdoor sport activities	Horseback riding
Swimming / Spray Park	Archery
Arts & Crafts	Campouts
Orienteering	Outdoor based activities
Facility tours Canoeing	Hockey Games
Arts and crafts	Cooking/baking
Horseback riding	Bowling
Petting, holding, viewing, and riding animals at farms and at petting zoos.	Nature walks
Ice skating	Touring
Movie theatre tour and show	Hay Rides and Wiener Roasts
Lacombe Corn Maze	
Family Stage at Big Valley	
Old MacDonald's Campground and Miquelon Lake – swimming, canoeing/paddle boating, mini golf	
Participating in an or viewing the Big Valley Jamboree Parade	
Visit to Edmonton International Raceway and opportunity to sit in moving or parked car	
Use of the Family Resource Centre and Field House facility	
Millennium Place – swimming, wave pool, indoor play and leisure facility	
And other possible activities associated with this program	

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

CONTACT

Phone: 780-672-0257

Email: familysupport@cafcl.org