Salvation Army Camping Newfoundland and Labrador

MOMS & KIDS

July 5-7, 2024 & July 12-14, 2024

(Age 2- Grade 6)

Application Deadline: June 3, 2024

General Information:

- Moms & Kids camp is open to women and their children ranging from 2 years to grade 6.
- Completed applications and camp fees must be returned to your local Salvation Army Unit/Family Services Office before the deadline of June 3, 2024.
- **Incomplete applications will be returned.**
- Acceptance will be established on a first come basis and camp accommodation.
- For all inquiries regarding Moms and Kids, please contact Jackie Ferguson at jackie.ferguson@salvationarmy.ca or (709)579-2022.
- Registration will be between 1:00 p.m. and 3:00 p.m. on the first day and departure will be following brunch at 11:00 a.m. on the last day.
- A newsletter will be provided one to two weeks prior to the start of camp, highlighting any theme nights that might be included in our schedule, as well as any other important information.

Theme:

- "Start the Party"

Camp Fees:

- The standard fee is as follows (there is a $25 non-refundable deposit):
  - $160.00 (Mom and one child)
  - $185.00 (Mom and two children)
  - $210.00 (Mom and three children)
- Full payment must be submitted with this application.
- Families with a gross income of less than $50,000 per year are eligible for a reduced fee based on income level. Proof of income will be required for each parent/guardian in order to determine eligibility. Please contact your local Salvation Army Unit/Family Services Office for more information.

Transportation:

- Transportation will be considered on a as needed basis.

Salvation Army Camping Newfoundland and Labrador

Please select which camp you wish to attend:	☐ Moms & Kids #1, July 5-7	☐ Moms & Kids #2, July 12-14

Camper Information (Mother/Guardian)		
Last Name:	First Name:	☐ Male ☐ Female
Street Address:	City/Town:	Province:
Postal Code:	Birthdate MM/DD/YYYY:	
Parent/Guardian name:		MCP:
Parent/Guardian Email:		
Parent/Guardian Tel Home:		Business/Cell:
Is Transportation Required?	☐ Yes ☐ No	
Parent/Guardian Signature		Date

Additional Emergency Contacts (Please Provide 2 that are different from the above)	
Contact #1:	Contact #2:
Relationship:	Relationship:
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone#:
Email:	Email:

Corps/Family Services Use Only	
Eligible for financial consideration:	☐ Yes ☐ No
Level of reduced fee (based on 2024 guidelines):	☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4
Please note: Requests for refunds must be submitted to DHQ in writing by August 31, 2024	
I certify that I have checked this application ensuring that all fields have been completed and that he/she meets the requirements for attendance (where applicable).	
Corps Officer/Youth Pastor/Family Services Officer Signature	Date

Children's Information		
Name of 1st Child:	**Birthdate (MM/DD/YYYY):**	☐**Male** ☐**Female**
Describe your Child (personality):		
Name of 2nd Child:	**Birthdate (MM/DD/YYYY):**	☐**Male** ☐**Female**
Describe your Child:		
Name of 3rd Child:	**Birthdate (MM/DD/YYYY):**	☐**Male** ☐**Female**
Describe your Child:		

Moms & Kids Camp

Conditions of Enrollment & Consent

- Camp fees must be submitted with this application.
- Salvation Army personnel must sign this application.
- A completed medical form must be submitted with this application. All medical information will be kept strictly confidential.
- Trained staff will closely supervise children during all camp activities. Moms will be responsible for supervision of their children during free time.
- A lifeguard will be on duty for all water activities.
- A qualified first aid provider is present at all times and operates out of a fully equipped first aid station.
- Visitors to the camp is discouraged as this disrupts the children and camp activities. If visitation is required due to unforeseen circumstances, you are required to call the camp prior to your arrival (709-770-6154).
- Inappropriate clothing (displaying images/logos of alcohol, profanity, and/or a sexual nature) is not permitted on campgrounds.
- Revealing clothing is not permitted on campgrounds.
- The Salvation Army is not responsible for the damage or loss of personal property.
- Electronic devices are permitted (at owner's own risk). However we ask that they not be used during scheduled program activities.
- The Salvation Army reserves the right to dismiss a camper for inappropriate behavior.
- The Camp Director reserves the right to dismiss any camper who in his/her opinion rejects the "Conditions of Enrollment" of the camp or demonstrates a hazard to the safety and/or well-being of the camp, himself/herself, or others. Campers dismissed under these circumstances will not be given a refund.

Camp Attendance Consent

As the parent/legal guardian, I have read the above. I understand and accept the Conditions of Enrollment. I have disclosed to The Salvation Army all relevant medical and physical information with respect to my child. By signing below, I hereby consent to my child attending The Salvation Army Camp and give permission for him/her to participate in all camp activities.

______________________________ ____________________

Signature of Parent/Legal Guardian Date

Photo/Video Consent

All videos and photographs taken by The Salvation Army are the property of The Salvation Army and may be used for promotional purposes only. No names or other personal information will be used.

Do you as the parent/legal guardian give consent for The Salvation Army to take and use photos of your child? ☐Yes ☐No

______________________________ ____________________

Signature of Parent/Legal Guardian Date

Moms & Kids Camp Medical Form 2024

MOTHER- Personal Information			
Last Name:		First Name:	
Birthdate (MM/DD/YYYY):	☐M ☐F	MCP:	

Allergy Information	
Specify Below	**Reaction**
Medication:	
Food:	
Insect Bites:	
Environmental:	
Do you/your child carry an Epi-Pen: ☐Yes ☐No	Do you/they need help using the Epi-Pen: ☐Yes ☐No

Special Diet Requirements
☐Diabetic ☐Lactose Intolerant ☐Dairy Free ☐Gluten Free ☐Vegetarian ☐Other:

Prescription Medications Brought to Camp			
Medication Name:		Dosage:	
Reason for Taking:		When Taken:	
Medication Name:		Dosage:	
Reason for Taking:		When Taken:	
Medication Name:		Dosage:	
Reason for Taking:		When Taken:	

All prescription medication must be brought to camp in the original containers. A pharmacy label must be attached indicating child's name, medication name, dosage and instructions regarding when to be taken. **Medication pre-sorted in store-bought containers cannot be accepted.** Prescriptions must not be past expiration date.

Non-Prescription Medications Brought to Camp			
Medication Name:		Dosage:	
Reason for Taking:		When Taken:	
Medication Name:		Dosage:	
Reason for Taking:		When Taken:	

Other Relevant Information/Special Needs

Medical Consent

To the best of my knowledge I am in good health. I hereby give permission to be administered the prescription drugs provided. I hereby give permission to receive basic non-prescription remedies (i.e. Tylenol, cold medication, head lice treatment, antihistamines for allergic reactions, etc.) if deemed necessary by the camp nurse or first aid provider. In the case of a medical emergency, I hereby give permission for the Camp Director to arrange transportation for me to the hospital for treatment and to notify my emergency contact of the same. I give permission for to be given a lice check before entering the campgrounds. I acknowledge that I may be required to leave the camp if Camp Staff deems head lice condition is severe.

Signature: Date:

Moms & Kids Camp Medical Form 2024

CHILD #1- Personal Information

Last Name: ______________________ First Name: ______________________

Birthdate (MM/DD/YYYY): ______________ ☐M ☐F MCP: ______________________

Allergy Information

Specify Below	Reaction
Medication:	
Food:	
Insect Bites:	
Environmental:	

Do you/your child carry an Epi-Pen: ☐Yes ☐No Do you/they need help using the Epi-Pen: ☐Yes ☐No

Special Diet Requirements

☐Diabetic ☐Lactose Intolerant ☐Dairy Free ☐Gluten Free ☐Vegetarian ☐Other:

Prescription Medications Brought to Camp

Medication Name: ______________________ Dosage: ______________________

Reason for Taking: ______________________ When Taken: ______________________

Medication Name: ______________________ Dosage: ______________________

Reason for Taking: ______________________ When Taken: ______________________

Medication Name: ______________________ Dosage: ______________________

Reason for Taking: ______________________ When Taken: ______________________

All prescription medication must be brought to camp in the original containers. A pharmacy label must be attached indicating child's name, medication name, dosage and instructions regarding when to be taken. **Medication pre-sorted in store-bought containers cannot be accepted.** Prescriptions must not be past expiration date. **If these requirements are not met, the child cannot attend camp.**

Non-Prescription Medications Brought to Camp

Medication Name: ______________________ Dosage: ______________________

Reason for Taking: ______________________ When Taken: ______________________

Medication Name: ______________________ Dosage: ______________________

Reason for Taking: ______________________ When Taken: ______________________

Other Relevant Information/Special Needs

Medical Consent

To the best of my knowledge my child is in good health. I hereby give permission for my child to be administered the prescription drugs provided. I hereby give permission for my child to receive basic non-prescription remedies (i.e. Tylenol, cold medication, head lice treatment, antihistamines for allergic reactions, etc.) if deemed necessary by the camp nurse or first aid provider. In the case of a medical emergency, I hereby give permission for the Camp Director to arrange transportation for my child to the hospital for treatment and to notify my emergency contact/me of the same. I give permission for my child to be given a lice check before entering the campgrounds. I acknowledge that my child may be required to leave the camp if Camp Staff deems head lice condition is severe.

Signature: Date:

Moms & Kids Camp Medical Form 2024

CHILD #2- Personal Information			
Last Name:		First Name:	
Birthdate (MM/DD/YYYY):	☐M ☐F	MCP:	

Allergy Information	
Specify Below	**Reaction**
Medication:	
Food:	
Insect Bites:	
Environmental:	
Do you/your child carry an Epi-Pen: ☐Yes ☐No	Do you/they need help using the Epi-Pen: ☐Yes ☐No

Special Diet Requirements
☐Diabetic ☐Lactose Intolerant ☐Dairy Free ☐Gluten Free ☐Vegetarian ☐Other:

Prescription Medications Brought to Camp			
Medication Name:		Dosage:	
Reason for Taking:		When Taken:	
Medication Name:		Dosage:	
Reason for Taking:		When Taken:	
Medication Name:		Dosage:	
Reason for Taking:		When Taken:	

All prescription medication must be brought to camp in the original containers. A pharmacy label must be attached indicating child's name, medication name, dosage and instructions regarding when to be taken. **Medication pre-sorted in store-bought containers cannot be accepted.** Prescriptions must not be past expiration date. **If these requirements are not met, the child cannot attend camp.**

Non-Prescription Medications Brought to Camp			
Medication Name:		Dosage:	
Reason for Taking:		When Taken:	
Medication Name:		Dosage:	
Reason for Taking:		When Taken:	

Other Relevant Information/Special Needs

Medical Consent

To the best of my knowledge my child is in good health. I hereby give permission for my child to be administered the prescription drugs provided. I hereby give permission for my child to receive basic non-prescription remedies (i.e. Tylenol, cold medication, head lice treatment, antihistamines for allergic reactions, etc.) if deemed necessary by the camp nurse or first aid provider. In the case of a medical emergency, I hereby give permission for the Camp Director to arrange transportation for my child to the hospital for treatment and to notify my emergency contact/me of the same. I give permission for my child to be given a lice check before entering the campgrounds. I acknowledge that my child may be required to leave the camp if Camp Staff deems head lice condition is severe.

Signature: Date:

Moms & Kids Camp Medical Form 2024

CHILD #3- Personal Information	
Last Name:	First Name:
Birthdate (MM/DD/YYYY): ☐M ☐F	MCP:

Allergy Information	
Specify Below	**Reaction**
Medication:	
Food:	
Insect Bites:	
Environmental:	
Do you/your child carry an Epi-Pen: ☐Yes ☐No	Do you/they need help using the Epi-Pen: ☐Yes ☐No

Special Diet Requirements

☐Diabetic ☐Lactose Intolerant ☐Dairy Free ☐Gluten Free ☐Vegetarian ☐Other:

Prescription Medications Brought to Camp

Medication Name:	Dosage:
Reason for Taking:	When Taken:
Medication Name:	Dosage:
Reason for Taking:	When Taken:
Medication Name:	Dosage:
Reason for Taking:	When Taken:

All prescription medication must be brought to camp in the original containers. A pharmacy label must be attached indicating child's name, medication name, dosage and instructions regarding when to be taken. **Medication pre-sorted in store-bought containers cannot be accepted.** Prescriptions must not be past expiration date. **If these requirements are not met, the child cannot attend camp.**

Non-Prescription Medications Brought to Camp

Medication Name:	Dosage:
Reason for Taking:	When Taken:
Medication Name:	Dosage:
Reason for Taking:	When Taken:

Other Relevant Information/Special Needs

Medical Consent

To the best of my knowledge my child is in good health. I hereby give permission for my child to be administered the prescription drugs provided. I hereby give permission for my child to receive basic non-prescription remedies (i.e. Tylenol, cold medication, head lice treatment, antihistamines for allergic reactions, etc.) if deemed necessary by the camp nurse or first aid provider. In the case of a medical emergency, I hereby give permission for the Camp Director to arrange transportation for my child to the hospital for treatment and to notify my emergency contact/me of the same. I give permission for my child to be given a lice check before entering the campgrounds. I acknowledge that my child may be required to leave the camp if Camp Staff deems head lice condition is severe.

Signature: Date: