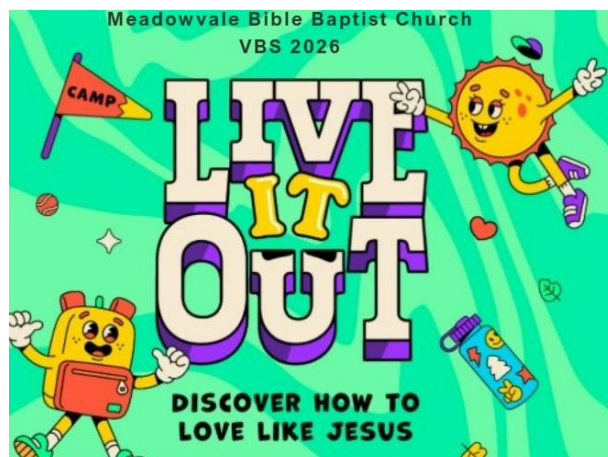
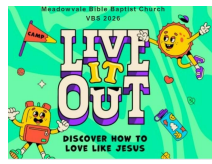


REGISTRATION FORM FOR MCA SUMMER CAMP & MBBC VBS



Meadowvale Bible Baptist Church
Home of the Mississauga Christian Academy
2720 Gananoque Drive, Mississauga, ON L5N 2R2
Phone: (905) 826-4114 ♦ Fax: (905) 567-5874



REGISTRATION FORM

Camper Full Name: _____ Male Female

Date of Birth: MM / DD / YYYY T-Shirt Size (please circle): YS YM YL AS AM AL AXL

Parent/ Guardian Name(s): _____

Address: _____ City: _____ Postal Code: _____

Contact Numbers:

Home: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Email: _____

Please check all weeks that you are registering for:

- June 29th – July 3 = \$208.00 Before Care (\$30.00) After Care (\$30.00)
- July 6th -10th = \$260.00 Before Care (\$30.00) After Care (\$30.00)
- July 13th – 17th = \$260.00 Before Care (\$30.00) After Care (\$30.00)
- July 20st – 24th = \$260.00 Before Care (\$30.00) After Care (\$30.00)
- July 27th – 31st (Morning)** = **\$50.00 MBBC VBS program from 9:00 AM to 12:00 PM ONLY.**
- July 27th – 31st (Afternoon) = \$160.00* Before Care (\$30.00) After Care (\$30.00)

MCA Summer Camp hours are 9:00 am to 4:00 pm.

MBBC VBS hours are 9:00 am to 12:00 pm.

*During the week of VBS, Summer Camp will be available from 12:00 pm to 4:00 pm at an additional fee of \$160.00 for the afternoon.

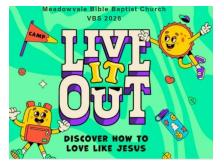
Before-Care is available from 7:00 am – 9:00 am, and After-Care is available from 4:00 pm – 6:00 pm.

Registration is subject to space availability. Camp spaces are limited.

MCA Summer Camp is for children ages 4 to 12 years, and they must have completed Junior Kindergarten to register.

Total Camp Fees Due*: \$ _____

PAYMENT FORM



A completed camp registration form and full payment of the camps fees is required to complete the camp registration process.

Registration forms can be submitted to the Main Office by email at: mcaoffice@mcalearn.com or in-person. Office hours are 9:00 am – 4:00 pm, Monday to Friday. Accepted methods of payment are as follows: E-transfer, Cash, Cheque, Debit, Visa, and MasterCard.

E-transfers can be sent to: e-transfer@mcalearn.com. Cheque(s) can be made payable to MCA.

Please note: Registration is subject to space availability. Camp spaces are limited.

REFUND and WITHDRAWAL POLICY: Withdrawal for campers must be submitted no later than **7 days** before the beginning of each week of camp. *For example: Requested week of withdrawal: July 13th – 17th; withdrawal notice due on or earlier than: **Monday, July 6th**.*

***Note: No refund will be given to any withdrawal requests received less than 7 days in advance. There will be no refunds for VBS.**

I understand the refund and withdrawal policy and hereby give permission for the above child to participate in all camp activities and to receive emergency medical treatment if necessary. I release Mississauga Christian Academy and all camp staff and volunteers from liability.

All personal information collected and retained is for internal purposes only, except for the requirement to share information as required by the laws of the Region of Peel, the Province of Ontario and the Government of Canada. Personal information will not be sold, rented, or lent to any person or other organization for commercial purposes. Personal information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: MM / DD / YYYY

OFFICE USE ONLY

APPLICATION RECEIVED: MM / DD / YYYY RECEIVED BY: _____

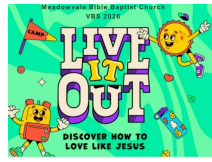
PAYMENT

DATE RECEIVED: MM / DD / YYYY

AMOUNT RECEIVED: \$ _____

PAYMENT METHOD: E-TRANSFER CHEQUE
 DEBIT VISA MASTERCARD

MEDICAL FORM



Camper Name: _____ Male Female

Date of Birth: MM / DD / YYYY Health Card #: _____

Family Doctor: _____ Family Doctor Phone Number: _____

EMERGENCY CONTACT INFO:

Name: _____ Relationship to Camper: _____

Contact Numbers: Home: (____) _____ Cell: (____) _____ Work: (____) _____

ADDITIONAL AUTHORIZED PICK-UP:

MEDICAL INFO:

Please list any allergies that your child may have: _____

Does this cause **ANAPHYLACTIC SHOCK** (please circle one):

YES *(If YES, a separate form will need to be completed)* NO

Please list any medications that your child is currently taking: _____

Important Note: If your child requires medication while at camp, we ask that you make prior arrangements for a parent and/or guardian to administer the medicine throughout the day. Camp leaders will not administer any medicine of any type (apart from assisting campers to administer their prescribed emergency medication such as EpiPen's, puffers, etc.).

Please list any health conditions camp staff need to be aware of: _____

Does your child have any physical, mental, emotional, behavioural concerns or limitations that staff should be aware of? (please circle one): YES NO

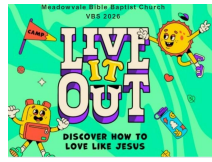
If yes, please describe? _____

DISCLAIMER:

I am the legal guardian of the camper with full authority to make decisions with respect to the care, upbringing, and education of the applicant. I agree and comply that all the medical information provided on this form is true and accurate – lacking nothing. I hereby release my child to the care and medical discretion of the staff at Mississauga Christian Academy and camp volunteers. In the event of an emergency and that no one can be immediately contacted, my child will be taken to the hospital or a physician to be treated if deemed necessary by one of the camp staff, church staff or volunteers. I hereby authorize the physician and nursing staff to undertake examination, investigation, and necessary treatment of my child.

Parent/Guardian Signature _____ Date: MM / DD / YYYY

CONSENT FORM



AMBULANCE

I hereby give permission for an ambulance to be called in case of an emergency, understanding that I must meet the ambulance at the hospital in order for treatment to proceed.

Parent/Guardian Signature _____ Date: MM / DD / YYYY

PHOTO/VIDEO

I, _____,
(Print Name of Parent/Guardian)

- Give Permission
- Do not give permission

Mississauga Christian Academy to use photographs and / or videos taken of my child, _____, during the MCA Summer program for fundraising and promotional purposes. This might include (but is not limited to), the right to use them in printed and online publicity, social media, press releases and funding applications.

Parent/Guardian Signature _____ Date: MM / DD / YYYY

AREA WALKS, FIELD TRIPS & PROGRAM ACTIVITIES

Campers attending the MCA Summer Camp program will be participating in off-campus activities throughout the week. Campers will be required to walk to locations within reasonable walking distance (a maximum of 1.5 Km to reach the location). For trips that are not within walking distance, campers will be required to ride on a licensed passenger vehicle under the supervision of designated camp leaders. ***Please note: Field Trips & excursions are subject to availability and restrictions.***

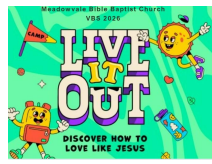
I _____ give permission for my child _____
(Print Name of Parent/Guardian) (Print Name of Camper)

to leave campus during camp hours. I understand that campers will be required to walk to off-campus locations of 1.5 KM or closer or will otherwise ride a licensed passenger vehicle for trips with a greater distance than 1.5 KM.

*Please note that if you do not wish for your child to attend off-campus trips, they will need to remain home on trip days.

Parent/Guardian Signature _____ Date: MM / DD / YYYY

ADDITIONAL INFORMATION



M.C.A. Summer Camp & VBS

Calling all campers! We are excited to have you join us for summer camp and VBS this year as we enjoy the Summer, Experience fun activities and trips, educate our students, and deepen our relationship with Jesus. Camp will begin each morning at 9:00 am and will end at 4:00 pm. During the second week, where VBS takes place, VBS will be from 9:00 am until 12:00 pm, followed by regular summer camp from 12:00 pm to 4:00 pm. A more detailed schedule will be sent out closer to the beginning of camp.

We understand that for some of us, the day begins a little earlier, and for others, the day ends a bit later. To accommodate for this, Before-Care is available from 7:00 am to 9:00 am, and After-Care is available from 4:00 pm – 6:00 pm. If you should need any of these extra services, please be sure to indicate that on your registration form and include it with your camp fee payment.

What to bring:

- 1 Lunch and 2 snacks
 - o Each camper should bring 1 healthy snack (e.g., fruit, veggies, yogurt, etc.) and another snack of their choice.
 - o Lunch and snacks will not be provided by MCA (*Disposable lunches are required for trip days*)
- Sunscreen
- Hat
- Comfortable running/walking shoes
- Reusable water bottle
- Extra pair of clothing

Here are a few house rules:

- Be respectful of all peers, camp staff and MBBC/MCA property
- Please do not bring any food items containing NUTS or PEANUTS
- No sharing snacks/food (due to allergy risks)
- Please arrive on campus 15 minutes prior to departure time for all trip days, as the bus **must** leave on time!

IMPORTANT NOTE: If you arrive with your child after the bus has departed, you must make the necessary transportation arrangements for your child to get to the trip location.

Looking forward to seeing you at camp!

Sincerely,

Mississauga Christian Academy & Meadowvale Bible Baptist Church