



HIGH POINT CAMP REGISTRATION 2008

Family Name: _____ Mother: _____ Father: _____

Home Address: _____ City: _____ Prov/State: _____ PC/ZIP: _____

Parent's Name & Social Insurance Number: Name: _____ S.I.N: _____

Home #: _____ Mom Cell: _____ Dad Cell: _____

Fax #: _____ Mom Work: _____ Dad Work: _____

Summer Address: _____ Sum Tel #: _____

E-mail Address: _____

Please provide an email address. We use email as a primary means of communication for confirmation, updates and other news relevant for the upcoming summer. We are a co-op camp and cannot afford to send multiple mailings throughout the year. Thank you.

EMERGENCY CONTACTS (OTHER THAN ABOVE):

Name 1: _____ Home #: _____ Cell: _____ Relation: _____

Name 2: _____ Home #: _____ Cell: _____ Relation: _____

You will automatically be part of the High Point Friendship List unless you decline by circling: **No**
(This makes arranging play dates easy)

PARENT'S / LEGAL GUARDIAN'S AUTHORIZATION

I, the undersigned, have read and agreed to abide by the conditions of the **HPC Registration Policy 2008** in addition to the following terms: Having fully disclosed all medical conditions in this form, I grant permission for my enrolled children to participate in all camp related activities, which include trips away from the camp premises. I do not hold High Point Co-op Camp responsible for any injuries incurred in or away from camp, any previous medical conditions that are not disclosed on this form, or for any articles lost, stolen, or damaged. In the event that my appointees or I cannot be reached in an emergency, I hereby grant permission to High Point Co-op Camp to secure the necessary medical treatment. I will pay for any damages caused intentionally by my enrolled children to camp property. I grant permission to have photographs and videotape of campers to be used for publicity materials. The camp reserves the right to reject applicants or dismiss any camper not conforming thereto.

Signature of Parent / Legal Guardian

Date

Please return your registration package to:

*High Point Co-op Camp
c/o Bridget Rappaport
245 Netherwood Crescent
Hampstead, Quebec
H3X 3Y6*

Your registration package will not be considered for the 2008 season if it submitted unsigned, not fully completed, or without full payment according to the HPC Registration Policy.

No registration via e-mail will be accepted.

Please do not consider yourself registered until you receive confirmation by phone or e-mail.

**For questions, please contact Bridget at 514-488-4560 or at bridget@highpointcamp.com
From June 30 to August 15, direct any concerns to the camp Directors at 819-326-8313.**

1st Camper's Name: _____ Last Swimming Badge Attained: _____

M/F: _____ Date of Birth: D) _____ M) _____ Y) _____ Age & Grade as of Sept 30, 2008: A) _____ G) _____

School: _____ E-mail Address: _____

(will not be used for administrative purposes)

FEE STRUCTURE: (Please tick your desired option)

- Early Bird June 30 – Aug. 15 (*Deadline January 31, 2008*) **\$1,100.00**
- Full Season June 30 – Aug. 15 (*Starting February 1, 2008*) **\$1,200.00**
- "Magic 3" Weeks: 1) _____, 2) _____, 3) _____ (Mon to Fri only) **\$525.00 for 3 wks.**
- Extra weeks: Dates _____ to _____ / _____ to _____ **\$175.00 per wk.**
- Weekly: Dates _____ to _____ / _____ to _____ **\$200.00 per wk.**

MEDICAL INFORMATION:

Medicare #: _____ Expiration Date: _____

Physician's Name: _____ Tel: _____

Date of last: Physical exam: _____ Tetanus _____ Are immunizations up to date? Y / N

Allergies: _____

Medications required during camp: _____

Is camper fit for all activities? Yes / No - If **NO**, specify: _____

Concerns/Comments? _____

2nd Camper's Name: _____ Last Swimming Badge Attained: _____
M/F: _____ Date of Birth: D) _____ M) _____ Y) _____ Age & Grade as of Sept 30, 2008: A) _____ G) _____
School: _____ E-mail Address: _____

FEE STRUCTURE: (Please tick your desired option) (will not be used for administrative purposes)

- Early Bird June 30 – Aug. 15 (*Deadline January 31, 2008*) **\$1,100.00**
 Full Season June 30 – Aug. 15 (*Starting February 1, 2008*) **\$1,200.00**
 "Magic 3" Weeks: 1) _____, 2) _____, 3) _____ (Mon to Fri only) **\$525.00 for 3 wks.**
 Extra weeks: Dates _____ to _____ / _____ to _____ **\$175.00 per wk.**
 Weekly: Dates _____ to _____ / _____ to _____ **\$200.00 per wk.**

MEDICAL INFORMATION:

Medicare #: _____ Expiration Date: _____
Physician's Name: _____ Tel: _____
Date of last: Physical exam: _____ Tetanus _____ Are immunizations up to date? Y / N
Allergies: _____
Medications required during camp: _____
Is camper fit for all activities? Yes / No - If **NO**, specify: _____
Concerns/Comments? _____

3rd Camper's Name: _____ Last Swimming Badge Attained: _____
M/F: _____ Date of Birth: D) _____ M) _____ Y) _____ Age & Grade as of Sept 30, 2008: A) _____ G) _____
School: _____ E-mail Address: _____

FEE STRUCTURE: (Please tick your desired option) (will not be used for administrative purposes)

- Early Bird June 30 – Aug. 15 (*Deadline January 31, 2008*) **\$1,100.00**
 Full Season June 30 – Aug. 15 (*Starting February 1, 2008*) **\$1,200.00**
 "Magic 3" Weeks: 1) _____, 2) _____, 3) _____ (Mon to Fri only) **\$525.00 for 3 wks.**
 Extra weeks: Dates _____ to _____ / _____ to _____ **\$175.00 per wk.**
 Weekly: Dates _____ to _____ / _____ to _____ **\$200.00 per wk.**

MEDICAL INFORMATION:

Medicare #: _____ Expiration Date: _____
Physician's Name: _____ Tel: _____
Date of last: Physical exam: _____ Tetanus _____ Are immunizations up to date? Y / N
Allergies: _____
Medications required during camp: _____
Is camper fit for all activities? Yes / No - If **NO**, specify: _____
Concerns/Comments? _____

4th Camper's Name: _____ Last Swimming Badge Attained: _____
M/F: _____ Date of Birth: D) _____ M) _____ Y) _____ Age & Grade as of Sept 30, 2008: A) _____ G) _____
School: _____ E-mail Address: _____

FEE STRUCTURE: (Please tick your desired option) (will not be used for administrative purposes)

- Early Bird June 30 – Aug. 15 (*Deadline January 31, 2008*) **\$1,100.00**
 Full Season June 30 – Aug. 15 (*Starting February 1, 2008*) **\$1,200.00**
 "Magic 3" Weeks: 1) _____, 2) _____, 3) _____ (Mon to Fri only) **\$525.00 for 3 wks.**
 Extra weeks: Dates _____ to _____ / _____ to _____ **\$175.00 per wk.**
 Weekly: Dates _____ to _____ / _____ to _____ **\$200.00 per wk.**

MEDICAL INFORMATION:

Medicare #: _____ Expiration Date: _____
Physician's Name: _____ Tel: _____
Date of last: Physical exam: _____ Tetanus _____ Are immunizations up to date? Y / N
Allergies: _____
Medications required during camp: _____
Is camper fit for all activities? Yes / No - If **NO**, specify: _____
Concerns/Comments? _____

HPC REGISTRATION POLICY 2008

Monday, June 30 – Friday, August 15

We ask that you carefully read the following policy in order to avoid misunderstanding and disappointment later.

- Registration is limited and will begin at various dates depending on your category (early bird, full season, or weekly; returning or new).
- Registration is subject to availability on a first come first served basis once your particular registration period has begun. Any registration forms received before the relevant registration period has begun will be held until the appropriate date.
- Children will not be placed in a bunk that does not correspond to their age and grade as of September 30, 2008.
- In order to be considered for registration, all forms received **must be signed, fully completed, with full payment** according to the policies set forth below. Furthermore, we must receive a completed and signed **Authorization to Administer Medication Form** for each camper.
- Please note that the construction holiday period is our busiest time. In order to ensure your child's spot, be sure to return your registration form with the deposit and balance for your desired weeks as soon as possible.
- Daily registration is not available for 3 and 4 year olds. If there is insufficient registration for the 3 year old Tiny Tot bunk, the bunk may be cancelled and you will receive a full refund, including deposit.
- All campers must be toilet-trained. It is at the Director's discretion to determine if accidents are causing a problem. Parents may choose to keep their child home for retraining, or, failing that, will be refunded in accordance with the cancellation policy.
- Prior to your child's first day of camp, it is the parents'/guardians' responsibility to be informed of any special programming scheduled during their child's stay. It is strongly encouraged that parents call the camp a week prior to arrival to obtain up-to-date scheduling information.
- Certain events may involve extra costs.
- When an overnight is scheduled, there is no camp for the camper the next day even if the child does not sleep over.
- Single days may not be combined to qualify for a weekly rate. Weekly rates apply to registration from Monday through Friday only.
- Please fill in the registration forms as accurately as possible. Be sure to include all relevant medical information, and anything else we should know about your children. Make sure to note the last swimming badge your children have earned even if their last badges were received at High Point last summer. If your children pass swim levels after your forms have been sent in, please e-mail us the details at info@highpointcamp.com.
- The High Point Friendship List will automatically have names and country phone numbers of all registered families unless you decline on the registration form. The list is distributed to all camp families during the summer to make carpool and play-date arrangements easier. Only forms processed before June 15, 2008, are guaranteed to be on the list.

**All completed forms must be returned, accompanied by a \$100.00 non-refundable/non-transferable deposit, per child, and a post-dated cheque for balance of payment dated May 1, 2008.
Please note there will be a \$25.00 fee for returned cheques.**

FULL SEASON REGISTRATION: Monday, June 30 – Friday, August 15

- Early Bird Registration for Full Season Campers ends on January 31, 2008
- Registration for Full Season Campers begins on February 1, 2008
- If you decide to opt out of your full season registration at any time, you will lose your priority, and will be moved to the bottom of the weekly waiting list. Fees will be calculated according to the Cancellation Policy below.

"MAGIC 3" and WEEKLY REGISTRATION:

- Weekly registration for siblings of all Full Season Campers begins on February 1, 2008
- Weekly registration for returning and waitlisted campers from last summer will begin on February 15, 2008
- Weekly registration for new campers will begin on March 1, 2007
- "Magic 3" refers to the special rate given to registration of three weeks, consecutive or not. **Weeks must be selected at the time of registration.** Changes will be permitted provided camp is notified at least one week in advance, and provided there is space in the bunk. If you decide to opt out of "Magic 3", fees will be calculated based on weekly rates, and subject to the Cancellation Policy outlined below.

DAILY REGISTRATION:

- For daily registration, please come to camp each morning between 9:40 and 10:00 am to check availability. No daily registration will be accepted after 10:00 am.
- Payment must be made immediately.
- Daily registrants will not participate in Swim Instruction but may participate in Free Swim (area level will be determined by the swim staff).
- There will be no daily registration on overnight or outing days.
- Daily registration is not available for 3 and 4 year olds.

SPECIAL RATES:

- **3rd Child Discount:** If two children are registered for **the full season**, receive 10% off the registration fee for each additional child registered for a minimum of three weeks.
- **CIT Discount:** Receive 50% off the registration fee for all CITs registered for a minimum of three weeks. CITs must be 14 years old by September 30, 2008.

REGISTRATION FEES:

Daily:	\$50.00
Weekly:	\$200.00
"Magic 3":	\$525.00
All additional weeks (consecutive or not):	\$175.00
Full Season Early Bird Special:	\$1100.00
Full Season:	\$1200.00

CANCELLATION POLICY:

1. **Prior to May 1, 2008:** Cancellations will be refunded in full, less the \$50.00 deposit per child.
2. **As of May 1, 2008:** \$50.00 of the deposit (per child) will not be refunded. A \$30.00 cancellation fee, per child, per week of camp will be charged. An additional \$20.00 late cancellation fee will be charged per child, per week, if notice is received less than seven days prior to the weeks cancelled. No refund will be issued for cancellations received after 3:30pm on the Friday prior to the weeks cancelled.
3. **Full Season Registration:** If you decide to opt out of your Full Season registration at any time, you will lose your priority and will be moved to the bottom of the weekly waiting list. Weekly rates will apply in addition to the above-mentioned penalties.
4. **“Magic 3” Registration:** Weekly rates will apply in addition to the above-mentioned penalties.
5. **Exceptions:** Summer School; Relocation; Death in the immediate family. These cases will be reviewed by the Board and any refunds will be issued in September, less \$50.00 of the deposit per child.
6. **Claiming a Refund:** All requests for refunds must be submitted in WRITING and be postmarked the week of cancellation and submitted to High Point Camp, 16 des Arbres, DDO, Quebec, H9G 3C2. The letter must be dated and include camper names, weeks cancelled, and the date you informed High Point Camp about canceling. No letters for refunds will be accepted after September 15, 2008. **No e-mails will be considered.** Refunds will be issued after September.

WAITLIST POLICY:

- You will be contacted immediately if your child is on the waitlist due to insufficient space in camp.
- We understand that you may choose not to send registered campers if their siblings are on the waitlist. There will be no penalties for canceling waitlisted campers or their siblings – fees will be refunded in full, including deposits.
- If your child is on the waitlist for all requested weeks, all payments will be held until space opens up.
- If your child is registered for some weeks and waitlisted for others, all payments will be deposited – any applicable refunds will be issued automatically during the regular refund period. If you prefer, you can issue individual cheques for each week of camp so that payments can be deposited as space opens up.
- In any event, in order to reserve your spaces in camp, full payments must be received with registration forms.

BEHAVIOR POLICY:

- High Point Camp is a co-operative camp run by parents seeking to provide their children with a stimulating and fun summer experience. With this goal in mind, we at HPC have high expectations of the behavior of all campers and staff joining us for the summer. To this end, we expect everyone to (1) treat others the way they would like to be treated, (2) demonstrate respect for themselves, other campers, camp staff, and camp property, and (3) use appropriate problem-solving strategies to settle disputes rather than resorting to bullying or physically undesirable behaviors in addressing problems.
- A range of responses exists when campers fail to meet the behavioral standards expected of them. Consequences are always appropriate to the child and to the circumstance, and generally involve some sort of time out. At any time, if the camp Directors feel that a camper’s behavior is too disruptive, the camper will be sent home for the day in order to involve the parents in the discipline process. We rely on families to share our values and to actively reinforce them outside of camp. If a camper is sent home three times during the course of his/her time at camp, that camper will no longer be permitted to return. No fees will be refunded in the event of any discipline process.

HIGH POINT CAMP: Authorization to Administer Non-Prescriptive Drugs

I give my permission to High Point Camp personnel to administer to my child _____, if needed, one or more of the following medicines:

Please tick all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol, Tempra) | <input type="checkbox"/> Calamine Lotion with anti-histamine |
| <input type="checkbox"/> Antihistamine (Benadryl, Claritin) | <input type="checkbox"/> Anti-Inflammatory (Advil, Motrin) |
| <input type="checkbox"/> Cough Syrup (Robitussin) | <input type="checkbox"/> Antibiotic cream (Polysporin, Neosporin) |
| <input type="checkbox"/> Other: _____ (Medications sent by the parent) | |
| <input type="checkbox"/> None of the above | |

I give my permission to High Point Camp personnel to administer to my child _____, if needed, one or more of the following medicines:

Please tick all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol, Tempra) | <input type="checkbox"/> Calamine Lotion with anti-histamine |
| <input type="checkbox"/> Antihistamine (Benadryl, Claritin) | <input type="checkbox"/> Anti-Inflammatory (Advil, Motrin) |
| <input type="checkbox"/> Cough Syrup (Robitussin) | <input type="checkbox"/> Antibiotic cream (Polysporin, Neosporin) |
| <input type="checkbox"/> Other: _____ (Medications sent by the parent) | |
| <input type="checkbox"/> None of the above | |

I give my permission to High Point Camp personnel to administer to my child _____, if needed, one or more of the following medicines:

Please tick all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol, Tempra) | <input type="checkbox"/> Calamine Lotion with anti-histamine |
| <input type="checkbox"/> Antihistamine (Benadryl, Claritin) | <input type="checkbox"/> Anti-Inflammatory (Advil, Motrin) |
| <input type="checkbox"/> Cough Syrup (Robitussin) | <input type="checkbox"/> Antibiotic cream (Polysporin, Neosporin) |
| <input type="checkbox"/> Other: _____ (Medications sent by the parent) | |
| <input type="checkbox"/> None of the above | |

I give my permission to High Point Camp personnel to administer to my child _____, if needed, one or more of the following medicines:

Please tick all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol, Tempra) | <input type="checkbox"/> Calamine Lotion with anti-histamine |
| <input type="checkbox"/> Antihistamine (Benadryl, Claritin) | <input type="checkbox"/> Anti-Inflammatory (Advil, Motrin) |
| <input type="checkbox"/> Cough Syrup (Robitussin) | <input type="checkbox"/> Antibiotic cream (Polysporin, Neosporin) |
| <input type="checkbox"/> Other: _____ (Medications sent by the parent) | |
| <input type="checkbox"/> None of the above | |

If your child requires medication, please send sufficient medication to cover his/her entire stay at camp, clearly labeled with the camper's name, along with detailed instructions on how to administer it. Should your child require an Epipen or inhaler, he/she must carry the Epipen or inhaler at all times in a pouch belt. You are encouraged to leave a second Epipen or inhaler in the camp office. Please note all medication above.

Parent/Guardian Signature

Date

Summer Telephone Number

Emergency/Cell Number