



Hillside Nature Camp

Three Weeks of Fun

Tuesday July 4th – Friday July 21, 2017

For Children 7 – 12.

Highly Qualified and Trained Staff
Weekdays from 9:00 AM to 4:00 PM.

Sessions and Dates

Week One

Tuesday July 4th – Friday July 8th
\$230 (4 days)

Week Two

Monday July 10th – Friday July 14th
\$285 (5 days)

Week Three

Monday July 17th – Friday July 21st
\$285 (5 days)

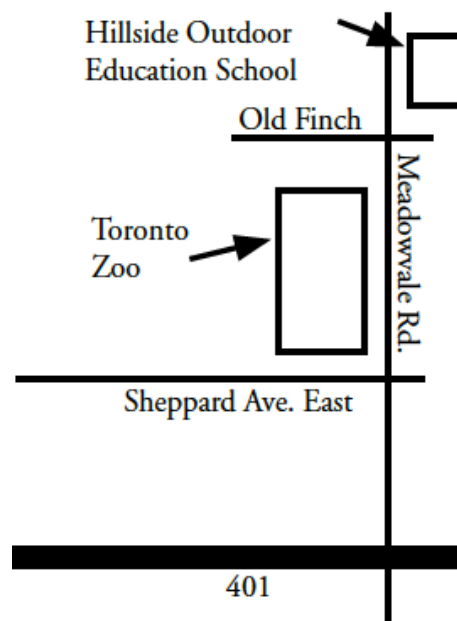
Exploring natural areas and enjoying what nature has to offer is our focus. Active hikes, physical education, art activities, guest speakers and camp games are some of the many activities that campers will participate in while at Hillside Nature Camp.

Complete the registration form found below.
Enclose your payment and send both to the address below:

Hillside Nature Camp
2259 Meadowvale Road
Scarborough, Ontario
M1X 1R2

Tel:(416) 396-6963 Fax:(416) 396-3292
e-mail: brett.wilcox@tdsb.on.ca

<http://toes.tdsb.on.ca/day/hillside>



Registration Policies

Age Specifications

Registrants must be, at least, 7 years old or entering Grade 2 and must not be older than 12

Camp Hours

The camp day begins at 9:00 am and ends at 4:00 pm.
Hillside Nature Camp will not be responsible for children before 9:00 am or after 4:00 pm.
Camp runs rain or shine.

Transportation

Parents or guardians must provide transportation to and from Hillside.
Weekly off-site trip transportation is provided by the Toronto District School Board.

Fees

The cost per child for Week ONE of camp is **\$230.00 (4 day week)**
The cost per child for Week TWO and THREE of camp is **\$285.00 each week (5 day weeks)**
A **\$25.00 deposit** is required in order to secure a place for each camper
Registrations may be delivered via mail or in person.
Cheque or Money Order only (no post dated cheques please).
Please make cheques payable to: **TDSB-HILLSIDE NATURE CAMP**.
Space is limited - we recommend you register by June 1
Final payments are **due June 23rd, 2017**

Withdrawal

HNC will not grant partial refunds.
Hillside will only grant refunds for weeks when campers do not attend any days.
A \$75.00 administration fee will apply per camper removed from the program.

Health Forms and Medication

All parents/guardians must complete a health and medical form along with their child's registration.
Any medications indicated on the form (i.e. **inhalers or epipens**) must accompany children to camp daily.

What to Bring

Mandatory

Lunch (nut-free)
Sunhat
Close-Toed Shoes
Water Bottle

Personal life saving medications-epipen, puffer, etc.)

Optional

Bug Spray
Change of Clothes
Book to Read

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Hillside Nature Camp 2017 Registration Form

(Medical form can be found below, please PRINT clearly)

Camper's Name _____ Male Female
First Name Last Name

Grade _____ School _____ Birthdate _____
Entering Day Month Year

Email _____ T-Shirt Size: youth med. youth lrg. adult small adult med.

Address _____ City _____
Apt Postal Code

Parent/Guardian Contact _____
First Name Last Name

Home Phone _____ Business Phone _____ Cell Phone _____

Parent/Guardian Contact _____
First Name Last Name

Home Phone _____ Business Phone _____ Cell Phone _____

Emergency Contact (not a parent) _____ Relation to Camper _____
First Name Last Name

Home Phone _____ Business Phone _____ Cell Phone _____

Weeks Attending (Please check boxes and calculate the total below)

- Week 1 - Tues July 4th – Friday July 7th (\$230.00) _____
 - Week 2 - Monday July 10th – Friday July 14th (\$285.00) _____
 - Week 3 - Monday July 17th – Friday July 21st (\$285.00) _____
- Total = _____

Authorization of Child Pick-Up

I hereby give my consent for Hillside Nature Camp staff to allow my child to be picked up by the following person(s) other than the parent.

Person picking up child _____ Relationship _____ Comments _____

Person picking up child _____ Relationship _____ Comments _____

Camper Media Release

I, _____, hereby give consent to my child _____ being
Name of parent/guardian Camper's Name
photographed by the media (print and broadcast), and employees, agents or servants of Hillside Nature Camp between July 4th – July 21st, 2017, at Hillside Nature Camp. _____

Signature of parent/guardian

Camper Web Site Release

I, _____, hereby give consent to my child _____ being
Name of parent/guardian Camper's Name
pictured on the Toronto District School Board's Web site. _____

Signature of parent/guardian

Off Site Trips

I, _____, hereby give consent for my child _____ to leave camp
Name of parent/guardian Camper's Name

property using Toronto District School Board transportation to visit various educational sites including: the town of Whitevale, Whitby Beach, Lynde Shores conservation area and Greenwood conservation area _____

Signature of parent/guardian

Certification

I, _____ certify that all the above information is correct as of _____
Name of parent/guardian Date Signature of parent/guardian

Hillside Nature Camp 2017 Health and Medical Form

Ontario Health
Card Number _____
Telephone (Doctor) _____

Camper's Name _____
Family Doctor _____

Please circle any of the following health or medical conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in camp activities

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> History of Head injuries | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Chronic Nosebleed | <input type="checkbox"/> Feet or Leg problems | <input type="checkbox"/> Migraine | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Rash | <input type="checkbox"/> Urinary Infections |
| <input type="checkbox"/> Digestive upsets | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Recent illness or operation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ear, Nose, Throat infections | <input type="checkbox"/> Hernia | | |
- Dislocated shoulder, swollen, painful joints, 'trick or lock' knee or other joint disability
- Give details of usual treatment for each of the above conditions indicated _____

Please explain if your child/ward has any medical condition that requires modification of his/her program _____

Allergies/Asthma

Please list all known confirmed allergies and/or asthmatic triggers:

Allergy / Asthma	Rate Severity				Reaction/ Treatment
	Mild	2	3	Life Threatening 4	
_____	1	2	3	4	_____
_____	1	2	3	4	_____
_____	1	2	3	4	_____

Does your child/ward have an EpiPen? Yes No Does child/ward have an asthma inhaler? Yes No

**If allergy or asthma is Life-Threatening, a Doctor's Signature is required below.
Camper's must bring required medications for the duration of their stay at camp.**

Medication

All medication shall be collected and monitored by the camp director

Does your child/ward take prescribed medication on a regular basis? Yes No

Name of Medication	Reason	Dosage	Method of Administration
_____	_____	_____	_____

Is the camper self medicating? Yes No

May camp staff administer sun screen, bug repellent (10% deet), and/or afterbite to your child/ward? Yes No

If the answer above is No, please specify alternative _____

Dietary

Please list any foods your child/ward should not eat for medical, dietary, or religious reasons _____

General

(1) Does your child/ward wear or carry medical alert identification? Yes No

If Yes, please specify what is written upon it _____

(2) Does your child/ward have any special fears or conditions, the knowledge of which will allow the camp director to make the camper's excursion more relaxed: Yes No If Yes, please explain _____

Consent of Parent/Guardian

Should it become necessary for my child/ward to have medical care, I hereby give camp staff permission to use their best judgment in obtaining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notified as soon as possible

Name of Parent/Guardian (please print) _____ Signature _____

Doctor's Signature (see above) _____ Date _____

Parent/Guardian