



# Trinity Hill Top Day Camp

2024 Registration Form

Trinity Hill Top Day Camp  
is a peanut free program.

Please ensure that your  
children do not bring  
peanut products to camp.

## CHILD'S INFORMATION (One form per child)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Known As: \_\_\_\_\_

Birthdate: (mm/dd/yyyy) \_\_\_\_\_ Age on June 30, 2024: \_\_\_\_\_ Gender: M  F

Address: \_\_\_\_\_ Unit # \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

***(Applicants 4 1/2 years old and attending JK in the fall, are able to attend camp after parents have had a discussion with THT planning committee or the camp director)***

<p>Are there sibling(s) attending camp?</p> <p>_____</p> <p>_____</p> <p>Please indicate name and whether a brother/sister</p>	<p>How did you hear about us?</p> <p>Summer Camp Guide (mailed to you) <input type="checkbox"/></p> <p>Facebook <input type="checkbox"/></p> <p>Instagram <input type="checkbox"/></p> <p>Exterior Signage on building <input type="checkbox"/></p> <p>Word of mouth (a reference) <input type="checkbox"/></p> <p>Other (please state) _____</p>
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*Does the child live with this person?*

Yes  No

## PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## OTHER PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Is this person authorized to pick camper up from camp?  Yes  No

I would like to receive camp updates in my inbox?  Yes  No

**AUTHORIZED PICK-UP PERSON(S)**

Name and relationship of person(s) authorized to pick up the child (if different from above) All authorized person(s) will have their ID's checked by camp staff

- 1. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_
- 2. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**EMERGENCY CONTACT(S)**

If an urgent situation occurs and we cannot reach you, whom should we call?

- 1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**MEDICATION(S) & ALLERGIES**

My child will require medication(s) while at camp:  Yes  No

My child has allergies:  Yes  No

**If you answered yes to any of these questions, a "Medical Information" form will be required, describing the allergies and medication(s) requirements and signed by parent or guardian providing consent for the camp director or senior camp counselor to administer medication/drugs to their child while at camp.**

**Find the medical form on this registration page of the website, (to be submitted on the first day of summer day camp.)**

**Parents/Guardians are responsible for requesting a Medical Information form by the first day of each week of camp.**

Please list any medical or dietary needs, health conditions, allergies or any other pertinent medical information below:

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## CONDITIONS OF REGISTRATION

Camper Agreement: Trinity Hill Top Day Camp reserves the right to dismiss a camper, without a refund of camp fees, who does not comply with our Camper Code of Conduct. **(Please review Camper Code of Conduct document, found on the registration page of the website).**

Parent/Guardian Signature \_\_\_\_\_

## PHOTO RELEASE

I give permission to Trinity Hill Top Day Camp to include my child in photos and/or videos taken by camp staff and/or occasional videotapes taken by local media. I understand these photos may be used for promotional purposes, but no names will be used.

\*\*If you do not wish your child to be included in any photos/videos, please check here:  **No photos please, and check here  to indicate your child is fully aware that he/she must exclude themselves from any/all individual/group photos.**

Parent/Guardian Signature \_\_\_\_\_

## GENERAL INFORMATION:

Please share any information that may help staff in providing a positive and meaningful experience for your child.

### 1) Hesitations/Fears:

- A) Is this child hesitant about any aspect of camp?
  - B) Does this child have any serious fears?
- 

### 2) Personal Habits/Characteristics:

- A) Is there anything staff should be aware of regarding the child's personal habits?
  - B) What characteristics best describe this child?
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3) Has your child been diagnosed with a developmental or medical health condition that requires additional support?

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**CAMP FEES** (per week)

For a Camper: Ages 5-11 Monday to Friday 9:00-4:00pm = \$220/week

*\*\* Weeks of July 1<sup>st</sup> & August 5<sup>th</sup> = \$180/week \*\**

**EXTENDED CARE**

Extended care is available (8:00 a.m. – 9:00 a.m. / 4:00 p.m. – 5:00 p.m.) for an additional \$75 per child/per week. (\$60 for the short weeks of July 1<sup>st</sup> & August 5<sup>th</sup>)

**SESSION DATES** (please check all that apply):

July 2-July 5  Extended Care (Note: Camp is not open July 1st, 2024)

July 8-July 12  Extended Care

July 15- July 19  Extended Care

July 22-July 26  Extended Care

July 29-Aug. 2  Extended Care

Aug.6-Aug. 9  Extended Care (Note: Camp is closed August 5<sup>th</sup>, 2024)

Aug. 12-Aug.16  Extended Care

Aug. 19-Aug.23  Extended Care

**Drop off times:** 8:45 a.m. - 9:00 a.m. (for extended care 8:00 a.m.)

**Pickup times:** 4:00 p.m. (for extended care 5:00 p.m.)

**TO REGISTER:**

- 1. Online:** Payment can be made at [www.trinityhilltop.com](http://www.trinityhilltop.com), “Website Payment Centre”, which will secure your registration. Your registration form will then need to be emailed, or mailed (Canada Post) or dropped off in person to the church office. (Please check the website for OFFICE HOURS)
- 2. Etransfer:** To [trinityhilltop@gmail.com](mailto:trinityhilltop@gmail.com) (auto-deposit). Payment by Etransfer must indicate in the SPECIAL NOTATION BOX, your child’s name and dates of each week they will be attending day camp.
- 3. By Mail:** (Canada Post) Send completed Registration Form and cheque, payable to: Trinity Anglican Church, to: Trinity Anglican Church, 24 Collier St. P.O. Box 641, Barrie ON, L4M 4V1
- 4. By Email:** Send completed Registration Form to: [trinityhilltop@gmail.com](mailto:trinityhilltop@gmail.com)

5. **In person:** Bring completed form and payment (cash or cheque) to: *Trinity Anglican Church, 24 Collier St, Barrie.*

For assistance with any of these options, feel free to email us at [trinityhilltop@gmail.com](mailto:trinityhilltop@gmail.com)

**Please note: Current office hours are Tuesday from 9 a.m. to 1:00 p.m. and Friday 2:00pm – 4:00pm. These hours change from time to time, so please check the THT Website for the latest hours of office operation.**

**CALCULATING TOTAL COST OF CAMP:**

For a Camper: # of weeks registered:	_____ @ \$220 = \$ _____
# of short weeks registered:	_____ @ \$180 = \$ _____
# of weeks requiring extended care:	_____ @ \$75 = \$ _____
One short week of extended care:	_____ @ \$60 = \$ _____
<b>TOTAL AMOUNT:</b>	\$ _____

(Payments made by cheque, must be payable to: Trinity Anglican Church Barrie)

**PLEASE NOTE: Space is limited to 25 campers, per week. Registrations will be accepted based on a first paid, first registered basis.**

A **payment program** is available for multiple weeks over the summer. However, payment for a particular week must be made two full weeks before start date of registration.

**CANCELLATION & REFUND POLICY**

**For registrations prior to the start date of Camp:**  
100% refund is available up to June 13th, 2024

**For registrations during Camp dates:**

**75% refund if cancelled five or more business days, prior to the start date of the week in which the camper is registered.**

**Less than 5 business days, prior to the start date of the week in which the camper is registered. *there is no opportunity for a refund.***

**Note: Refunds will be provided by cheque only.**