



QUEST Day Camp
Operated by: Churchill Meadows Christian Church
7755 Tenth Line West
Mississauga, ON L5N 0C4
Phone: 647-784-2777
e-mail: sara@churchillmeadows.org

QUEST DAY CAMP:

QUEST, an outreach of Churchill Meadows Christian Church, is a community program that provides a safe and creative environment for children where they can grow through friendships and the example of Christian values modeled by caring and enthusiastic counsellors.

- Who?** QUEST is for children ages 3-10
→ Please note: we will NOT be able to accommodate children who have not been potty trained
- When?** QUEST begins at 8:30am and ends at 5pm. Please be on time when picking up your child(ren).
- Where?** QUEST will be held at Churchill Meadows Christian Church at 7755 Tenth Line West (just south of Highway 401).
- How Much?** The cost of QUEST Day camp is \$110 per child per week.
→ **Please provide your child(ren) with nut-free morning and afternoon snacks, as well as lunch**

There will be six weeks of camp. The dates are as follows:

- | | |
|---------------------|-----------------------|
| Week 1 (July 11-15) | Week 4 (August 2-5) |
| Week 2 (July 18-22) | Week 5 (August 8-12) |
| Week 3 (July 25-29) | Week 6 (August 15-19) |

REGISTRATION

Since space is limited, please register your camper early by completing and sending the attached application to the address or fax number below. Please make your cheque payable to Churchill Meadows Christian Church. In order to hold your registrations, the General Director, Sara Lukmanji, must receive your signed forms and fees.

REFUNDS

In order to receive a refund, the QUEST director, Sara Lukmanji, must be notified of your cancellation at least 7 days in advance of the registered week by e-mail to sara@churchillmeadows.org.

CONTACT

QUEST Day Camp offered by: Churchill Meadows Christian Church
Contact Person: Sara Lukmanji (General Director)
7755 Tenth Line West
Mississauga, ON
L5N 0C4

- Mailing Address:** P.O. Box 147, Stn. Streetsville
Mississauga, ON L5M 2B7
- Fax:** 905-824-0602
- Phone:** 647-784-2777
- E-mail:** sara@churchillmeadows.org

SPONSOR

Churchill Meadows Christian Church – A church for people to:

*Come meet God in worship and meet others in fellowship, **thrive** and experience spiritual growth in authentic community and **go** and fulfill our mission through servant evangelism*



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REGISTRATION APPLICATION

Name of Parent or Guardian:		
Address – Street No., Name, Apt/Unit #	City	Postal Code
Home Tel.	Work Tel.	Emergency Tel.
Email		

Name of Child 1			Name of Child 2		
Sex	Age	Date of Birth (dd/mm/yy)	Sex	Age	Date of Birth (dd/mm/yy)
Physical Disabilities			Physical Disabilities		
Special Health Needs/Allergies			Special Health Needs/Allergies		
Health Card Number			Health Card Number		
Additional Information about this child			Additional Information about this child		

Name of Child 3			Name of Child 4		
Sex	Age	Date of Birth (dd/mm/yy)	Sex	Age	Date of Birth (dd/mm/yy)
Physical Disabilities			Physical Disabilities		
Special Health Needs/Allergies			Special Health Needs/Allergies		
Health Card Number			Health Card Number		
Additional Information about this child			Additional Information about this child		

Name of Family Doctor	Doctor's Phone Number
How Did Your Hear About QUEST Day Camp?	

****Please see Permission/Waiver Form**



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PERMISSION/ WAIVER FORM

Functions and Activities:

I acknowledge that there are certain risks associated with the activities of QUEST Day Camp operated by CHURCHILL MEADOWS CHRISTIAN CHURCH.

Release of Liability:

By signing this Permission/Waiver Form, I expressly warrant that the child(ren) named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child(ren) or me participating in the activities, whether such risks are known or unknown to me at this time. I further release CHURCHILL MEADOWS CHRISTIAN CHURCH and its pastors, trustees, officers, members, employees, volunteers and agents from any claim that my child(ren) may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach or warranty. This release of liability is also intended to cover all claims that members of the child(ren)'s or my family or estate, heirs, representatives, or assigns may have against CHURCHILL MEADOWS CHRISTIAN CHURCH or its pastors, trustees, officers, members, employees, volunteers and agents.

I further agree to indemnify and hold harmless CHURCHILL MEADOWS CHRISTIAN CHURCH and its pastors, trustees, officers, members, employees, volunteers and agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child(ren) during such activities.

CHURCHILL MEADOWS CHRISTIAN CHURCH is not responsible for the loss or theft of personal belongings.

I understand and authorize that my child(ren)'s image may be photographed or filmed and used in video presentations, printed publications and the CHURCHILL MEADOWS CHRISTIAN CHURCH website.

Misconduct may result in transportation home from an activity at parent's expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where the child(ren) named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of CHURCHILL MEADOWS CHRISTIAN CHURCH to seek and secure any needed medical attention or treatment for the child(ren) named above, or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. CHURCHILL MEADOWS CHRISTIAN CHURCH does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and again to pay for the medical treatment.

<p>I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof:</p> <p>I give permission for the child(ren) named above to participate in the activities of QUEST DAY CAMP operated by CHURCHILL MEADOWS CHRISTIAN CHURCH. In consideration for allowing the participation of the child(ren) in the activities of QUEST DAY CAMP operated by CHURCHILL MEADOWS CHRISTIAN CHURCH, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child(ren) and agree that the Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.</p>	
<p>_____</p> <p>Signature of Parent and/or Legal Guardian</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Print Name of Parent and/or Legal Guardian</p>	



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CALCULATING FEES:

- Week 1 (July 11-15) X _____ (number of children) X \$110 (per child/week) = _____
- Week 2 (July 18-22) X _____ (number of children) X \$110 (per child/week) = _____
- Week 3 (July 25-29) X _____ (number of children) X \$110 (per child/week) = _____
- Week 4 (August 2-5) X _____ (number of children) X \$110 (per child/week) = _____
- Week 5 (August 8-12) X _____ (number of children) X \$110 (per child/week) = _____
- Week 6 (August 15-19) X _____ (number of children) X \$110 (per child/week) = _____

TOTAL = _____