

UNITY DAY CAMP

Unity Day Camp is a church-based day camp that strives to offer a fun filled summer to its campers.

Established in 1994, the camp is open to children of all races and religions. The camp offers a well-rounded program full of fun and games, led with educational and Christian morals in mind.

Activities will include:

- Athletics. I.e., Swimming, baseball, soccer, etc.
- Arts and crafts
- Organized special events and trips
- Cooking classes
- Dance and music
- Community outings

LOCATION

The Unity Day Camp will be held at **The Church of The Nativity at 10 Sewells Road**. It is conveniently situated near to several parks, fields, bus routes and the library, for many hours of enjoyment.

STAFF LEADERSHIP

The staff at the Unity Day Camp are professionally trained and has successfully completed C.P.R. and First Aid training. They are all motivated to provide the best care to all our campers.

CAMP ESSENTIALS

While the camp provides 2 healthy snacks per day, all campers are required to bring the following:

- A lunch
- A plastic cup and water bottle
- Suntan lotion (with SPF 15 or higher)
- A change of clothing
- A positive attitude
- Allergy medicine (if applicable)

CAMP DATES AND HOURS

The camp will commence on Tuesday, July 2nd, and will conclude Friday, August 16th, 2024. The camp operates from 7:30 a.m. to 5 p.m. daily. Late charges will apply for those children picked up after 5 p.m.

REGISTRATION

Registration will be on a first come, first served basis. Please ensure that you register your child(ren) as soon as possible, since space is limited. **The cost of the camp is \$150.00 per week for each child, (except week 1 & 6 which is a 4-day week and will be \$120.) The cost of trips will be \$15-\$25 per week and trips will be taken on Thursday of each regular week.**

Payment must be made at time of registration, in the form of cash, e-transfer or certified cheque, and is non-refundable. E-transfer to cw-nativitymalvern@toronto.anglican.ca is preferred. Please add the camper's name in the e-transfer notes. **Post-dated cheques will not be accepted.**



~Special Discounts~

If you register for 4 weeks or more (with applicable payment),
You will receive a 10% discount on your total cost.

****Also, ask about special family discounts. ****

For more information, please call: Unity Day Camp

☎ Church-416-284-2728

Email: cw-nativitymalvern@toronto.anglican.ca

Come out and experience a summer filled with fun, friends, excitement, and adventure at

Unity Day Camp



**A UNIQUE SUMMER DAY CAMP
☺ FOR CHILDREN AGES 4 TO 12**

UNITY DAY CAMP

10 Sewells Road, Scarborough, Ontario M1B 3G5
Telephone: Church Office (416) 284-2728 or Fax: (416) 284 -3984
Email: cw-nativitymalvern@toronto.anglican.ca

2024 CAMPER REGISTRATION

FIRST NAME: _____ INITIAL: _____ SURNAME: _____

ADDRESS: _____ | _____ | _____ | _____ | _____ | _____
No./Street Apt./Unit No. City/Province Postal Code

Date of Birth: |__| |__| |__| |__| |__| |__| Male:___ Female:___ HOME TEL. No.: () _____ - _____
M M D D Y Y

PARENT/GUARDIAN NAME: _____

WORK TEL. No.: () _____ - _____ CELLULAR No.: () _____ - _____ PAGER No.: () _____ - _____

EMERGENCY CONTACT NAME: _____ and TEL. No.: () _____ - _____

E-MAIL ADDRESS: _____

WEEKLY REGISTRATION INFORMATION:

WEEK NUMBER	CAMP PERIOD	REGISTERING (YES or NO)	PAYMENT RECEIVED	COMMENTS (For Camp Management use only)
Week 1	July 2 nd -July 5 th *			
Week 2	July 8 th -July 12 th			
Week 3	July 15 th -July 19 th			
Week 4	July 22 nd -July 26 th			
Week 5	July 29 th -August 2 nd			
Week 6	August 6 th -August 9 th *			
Week 7	August 12 th -August 16 th			

*4-DAY WEEK CAMP – FEE IS \$120.00. ALL OTHER WEEKS, FEE IS \$150.00 WEEKLY TRIPS \$15.00+ EXTRA

CAMPER PICKUP INFORMATION:

Name & Telephone Number(s) of person(s) picking-up child (ren):

Name _____ Relationship _____ Number _____

Name _____ Relationship _____ Number _____

MEDICAL INFORMATION:

NAME OF FAMILY DOCTOR: _____ and TEL. No.: () _____ - _____

HEALTH CARD NUMBER: _____

Does the camper have asthma? Yes

No

If Yes, please state what action you want us to take in case of an attack.

Allergies

Please list all known allergic symptoms, describing any special procedures to be taken in the event they occur. Also, please state any medication the camper will be taking:

ALLERGY	RECOMMENDED ACTION	MEDICATION

Participation in Christian programming (optional) Yes, I want my child to participate

No, I do not want my child to participate

Signature of Parent/Guardian

Date