

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 Church of The Nativity
10 Sewells Road, Scarborough, ON.**

Conveniently situated near to several parks, fields, bus routes and the library, for many hours of enjoyment.

STAFF LEADERSHIP

The staff are professionally trained and have successfully completed C.P.R. and First Aid training. They are dedicated to providing the highest quality care for all our campers in a safe, fun and engaging environment.

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

Dates: July 2nd - August 15th, 2025.

Hours: 7:30 a.m. to 5 p.m. Mon - Fri.

Note: Late charges will be applied
for late pickups after 5 p.m.

REGISTRATION

- 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 \$155.00 per week for each child** (with the exception of July & August long weekends).
 - **Registration** can be paid in the form of cash, e-transfer or certified cheque, and is non-refundable.
 - **E-transfer** to cw-nativitymalvern@toronto.anglican.ca. Please add the camper's name in the e-transfer notes. **Post-dated cheques will not be accepted.**
- **Extra costs will be \$15-\$30 per week for trips, to be paid in cash, at the time of registration.** Trips occur every Thursday.



~ 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. ****

Unity Day Camp

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



For more information, please call: Unity Day Camp
☎ Church-416-284-2728

✉ cw-nativitymalvern@toronto.anglican.ca

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

2025 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.: (_____) _____ - _____

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 4 th *			
Week 2	July 7 th - July 11 th			
Week 3	July 14 th - July 18 th			
Week 4	July 21 st - July 25 th			
Week 5	July 28 th - August 1 st			
Week 6	August 5 th - August 8 th *			
Week 7	August 11 th - August 15 th			

REGULAR 5-DAY WEEK IS \$155.00 **WEEKLY TRIPS \$15.00+ EXTRA**
*4-DAY WEEK CAMP **DUE TO A HOLIDAY** – FEE IS \$125.00. *3-DAY WEEK CAMP **DUE TO A HOLIDAY** – FEE IS \$95.00.

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: _____

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

Does the camper have asthma? ☐ Yes

☐ No

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

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