



CAMP Stellar

2025 Registration Form

CHILD'S INFORMATION: *(print clearly)*

Last Name: _____ First Name: _____ Grade in September: _____
Birthdate: (mm/dd/yyyy) _____ Age on July 1st, 2025: _____

PRIMARY HOUSEHOLD INFORMATION:

(This is for registration purposes; refer to the Health Form for additional emergency contact info)

Address: _____

City/Town: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____ Home Phone: _____

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandparents ☐ Guardian(s) ☐ Other: _____

Parent/Guardian #1: ☐ Mr. ☐ Mrs. ☐ Ms.

☐ Miss ☐ Dr.

First & Last Name: _____

Relationship: _____

☐ Work or ☐ Cell# _____

* Email: _____

Parent/Guardian #2: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

☐ Dr.

First & Last Name: _____

Relationship: _____

☐ Work or ☐ Cell# _____

Email: _____

Please be sure that your primary * Email address is valid. You will receive your receipt and correspondence to this email. Contact our office at any time if you wish to change or remove your email address from our database.

Alternative Pickup authorization:

In the event that I/We are not able to pick up my/our child, he/she has my/our permission to leave with the following individual(s):

Name: _____ Phone: _____ Name: _____ Phone: _____

CONDITIONS OF REGISTRATION: *(read carefully!)*

CAMPER AGREEMENT: Please review our **Camper Code of Conduct** carefully. We reserve the right to dismiss a camper who does not comply with our Code of Conduct.

I have read and agree to abide by the three 'R's and in-house rules as set out in Camp Stellar Camper Code of Conduct, and enter into all activities with a positive spirit. ☐

Signature of Camper: _____ Signature of Parent: _____

PHOTO RELEASE:

Camp Stellar staff may take a variety of photographs and/or video of camp activities. These photos/videos may be posted in the camp's online photo gallery, Facebook page, or used for promotional purposes (e.g. website, brochures, camp fair display, etc.), but NO names will be used.

I give permission to allow photographs/video to be taken of my child during camp activities. I further give permission to Camp Stellar the right to use any such photographs/video to illustrate and promote the camp experience, Camp Stellar and its camp programs.

**** If you do not wish your child to be included in any photos/videos, please print "Photos Prohibited" here:** [_____]

If photos are prohibited, we ask that you discuss this with your child beforehand so that they understand they cannot be photographed. While the staff will do their best to exclude your child from any camp activity photos, please be aware that other campers might bring their own personal cameras and may take photos of each other during the camp day.

PARENT/GUARDIAN AGREEMENT: *(read carefully)*

- I understand that Registration Forms cannot be processed unless signed and accompanied by payment or arrangement have been made for installment payments. Camp Stellar reserves the right to cancel a camper's enrollment if camp fees are not paid in full before the start of the session.
- I have read and agree to Camp Stellar's **Payment and Cancellation policies** as well as **Camp Stellar's Camper Code of Conduct.** ☐
- I give permission to Camp Stellar to transport this camper off camp property in the case of emergency for the purpose of medical care or to participate in camp programming which involves leaving the camp premises (e.g. walk in the Conservation Area.) ☐

Signature of Parent/Guardian: _____ Date: _____

2025 Summer Camp Stellar

Last Name: _____ First Name: _____

Camper Profile Questionnaire:

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

1) **Behaviour and personal qualities:** select all that apply: ☐ Cooperative ☐ Competitive ☐ Friendly ☐ Thoughtful ☐ Impulsive
☐ Caring ☐ Introvert ☐ Extravert ☐ Active ☐ Quiet ☐ Challenging ☐ Shy ☐ Bold ☐ Timid ☐ Self-centered ☐ Outgoing
☐ Helpful ☐ Independent ☐ Risk taker ☐ Adventurous ☐ Curious ☐ Team player ☐ Loner

Is there anything that staff should be aware of regarding this child's personal habits?

What special talents/interests does this child have? Does he/she have any fears or hesitations?

CAMPING SESSIONS CHOICE AND PAYMENT

Session Name (select any applicable)	Dates
Exploring Arts: Traditional visual arts	July 7-11
Exploring Arts: 3-D adventure	July 14-18
Exploring Arts: wood crafts	July 21-25
Exploring Arts: mixed media	July 28-August 1
Exploring Arts: Traditional visual arts	August 4-8
Exploring Arts: Nature as an Artis	August 11-15
Exploring Arts: Culinary arts	August 18-22

PAYMENT:

Please review our **Camp Stellar Sessions and Fees** and **Payment, Refund & Cancellation Policies** carefully.

Check off below whether this application is for your first, second or third child and calculate the fees accordingly based on your date of registration:

Day Camp Fees	# of weeks	Fees	Total
Sibling Discount (if applicable):			
<input type="checkbox"/> 1 st child		\$395	
<input type="checkbox"/> 2 nd child		\$335	
<input type="checkbox"/> 3 rd etc. child		\$300	
Balance Due (all fees payable in Canadian funds):			\$

PAYMENT TYPE:

Cash E-transfer**

** E-transfer payment must be sent to SummerCampStellar@gmail.com. Please make sure to include your child's name and session date(s) in the **Message** of your e-transfer.
A \$50 deposit is required at the time of submission of the form to secure your child's spot. Full payment is due one week prior to start of the session or on the first day if paying in cash.

Registration received _____ (D/M/YY)

Payment received _____ (D/M/YY)