



Bear Lake Bible Camp



2026 Joy Camp Day Camp Application Form

APPLICATION PROCESS: Send this application form to **Joy Camp, 10419 111 Ave., Grande Prairie, T8V 1T9**. Campers must apply ahead of time. The deadline is June 20. The camper fee can be paid by these options: Cheque; Money order/bank draft; Cash; and or e-transfer. Make cheques or money order out to Bear Lake Bible Camp. If you do not have cheques, send a money order from the Post Office or get a bank draft. If you prefer to pay by e-transfer (Enter a note, on the memo that it is for “Joy Camp Day Camp): use office@bearlakebiblecamp.org (If the fee is difficult for you, apply anyway and let us know. There are funds available.) There are 4 places to sign: 2 places on page two and 2 places on page five. Be sure these are completed.

Full name of camper: _____

Male ___ **Female** ___ **Birth date:** _____ **Address:** _____

_____ **Postal Code** _____

E-mail address, if you have one: _____

Alberta Health Care # _____ **Phone no.** _____

Parent/Caregiver E-mail: _____

Contact information in case of emergency (e.g. group home #, if not the same as above):

Name: _____ **Relationship to Camper** _____

Home phone _____ **Work phone** _____ **Cell phone** _____

Secondary Contact Person & Phone Number _____

___ **DAY CAMP (July 27,28,29 -- 9:00 a.m. to 4:00 p.m.):**

Fee: \$150.00 or \$50.00/day

or \$30.00/day if you will not be eating camp meals. Camper fee enclosed _____

Please check the days you plan to attend Day Camp

Monday _____

Tuesday _____

Wednesday _____

Will you need to take the bus? Yes ___ No ___

If yes, the bus will be leaving at 8:20am, at the “Community Village”

Please contact Danny at 780 228 1258

Will you be coming and staying at camp for the suggested hours (9:00-4:00)? If not, please indicate when you plan to Arrive _____ Leave _____

INFORMATION ABOUT PERSONAL STAFF

Will you have personal staff helping you at camp? _____ How many? _____

If so, what hours? _____

Name(s) of staff: _____

Note: If you are using a wheelchair, you must bring a worker with you.

The camp is asking personal staff to pay a flat fee to help cover meal costs: (Please enclose staff fees with this application, if possible, as it will help in meal planning. If necessary, pay at camp.)

Staff fee: **Enclosed staff fees:**

\$32 per person (State how many staff and/or meals)

for the whole camp _____

or \$8 per meal _____

\$ _____

Please have your agency, staff, parent, or other caregiver sign the following: *In the event of illness or accident, deemed serious by the camp nursing staff or a doctor in town, I/we, (name or agency) _____, will be responsible to come and pick up the camper named on this form:*

Signed _____

Summary of Enclosed Fees: **Camper fee – Mandatory** \$ _____
(copy amount from front page)

Staff fees \$ _____
(copy amount from above)

\$20.00 Late Fee (after June 20) \$ _____

Total fees enclosed \$ _____

or payment is e-transfer \$ _____

We take pictures for your personal camp album and for the camp's own promotional albums. For example we take a big group picture, snap-shots of various groups, and activity pictures. Do you give permission for taking your picture for camp purposes? (Please circle)

YES

NO

Signed: _____

Parent/Caregiver/Guardian's signature required

Again, send by regular mail (no faxes, please) these application sheets to Joy Camp, 10419 111 Ave., Grande Prairie, T8V 1T9. If you have questions, phone the camp (780 567 2293) or Lorentzen's (780 402 8778).

QUESTIONS TO BE ANSWERED

1. Are there any health or behavioural concerns we should be aware of that might affect your participation in the camp program or affect others at camp? If so, please explain.

Please notify us if you are exposed to a communicable disease during the three weeks prior to camp.

2. What is your health history? For this question and the others, check all that apply.

Disability diagnosis (This must be filled in, in case of emergency) _____

Seizures

Frequent colds

Hepatitis

Frequent upset stomach

Diabetes

Frequent constipation

Hypochondria (excessive concern about health) Fainting spells

If you have seizures, what type are they, what are the symptoms, and what is the recommended course of action?

Other concerns/comments regarding health history:

3. Do you have needs regarding meal time? (Give comments where needed)

Independent

Some help required (Describe below)

Supervision needed regarding quantities Straw needed for drinking

On a diet _____

Allergies or difficult foods _____

Comments: _____

For SPECIAL DIETARY NEEDS there are some things we cannot provide, e.g. blenders, special snacks or special food items. To discuss your needs, please contact Jonathan Lorentzen by phone before camp, at 780 402 8778.

4. Do you have any allergies to other substances, besides food; e.g. medicines, scents, etc.?

5. How is your communication and vision?

- | | |
|--|---|
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Understanding spoken words |
| <input type="checkbox"/> Limited speaking vocabulary | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Vision problems |

Comments:

6. Do you have any physical disabilities?

- | | |
|---|--|
| <input type="checkbox"/> No limitations | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Walker/Cane | <input type="checkbox"/> Need help with transfer |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Transfer with no assistance |
| <input type="checkbox"/> Other limitations (give details) _____ | |

Other comments: _____

7. Do you display any behaviours we should be aware of?

- | | |
|---|--|
| <input type="checkbox"/> No behaviours of concern | <input type="checkbox"/> Fears |
| <input type="checkbox"/> Refusal to cooperate | <input type="checkbox"/> Verbal aggression |
| <input type="checkbox"/> Physical aggression | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Other behaviours (_____) | |

Comments about behaviour (e.g. effective strategies so we can help you be successful):

8. To help us get to know you a little bit, we'd like to find out: Do you enjoy being with other people?
_____ Or do you usually prefer to be by yourself? _____

Tell us about some of your favourite games or hobbies or activities: _____

It is assumed that if you are coming to Day Camp, your staff will help you with your personal needs. If you are not sure about your situation, check with us about it at 780 513 6593 or 780 402 8778

IMPORTANT NOTES ABOUT MEDICATIONS

1. DAY CAMP: The expectation is that personal staff will be administering medication to their individual camper(s). However, if any day camper needs help from the camp nurse to administer meds, please send in an MAR and bring a copy to camp.

2. Sometimes campers request over-the-counter preparations such as Tylenol or Tums. We cannot give them such medications without consent of a parent, guardian or care-giver. If you wish the camp to administer these medications at their discretion, please sign the following:

I hereby grant Bear Lake Bible Camp the option of giving my camper, _____,
over-the-counter medication as needed. Signed _____

3. When you arrive at camp, we will take your picture, to be used by the nurses for identification purposes when they give out the meds. If you do not want your picture taken, you must bring a photo of yourself with you for the nurses to use.

Please sign or have your guardian sign below:

I certify that the information on this five-page form is complete and correct. I also agree to abide by the camp schedule and cooperate with camp staff.

_____ Date _____

If you don't receive a reply letter from the camp by three weeks after you have sent in the application, let us know.
