

REGISTRATION FORM 2017



DEADLINE FOR REGISTRATION: JUNE 1ST, 2017

(Deadline for Leaders' registration: April 30th, 2017)



A UNIQUE CAMP IN QUEBEC

Camp sessions are offered to diabetic children from 7 to 16 years old inclusively (as of July 1st, 2017).

Registration is limited. Applications will be processed on a first come first served basis.

CONFIRMATION

As soon as we receive all registration forms duly completed and signed, we will confirm your child's registration either by e-mail or by phone. A detailed information package will follow. In order to save on postage, we will send the information by e-mail unless you provide other instructions (fax or mail).

NEW! ONLINE REGISTRATION

Should you prefer to register online, visit: www.campcarowanis.ca and click on "Registration".

THE FUTURE OF CAMP CAROWANIS SITS IN YOUR HANDS!

- ❖ Are you aware that the actual cost of each camper's stay at Carowanis exceeds 2 folds the camp fees requested from families?
- ❖ We are rightfully worried about Camp Carowanis' future!
- ❖ Camp Carowanis struggles to maintain its policy to accept every diabetic child wishing to experiment the fun and safe stay at Carowanis, regardless of the financial capacity of the family to defray cost of stay.
- ❖ It is up to us, parents, to ensure the sustainability of CAMP CAROWANIS, OUR QUEBEC CAMP FOR OUR DIABETIC CHILDREN!

There is no such thing as a small donation, there are only opportunities to make a difference!

CONTACT US:

306, St-Zotique St. East, suite 100, Montreal, QC, H2S 1L6

Phone: 514-731-9683 / Toll free: 1-800-731-9683

Fax: 514-731-2683 / www.diabetes-children.ca

Email: carowanis@diabete-enfants.ca

**CAMP CAROWANIS
SUMMER 2017**

REGISTRATION FORM

✓	SESSIONS FOR CHILDREN AGED 7 TO 16 ON JULY 1ST, 2017	
<input type="checkbox"/>	SESSION 1 (8 TO 16 YEARS OLD)	Monday July 3 rd to Friday July 14 th , 2017
<input type="checkbox"/>	SESSION 2 (8 TO 16 YEARS OLD)	Monday July 17 th to Friday July 28 th , 2017
<input type="checkbox"/>	BENJAMIN STAY #1 (7 TO 9 YEARS OLD)	Monday July 17 th to Saturday July 22 nd 2017
<input type="checkbox"/>	BENJAMIN STAY #2 (7 TO 9 YEARS OLD)	Sunday July 23 rd to Friday July 28 th , 2017
<input type="checkbox"/>	SESSION 3 (8 TO 16 YEARS OLD)	Monday July 31 st to Saturday August 12 th , 2017
<input type="checkbox"/>	LEADERS (16 YEARS OLD)	Monday July 3 rd to Saturday August 12 th , 2017 Leaders must fill the survey attached to this document.

1. INFORMATION - CAMPER

First name: _____ Last name: _____
 Sex : F M
 Date of birth: _____ Age as of July 1st 2017: _____
 Main residence: With both parents With father/guardian With mother/guardian
 Medicare number (RAMQ): _____ Expiry date: _____
 Spoken language: French English Other: _____

2. INFORMATION - FATHER/GUARDIAN

First name: _____ Last name: _____
 Profession: _____ Company: _____
 Address: _____
 City (Province): _____ Postal code: _____
 Phone: _____ Phone 2: _____
 E-mail: _____

3. INFORMATION - MOTHER/GUARDIAN

First name: _____ Last name: _____
 Profession: _____ Company: _____
 Address: _____
 City (Province): _____ Postal code: _____
 Phone: _____ Phone 2: _____
 E-mail: _____

4. RL-24 SLIP – Tax credit for child expenses - will be issued

Name: _____ Social insurance number: _____

5. IN CASE OF AN EMERGENCY - OTHER CONTACTS – MANDATORY

Indicate the names of two other people to contact in case of an emergency and if the parents cannot be reached.

Person 1 _____ Person 2 _____
 Relationship to the child: _____ Relationship to the child: _____
 Phone : _____ Phone : _____
 Phone 2 : _____ Phone 2 : _____

Initials: _____
 (Mother / Father / Legal guardian)

2017 CAMPER'S INFORMATION

This information will remain confidential and will not impact your child's registration acceptance.

- BENJAMIN #1
- BENJAMIN #2
- SESSION 1
- SESSION 2
- SESSION 3
- LEADERS

Camper's name: _____

1. CAMP EXPERIENCE

Family weekend(s) at Camp Carowanis: NO YES, years: _____
Session(s) at Camp Carowanis: NO YES, years: _____
Other camp: NO YES, years: _____

2. GENERAL INFORMATION ABOUT YOUR CHILD

Does your child show any of these behaviors: running away, violence, explicit language, etc.? NO YES
If yes, please describe the problem and how you would best handle the situation at home: _____

	NO	YES	Comments
Does your child want to go to camp?	<input type="checkbox"/> *	<input type="checkbox"/>	* _____
Does he/she feel hypo symptoms coming on?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does your child sleepwalk?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does your child have difficulty being away from home without his/her family?	<input type="checkbox"/> *	<input type="checkbox"/>	* _____
Does your child wet his/her bed?	<input type="checkbox"/>	<input type="checkbox"/>	_____

What are your child's main interests and hobbies? _____

Indicate any additional information which you feel might be useful concerning your child (changes in the family status: separation, divorce, birth of a sibling, death of a close relative, loss of employment, etc.): _____

3. PHOTO POLICY

As parent and/or legal guardian, I authorize Camp Carowanis and/or The Diabetic Children's Foundation to take pictures and/or videos during camp activities and to use this material in part or entirely for promotional or informative purposes, such as brochures, magazines, newspapers, TV, website, etc.
This material will remain the property of Camp Carowanis Inc.

NO YES

Initials: _____
(Mother / Father / Legal guardian)

MEAL PLAN 2017

- BENJAMIN #1
- BENJAMIN #2
- SESSION 1
- SESSION 2
- SESSION 3
- LEADERS

Camper's name: _____ Age: _____

Children who calculate their insulin doses based on carbs counting at home can do so at camp. Snacks must still contain a fixed amount of carbs.

For those who eat fixed amount of carbs at home, please write down how many carbs per meal your child eats. The meal plan can still be changed by our student-nutritionist during the first days at camp.

DIABETIC: YES NO
INSULIN PUMP: YES NO

BREAKFAST	LUNCH	DINNER
<input type="checkbox"/> Carbs counting for each breakfast OR <input type="checkbox"/> Fixed amount of carbs : _____ g	<input type="checkbox"/> Carbs counting for each lunch OR <input type="checkbox"/> Fixed amount of carbs : _____ g	<input type="checkbox"/> Carbs counting for each dinner OR <input type="checkbox"/> Fixed amount of carbs : _____ g
AM SNACK	PM SNACK	EVENING SNACK
<input type="checkbox"/> Child with insulin pump OR <input type="checkbox"/> Fixed amount of carbs : _____ g	<input type="checkbox"/> Child with insulin pump OR <input type="checkbox"/> Fixed amount of carbs : _____ g	<input type="checkbox"/> Child with insulin pump OR <input type="checkbox"/> Fixed amount of carbs : _____ g

Does your child have any food allergies or intolerances, diagnosed by a health professional?
(ex : peanuts / nuts, lactose, gluten etc.) YES NO

If yes, specify: _____

Please note that there will be peanut butter in the dining room and at the Infirmary. Every effort is made to protect those with peanut and/or nut allergies, but your child must be aware and warned not to share utensils and to carry his/her Epipen **at all times**.

*If your child follows a specific diet, please plan meals ahead of time and bring them during the first day of camp. It's impossible for us to satisfy all types of diet.

Initials: _____
(Mother / Father / Legal guardian)

2017 DIABETES INFORMATION

- BENJAMIN #1
- BENJAMIN #2
- SESSION 1
- SESSION 2
- SESSION 3
- LEADERS

Camper's name : _____

1. DIABETES

TYPE 1 TYPE 2 NOT DIABETIC

Diabetes onset : (mm/yy): _____ / _____

Last convulsion (mm/yy): _____ / _____ Never

Doctor treating diabetes: _____ Hospital: _____

2. INSULIN

LILLY	NOVO NORDISK	AVENTIS
<input type="checkbox"/> Humalog	<input type="checkbox"/> Novo Rapid	<input type="checkbox"/> Apidra
<input type="checkbox"/> U200 Humalog	<input type="checkbox"/> NPH	<input type="checkbox"/> Lantus
<input type="checkbox"/> Basalglar	<input type="checkbox"/> Levemir	<input type="checkbox"/> Toujeo
<input type="checkbox"/> N		

- SYRINGES
- INSULIN PEN
- INSULIN PUMP

3. INSULIN PUMP

Note that children using a pump must have at least 4 weeks experience with it before coming to camp.

Starting date with pump: _____

Model: Animas Medtronic Omnipod Other: _____

Serial number: _____

Type of infusion set: _____ Size of reservoir: _____

Length of canula: _____ Length of tubing: _____

Please provide all supplies (pump, reservoirs, infusion sets, spare batteries, etc.). Infusion set changes take place **every two or three days** plus whenever required. Bring *more* than enough of these supplies to camp. Supplies are safely stored at the Infirmary. Unused material will be returned to you on the last day of camp.

Please note that we don't use wireless glucometers that communicates with the "bolus wizard" of the pump.

*Medical staff reserve the right to remove the pump (and to prescribe conventional insulin therapy by injections) if continued pump use presents an unacceptable risk for the camper.

Initials: _____
(Mother / Father / Legal guardian)

2017 MEDICAL INFORMATION

- BENJAMIN #1
- BENJAMIN #2
- SESSION 1
- SESSION 2
- SESSION 3
- LEADERS

Camper's name : _____

1. OVERALL HEALTH

What are your child's most recent measurements?

Weight: _____ kilograms

Height: _____ meters

Does your child have:

	NO	YES	Please specify
Asthma or other breathing disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention-deficit disorder (ADD)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other health problem	<input type="checkbox"/>	<input type="checkbox"/> *	* _____
Allergies, please specify (medication, bugs, others)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does he/she has an Epipen?	<input type="checkbox"/>	<input type="checkbox"/> *	* If yes, please bring it to camp

2. MEDICAL AUTHORIZATION

I authorize Camp Carowanis' medical/nursing staff to give the following medication to my child if needed.

	YES	NO
• Acetaminophen (ex. Tylenol)	<input type="checkbox"/>	<input type="checkbox"/>
• Anti-inflammatory (ex. Advil, Motrin, Naproxen)	<input type="checkbox"/>	<input type="checkbox"/>
• Anti-histamine (ex. Benadryl, Reactine)	<input type="checkbox"/>	<input type="checkbox"/>
• Anti-nausea (Ex. Gravol)	<input type="checkbox"/>	<input type="checkbox"/>

I authorize Camp Carowanis' staff members to give my child appropriate health care and bring him/her to the hospital in case of an emergency.

3. OTHER MEDICATION*

Indicate if your child has medication that must be taken at camp*. You automatically accept that this medication will be given by our medical team.

Name: _____ Dose: _____ Schedule: _____
 Name: _____ Dose: _____ Schedule: _____

* We strongly recommend that you ask your pharmacist to display your child's medication in a *Dispil*TM system.

4. VACCINES

Refer to your child's Health Record Booklet.

	NO	YES	YEARS
Tetanus (DTC, Td, Quadracel, DaCT)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis B (Engerix, Recombivax, Twinrix)	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. PROFESSIONAL CONSULTATION

Is your child seen by a psychiatrist, psychologist, social worker or other counselor? NO YES

Reasons: _____

Name of the professional: _____ Phone number: _____

Permission to consult him/her: NO YES

Child's signature (if 14 or older): _____

BY SIGNING THIS DOCUMENT, I CONFIRM THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE. I AM COMMITTED TO INFORM THE MEDICAL TEAM IF ANY MODIFICATIONS OCCUR BEFORE MY CHILD'S STAY AT CAMP.

Initials: _____
(Mother / Father / Legal guardian)

2017 TRANSPORTATION

- BENJAMIN #1
- BENJAMIN #2
- SESSION 1
- SESSION 2
- SESSION 3
- LEADERS

Camper's name: _____

<p>REGULAR SESSION</p> <p><input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3</p>	<p style="text-align: center;">TO CAMP</p> <p>(MONDAY JULY 3RD, MONDAY JULY 17TH OR MONDAY JULY 31ST)</p> <p><input type="checkbox"/> I will drive my child to camp</p> <p><input type="checkbox"/> My child will take the bus to camp (8:30 AM) → \$50</p> <hr/> <p style="text-align: center;">FROM CAMP</p> <p>(FRIDAY JULY 14TH, FRIDAY JULY 28TH OR SATURDAY AUGUST 12TH)</p> <p><input type="checkbox"/> I will drive my child back from camp (between 9AM and 10AM)</p> <p><input type="checkbox"/> My child will take the bus back from camp (10:30AM) → \$50</p>
<p>LEADERS</p>	<p style="text-align: center;">TO CAMP</p> <p>MONDAY JULY 3RD</p> <p><input type="checkbox"/> I will drive my child to camp</p> <p><input type="checkbox"/> My child will take the bus to camp (8:30 AM) → \$50</p> <hr/> <p style="text-align: center;">FROM CAMP</p> <p>FRIDAY JULY 14TH</p> <p><input type="checkbox"/> I will drive my child back from camp (between 9AM and 10AM)</p> <p><input type="checkbox"/> My child will take the bus back from camp (10:30AM) → \$50</p> <hr/> <p style="text-align: center;">TO CAMP</p> <p>MONDAY JULY 17TH</p> <p><input type="checkbox"/> I will drive my child to camp</p> <p><input type="checkbox"/> My child will take the bus to camp (8:30 AM) → \$50</p> <hr/> <p style="text-align: center;">FROM CAMP</p> <p>SATURDAY AUGUST 12TH</p> <p><input type="checkbox"/> I will drive my child back from camp (between 9AM and 10AM)</p> <p><input type="checkbox"/> My child will take the bus back from camp (10:30AM) → \$50</p>

The **bus** will leave Camp Carowanis' office in Montreal at **9:30 AM**. You must be there at 8:30 AM in order to finalize your child's registration with the nurse. The children are under your responsibility until the bus leaves.

When coming back from camp, the bus arrives at the office around **10:30 AM**.

Please communicate with us if the person who will pick up your child is not registered as a parent or legal guardian in this document.

Initials: _____
(Mother / Father / Legal guardian)

- BENJAMIN #1
- BENJAMIN #2
- SESSION 1
- SESSION 2
- SESSION 3
- LEADERS

2017 CAMP FEES

Camper's name: _____

The **actual cost** to attend a session at Camp Carowanis is **\$3 000** per child. The Diabetic Children's Foundation is our major financial supporter and we thank you for supporting the numerous projects the Foundation initiates as well as their outstanding dedication to the well-being of our diabetic campers and their families!

Camp Carowanis also benefits from individual donations and government grants. The pharmaceutical industry also supports Camp Carowanis. The amount of insulin and diabetes supplies provided throughout the past 58 years have made a great, positive difference!

Your donation helps us welcome children whose families are unable to pay the full camp fees. Thank you for teaming up with us and helping us offer a unique opportunity to diabetic children and teens, ensuring an enjoyable time and providing them the chance to finally meet others who share the same daily challenge. **A tax receipt will be issued for your donation.**

	QUEBEC RESIDENTS			NON RESIDENTS OF QUEBEC		
	7 to 9 y.o (6 days)	8 to 16 y.o (12 days)	16 y.o (6 weeks)	7 to 9 y.o (6 days)	8 to 16 y.o (12 days)	16 y.o (6 weeks)
Camp Fees	\$ 485	\$ 1 000	\$ 2 190	\$ 585	\$ 1 230	\$ 2 410

We thank you for contributing to the actual cost of a stay at camp and for helping us ensure camp will continue to be accessible to all.

- I will pay the actual cost for my child's stay at camp by making a \$2 000 donation.
- I will pay for camp fees, plus a \$300 donation.
- I will pay for camp fees, plus a \$150 donation.
- I will pay for camp fees, plus a \$ _____ donation.
- I will pay for camp fees, with no donation.

INVOICE

Registration Fee (non-refundable):	\$ <u>160</u> _____
Transportation (\$50 to camp AND \$50 from camp):	+ \$ _____
Tuck (<i>pocket money for the camp store - optional</i>):	+ \$ _____
SUBTOTAL:	= \$ _____
 Camp Fees:	 + \$ _____
Donation - Thank you! :	+ \$ _____
 TOTAL:	 = \$ _____

A receipt will be sent to you by email.

Signature: _____	Date: _____	
(Mother / Father / Legal guardian)	(Day) (Month) (Year)	

2017 METHODS OF PAYMENT

- BENJAMIN #1
- BENJAMIN #2
- SESSION 1
- SESSION 2
- SESSION 3
- LEADERS

Camper's name: _____

NUMBER OF INSTALMENTS

- 1 payment
- 3 payments
- 6 payments
- 12 payments
- Other, specify _____

METHODS OF PAYMENT

- VISA or MasterCard

Name: _____
 Card number: _____ Exp.: ____ / ____
MM YYYY

Security code: _____ Signature: _____
The 3 numbers behind your credit card

Payment frequency (ex. 1 x month): _____

Amount per payment: _____ \$

- Check or money order
Payable to Camp Carowanis Inc.

- Cash
A receipt will be issued. **DO NOT send cash by mail.**

FINANCIAL ASSISTANCE REQUEST

Camp Carowanis can offer a total or partial grant for families whose child cannot register for financial reasons. Do not hesitate to ask for a confidential form for financial assistance if this is your situation. Once the form is submitted, we will inform you of the approved grant amount.

However, we encourage you to contact local or regional organizations who are usually happy to support diabetic children.

- I will contact another organization myself.
- I want to request financial support.

You can contact Janie Bédard to get more information about financing programs at [514-731-9683 ext. 223](tel:514-731-9683) or jbedard@diabetes-children.ca.

CANCELLATION POLICY

Registration fees are non-refundable. If your child has to leave camp for medical reasons or difficulties with his/her behavior, we will only repay the days your child did not attend camp.



Signature: _____ Date: _____
(Mother / Father / Legal guardian) (Day) (Month) (Year)