

OFFICE USE ONLY	Early Bird	Discount Applied	Med #'s req'd	\$\$\$ Owing	Registration Date:
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## CAMP ARNES • SUMMER CAMP REGISTRATION FORM • 2026

Box 40, Arnes MB, ROC 0C0  
Phone: (204) 642-7618 (ext.3) Email: registrar@camparnes.com

- **REMEMBER TO REGISTER EARLY AS SPOTS ARE LIMITED!** All registrations must be submitted a minimum of one week prior to your chosen Camp session. You will be contacted if your chosen session is full.

### PARENT/GUARDIAN INFORMATION \*we require at least two guardian phone numbers. Please send me text updates ☐

Parent 1 Name: \_\_\_\_\_ Parent 1 Email: \_\_\_\_\_  
Parent 1 Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent 1 Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parent 2 Name: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_  
Parent 2 Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent 2 Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_/\_\_\_\_/\_\_\_\_

### CAMPER INFORMATION \*the form is considered incomplete without medical numbers and **your child will not be registered!!!**

Camper Name: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female

**Personal MB Health #:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Family MB Health #:** \_\_\_\_/\_\_\_\_

Custody: ☐ Mom ☐ Dad ☐ Joint ☐ Foster Care \*if the child is in foster care, the following information must be provided

Social Worker's Name: \_\_\_\_\_ Social Worker Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Social Worker's Email: \_\_\_\_\_ Agency Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Financial Department Contact: \_\_\_\_\_ Financial Department Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### IMPORTANT INFORMATION

How did you hear about Camp Arnes? ☐ Agency ☐ Parent Attended ☐ Camp Mailing ☐ Friend  
☐ Other (specify) \_\_\_\_\_ ☐ School Group ☐ Mall Display ☐ Brochure from School ☐ Web site

#### CABIN MATE REQUEST:

Both campers **must request each other** and be of the **same Camp unit and same gender.**

<b>Name 1:</b>  	<b>Name 2:</b>  
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### ALTERNATE CONTACT INFORMATION

Alternate Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Alternate Contact Phone 1: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Contact Phone 2: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### CARPOOL INFORMATION (PHOTO ID WILL BE REQUIRED FROM ANYONE PICKING UP A CHILD) \*parents will also need ID

In addition to the parents/guardians, only people on this list will be allowed to pick up your child: \_\_\_\_\_

### HEALTH INFORMATION

List of Allergies \_\_\_\_\_

List of Medications to be given at Camp: Medication 1 \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of day: \_\_\_\_\_  
Med # 2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of day: \_\_\_\_\_  
Med # 3: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of day: \_\_\_\_\_

Any medication that your child **SHOULD NOT** take while at Camp (besides allergies): \_\_\_\_\_

**----- Medication must be in the ORIGINAL PRESCRIPTION BOTTLE/PACKAGING. -----**  
**Bubble Packs are encouraged and are FREE OF CHARGE, ask your pharmacist.**

My child has: ☐ Asthma ☐ Migraines ☐ Seizure Disorder ☐ Bedwetting ☐ Anxiety

Any of the following needs that may require special attention at Camp: ☐ Physical ☐ Emotional ☐ Behavioral

**If YES to any of the above**, will your child be attending with a one-on-one support worker? ☐ Yes ☐ No

If your child is attending with a support worker, please indicate which agency the worker is from:

**\*We do not provide the worker. Please contact us if you require information on how to get one for your child.\***

Please provide any helpful information regarding this child. If yes to any of the above, please provide a brief explanation.

**PROGRAM SELECTION****Must be required age by Dec 31<sup>st</sup>, 2026****\*Integration camping available** (integration = campers with special needs)

<u>Day Camp*</u> (ages 8-10)	<u>Explorers*</u> (ages 8-10)	<u>Challengers*</u> (ages 11-13)	<u>Stokers*</u> (ages 14-15)	<u>Crew*</u> (ages 15-17)	<u>LDP*</u> (ages 15-17)
<input type="checkbox"/> July 13-18	<input type="checkbox"/> July 13-18	<input type="checkbox"/> July 13-18	<input type="checkbox"/> July 13-18	<input type="checkbox"/> July 13-25	<input type="checkbox"/> July 13-Aug 1
<input type="checkbox"/> July 20-25	<input type="checkbox"/> July 20-25	<input type="checkbox"/> July 20-25	<input type="checkbox"/> July 20-25	<input type="checkbox"/> August 3-15	<b>Please Read Below for LDP*</b>
<input type="checkbox"/> July 27-Aug 1	<input type="checkbox"/> July 27-Aug 1	<input type="checkbox"/> July 27-Aug 1	<input type="checkbox"/> July 27-Aug 1	<b>Please Read below for CREW*</b>	
<input type="checkbox"/> August 3-8	<input type="checkbox"/> August 3-8	<input type="checkbox"/> August 3-8	<input type="checkbox"/> August 3-8		
<input type="checkbox"/> August 10-15	<input type="checkbox"/> August 10-15	<input type="checkbox"/> August 10-15	<input type="checkbox"/> August 10-15		

**LDP** (ages 15-17) a three-week leadership Development program: Please indicate when you will need the bus:☐ 1st Monday ☐ 1st Saturday ☐ 2nd Monday ☐ 2nd Saturday ☐ 3rd Monday ☐ 3rd Saturday.**\* LDP Campers MUST return home for the weekend in between sessions.****CREW** (ages 15-17) two-week **WORK EXPERIENCE** Camp – campers **must return home** for the weekend in between sessions\*Please indicate when you will need the bus: ☐ 1st Monday ☐ 1st Saturday ☐ 2nd Monday ☐ 2nd Saturday

\*Areas Crew work in: Dining Hall, Kitchen, Maintenance, Housekeeping. Areas may switch each week\*

Campers must provide a letter of intent to [registrar@camparnes.com](mailto:registrar@camparnes.com) to be considered for acceptance.**FEES INFORMATION**

- PLEASE NOTE\*\*** Social Workers **MUST** submit the invoice for payment to the finance department as soon as the camper is registered (if applicable). Camp Arnes does NOT direct bill agencies.
- Complete form, along with payment (cash, cheque or credit card) in full or a \$50.00 non-refundable, non-transferable deposit per camper per session. **Deposit cheques or a full payment including deposit cheque cannot be post-dated. PAYMENT IS DUE IN FULL BY JUNE 30, 2026.** Discounts will be removed from any late payments.
- Cheques are payable to Camp Arnes. **Post dated cheques are accepted on balance of fees only.** NSF cheques will result in a \$15.00 fee and cancellation of registration for that camper if payment is not received with additional fee within two weeks.
- CANCELLATION POLICY:** If cancellations are made three or more weeks prior to session, the fees less the deposit (\$50.00) and a \$10.00 administration fee will be refunded. **If less than three weeks prior to session, no refund will be issued** (unless a doctor's certificate is provided in case of medical emergency). **No refund will be issued for late arrival, early departure or dismissal due to disciplinary action.** Deposits and fees are non-transferable.
- If campers are a no-show without communication to Camp Arnes, you are responsible for all fees.
- Bussing To/From Camp:** Bussing arrangements **MUST** be confirmed before Friday prior to the Monday drop off of your selected Camp dates. If bussing arrangements are changed after the Monday no refund will be issued for cancellations and bussing fees will be applied if added.
- Sunshine Fund only covers the registration fee and transportation; if additional charges are added, you are responsible for the fees. **Sunshine Fund will cover UP TO \$700.00/camper/year; parents/guardians are responsible for the remaining fees owing.**
- If registering after June 30, 2026, payment MUST be paid in full. Cheques will not be accepted for payment if it is less than 10 business days prior to the Camp start date.**
- CREW Applicants** - No payment required at the time of registration. Once accepted payment will be required.
- LDP Applicants** - Our Summer Ministry team will reach out to the camper before they are accepted and conduct a small interview no payment required at time of registration. Once approved by our summer ministry team payment will be required.
- Camp Store deposits MUST be paid prior to your camper attending Camp; if not paid your store deposit will be removed automatically.**

**DISCOUNT INFORMATION**

<input type="checkbox"/>	<b>Early Bird Registration Discount</b> – Deduct \$30.00 per registration. Your registration with \$50 deposit <b>must be received at Camp Arnes on or before Feb 28, 2026</b> . Full balance must be received by <b>May 1, 2026</b> , or early bird <b>discount will be removed and the FULL FEE will be applied</b> .
<input type="checkbox"/>	<b>Sibling Discount</b> – Each sibling attending Camp Arnes will deduct <b>\$25.00</b> from their registration form. <b>All siblings must be registered in the same household and at the same time for the discount to apply.</b> Sibling(s) Name(s): _____ & _____ & _____
<input type="checkbox"/>	<b>Volunteers</b> – Parents who volunteer for a <b>full Camp session</b> (in the Laundry Room, Maintenance, Kitchen, or Dining Hall) will receive a discount of half a <b>regular camper fee, up to \$288.00</b> . Please contact the Volunteer Coordinator at 204-642-7618 or email <a href="mailto:volunteer@camparnes.com">volunteer@camparnes.com</a> for more information and availability. <b>Please submit Camper Registration Form &amp; Volunteer Application together.</b>
<input type="checkbox"/>	<b>Health Station Volunteers</b> – Health Station Volunteers who volunteer for a <b>full Camp session</b> can get 100% off camper(s) fees. Copy of credentials required. Please contact the Volunteer Coordinator at 204-642-7618 or email <a href="mailto:volunteer@camparnes.com">volunteer@camparnes.com</a> for more information and availability. <b>Please submit Camper Registration Form &amp; Volunteer Application together.</b>
<input type="checkbox"/>	<b>I am applying to the Sunshine Fund or UGM</b> for funding. For Sunshine Fund, send this registration to us and their paperwork directly to them. For UGM, send this form to them along with their application. <b>Note:</b> we do not hold a place until the funding is approved. Sunshine Fund will cover camper registration and transportation fees UP TO \$700.00/camper/year; parents/guardians are responsible for all additional fees that are applied. Please indicate Sunshine Fund or UGM: _____

**AGENCY PAYMENT INSTRUCTIONS**

Please ensure that the Social Worker information and the Financial Department information is complete on the previous page. Fill out the FEES CALCULATION section including the "Agency portion" and the "Foster parent portion".

**If your agency does not provide funding for the full amount, it is your responsibility to inform the foster parent of the balance remaining. SOCIAL WORKERS MUST SUBMIT INVOICE FOR PAYMENT TO THEIR FINANCE DEPARTMENT AS SOON AS THE CAMPER IS REGISTERED.**

**PAYMENT PROCEDURE:** Payment is due 30 days from the date you are invoiced. Interest at the rate of 2% per month will be added to any unpaid accounts beginning 30 days following the balance due date. Make cheques payable to Camp Arnes.

**FEES CALCULATION**

<b>BUSSING MUST BE SET UP ONE WEEK IN ADVANCE to guarantee space.</b> Bus to Camp: \$30.00 + (\$1.25 GST)      Bus from Camp: \$30.00 + (\$1.25 GST) <b>NOTE:</b> bussing is not available for Day Camp		Camp Fee (see left):	
		Total Discounts:	
<b>BUSSING REQUIRED:</b>	<input type="checkbox"/> Bus to Camp <input type="checkbox"/> Bus from Camp	<b>Total Taxable:</b> (Camp Fee – Discounts)	
T-Shirt Size:		GST (taxable x 0.05):	
Youth (6-12 years old) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large		<b>Subtotal:</b> (total taxable + GST)	
Adult (10+ years old) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large		Bus Fare (\$30.00/each way + GST):	
*GST listed is without discounts. Adding discounts will change the GST*		<input type="checkbox"/> TO CAMP <input type="checkbox"/> FROM CAMP	
<u>Day Camp:</u>	<b>\$325.00</b> (no GST)	Tuck Money Additional:	
<u>Regular Camps:</u>	<b>\$575.00</b> (+ \$28.75 GST)	<b>Total Balance Owning:</b> (subtotal + bus + tuck)	
Explorer/Challenger/Stoker		Deposit Included (minimum \$50):	
Crew	<b>\$700.00</b> (+ \$35.00 GST)	<b>Total Balance Remaining:</b> (balance owing – deposit)	
LDP	<b>\$800.00</b> (+40.00 GST)	Are you applying to the Sunshine Fund?	
If you wish to add money to your camper's account for souvenirs or extra money for Saturday before departure, you may do so above.		*Agency children only* Agency portion:	
		*Agency children only* Foster parent portion:	

**PREPAID TUCK** –Campers will be given time to shop for souvenirs. If you wish to add money to your camper's account for souvenirs or extra money for Saturday before departure, you may do so above. Camp Store/Tuck balance **MUST** be paid prior to your camper attending Camp; if not paid your store deposit will be removed automatically.

**PAYMENT OPTIONS**

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (payable to Camp Arnes)	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Agency or Sunshine Fund or Other (circle one)
Name on Card: _____		Signature: _____	
Card #: _____ / _____ / _____		Expiry: ____ / ____      CVV: _____	
<input type="checkbox"/> Payment in full <input type="checkbox"/> Pay \$50 deposit now and the balance on either May 1, 2026, (Early Bird) or June 30, 2026 (Regular registration)			
- Payment made by credit card will result in deposit and balance being paid using this method unless otherwise specified. - Credit Card payments will show up as " <b>Lake Winnipeg Missions</b> ".			

**REQUIRED SIGNATURE (by signing below you agree to ALL terms)**

CONDITIONS OF ENROLLMENT:

1. **The Director(s) reserve the right to dismiss a camper who, in their opinion, is a hazard to the safety of others, or who appears to have rejected the reasonable controls of the Camp Arnes Code of Conduct. If this occurs, the fee is non-refundable and parents/guardians are responsible to ensure that any child dismissed from Camp is picked up in a timely manner.**
2. I give permission to **Camp Arnes to use photographs/videos of the camper** for promotional material. *If not; please contact the Camp office directly.*
3. The parents/guardians submitting this form are those having legal custody of the child. If not applicable, must be fully communicated in writing to the Camp.
4. The parents/guardians recognize that Camp Arnes will do its part to provide qualified, well trained staff and a safe environment; agree to assume all risk and to release, indemnify, and save harmless Lake Winnipeg Mission Camp Society Inc., its affiliated organizations and its employees and representatives (on whose behalf this agreement is made) from **injury, death, loss or damage that may occur to the camper or camper's property.**
5. The camper is covered by Provincial Health or equivalent medical insurance **and that information is included on this registration.**
6. I agree to allow Camp Arnes to mail or e-mail me correspondence pertaining to the ministry. I also agree to allow Camp Arnes to share my personal mailing address, email and phone number with churches affiliated with Camp Arnes for the purpose of Summer Camp follow up events and programs.
7. All prescribed medication **must be in the Original Prescription Bottle or Pharmacy Bubble Packs** (please send sufficient supply with a few extra). All medications will be administered by camp Health Station Volunteers. If the medication is not in the original bottle or the label is not legible it **will not be administered.** Please do not send non-prescription medication unless camper uses them on a regular basis (i.e. Tylenol).
8. I herewith give permission for the Camp Administration to secure qualified first aid and medical treatment as needed. I give permission for the medical staff to administer camper's medication and if needed over-the-counter (OTC) medication. I give permission for qualified staff to administer EpiPen if needed. I give permission for Camp medical staff to have assessments and treatments done by non-Camp medical staff (i.e. paramedics, hospital doctors, online doctors, etc.). **I will notify the Camp in writing if any change occurs in the camper's health within six weeks prior to attending Camp.**
9. I have read this registration form and the program guide, and I agree to be **responsible for the payment of all fees** due to the Camp.
10. I agree to allow Camp Arnes to send me a text update.
11. I certify that the information given above is complete and accurate to the best of my knowledge. I have read and agree to the terms and conditions of enrollment.

**Note without the following information, this form will not be processed. Please check everything off before sending it in.**

- ☐ Medical #s    ☐ At least 2 phone #s for the parent/guardian    ☐ At least 1 phone # for an alternate contact  
☐ Parent/Guardian Signature    ☐ \$50 deposit

<b>PRINT NAME:</b>		<b>SIGNATURE:</b>		<b>DATE (M/D/Y):</b>	
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This personal information is being collected under the authority of The Personal Information Protection and Electronic Documents Act (PIPEDA). It will be used for the registration and admission applicant in Camp Arnes programs. It will not be used or disclosed for other purposes, unless permitted by PIPEDA. If you have any questions about the collection of your personal information, contact the Privacy Officer at 204-338-4647.