



where
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2012 CAMP APPLICATION FORM

Please complete the application form below to apply for Horizon Arts Camp's 2012 summer season. This form should be completed for campers, LITs and CITs. Applying does not guarantee enrollment. Those applying for the Counsellor-In-Training Program will be required to submit an additional application form. Please ensure you review the 2012 Fee Schedule & Session Dates before completing this application form.

Please check what program you are registering your child in. Please ensure your child is the appropriate age for each program.	<input type="checkbox"/> Camper : Grade 1-8 <input type="checkbox"/> Leader-In-Training (LIT) : Grade 9 <input type="checkbox"/> Counsellor-In-Training (CIT) : Grade 10
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SESSION REQUEST	
Please select your preferred session:	<input type="checkbox"/> Session 1: July 2nd - 20th <input type="checkbox"/> Session 2: July 30th - August 17th <input type="checkbox"/> Session A: July 2nd - 6th <input type="checkbox"/> Session B: July 9th - 13th <input type="checkbox"/> Session C: July 30th - August 3rd <input type="checkbox"/> Session D: August 6th - 10th <input type="checkbox"/> LIT/CIT Program: July 2nd - August 17th

CAMPER / LIT / CIT INFORMATION			
Child's First Name:		Child's Last Name:	
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	
Address:		Suite/Apt. #:	
City:	Province:	Postal Code:	
Home Phone Number:		Current Grade:	
Name of School:			

PARENT / GUARDIAN INFORMATION #1			
First Name:		Last Name:	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Home Phone:	Work Phone:	Cell Phone:	
Address:		Suite/Apt. #:	
City:	Province:	Postal Code:	
Email Address:			

PARENT / GUARDIAN INFORMATION #2			
First Name:		Last Name:	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Home Phone:	Work Phone:	Cell Phone:	
Address:		Suite/Apt. #:	
City:	Province:	Postal Code:	
Email Address:			



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FAMILY STATUS

Child is living at home with: Both parents Mother Only Father Only
 Guardian(s) Other: _____

Are parents separated or divorced? Yes No

If parents are separated or divorced, or if the child is not living with parents, who has legal custody of the child?

HEALTH/BEHAVIOURAL INFORMATION

Please answer the following questions regarding your child. A full health form will be sent to all applicants that are accepted. H.A.C. uses this information to ensure that your child has the appropriate supports at camp to be successful.

Does your child have any life threatening allergies? Yes No

If YES, please explain:

Does the child have any of the following (check all that apply):

- | | | |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health Concerns |
| <input type="checkbox"/> Physical Challenges
(Vision impairment, chronic injury, etc.) | <input type="checkbox"/> History of Abuse/Domestic Violence | <input type="checkbox"/> Other: _____ |

Are there any behavioural concerns at school or at home? Yes No

If YES, please explain:

Is your child experiencing stressful or difficult life situations (i.e. separation/divorce, death, illness, family employment changes)? Yes No

If YES, please explain:

All **new campers** are required to submit an Artistic Recommendation Form from a school arts teacher, private arts instructor, etc. Please provide your referee's contact information so it can be matched with the form.

ARTISTIC RECOMMENDATION INFORMATION

First & Last Name:

Position/Title:

Email Address:

Name of Organization/School:

Phone Number:



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ARTISTIC EXPERIENCE

Please answer the following about your child's experiences in the arts.

Has your child taken lessons in the performing (music, dance, or theatre) or visual arts? Yes No
 If yes, please explain:

Does your child play an instrument(s)? Yes No If yes, what instrument(s)?

ARTS MAJORS - UPPER CAMPERS (3-Week Sessions) & LIT's ONLY

If your child will be in Upper Camp (currently in grades 6-8) or in the Leader-In-Training (LIT) Program (currently in grade 9) please fill out the following section. A major is a specific arts discipline that a camper would like to concentrate on during each 3-week session. Please note that you may only choose one major per session and the Camp cannot guarantee that the camper will receive his or her first choice. The Camp also considers previous experience when assigning major placements.

Please check your child's major choices in order of preference for each session you are applying to attend.

	Session One (July 2-20, 2012)	Session Two (July 30-August 17, 2012)
Music	<input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice <input type="checkbox"/> 4th Choice	<input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice <input type="checkbox"/> 4th Choice
Dance	<input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice <input type="checkbox"/> 4th Choice	<input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice <input type="checkbox"/> 4th Choice
Theatre	<input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice <input type="checkbox"/> 4th Choice	<input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice <input type="checkbox"/> 4th Choice
Visual Arts	<input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice <input type="checkbox"/> 4th Choice	<input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice <input type="checkbox"/> 4th Choice

ADDITIONAL INFORMATION

Please list the languages spoken at home:

Parent/Guardian Country of Origin is:

Child's Country of Origin is:

How did you hear about Horizon Arts Camp? Facebook The Artistic Edge Blog Ontario Camps Association
 Twitter Print Advertisement Kingsway College School
 Through A Friend: _____ Other: _____ Camp Fair

CAMP FEES

Please indicate whether you would like to be contacted regarding a payment plan option for your camp fees. Yes No

Please indicate whether you will be submitting a Scholarship Application Package. Yes No



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BUS TRANSPORTATION & EXTENDED CARE PROGRAMS

Please note that campers cannot enroll in both the Breakfast Club/After Camp Care and Bus Transportation programs, as times overlap. If required, please select which program you would like your child to be enrolled in.

If you have indicated that you would like to make use of the Camp's daily bus transportation program, one of the Directors will contact you regarding bus stop locations.

- Breakfast Club 8:00 am-8:30 am
- After Camp Care 4:00 pm - 5:30 pm
- Bus Transportation to and from camp
- Not required

In Submitting This Application, I Agree To The Following:

- that my child can participate in all camp activities and supervised trips not on camp property.
- to provide the camp with a completed health form, authorized pick-up form and payment if my child is accepted.
- that my child is authorized to eat/drink all meals or snacks provided by the camp, unless otherwise notified by me.
- that the camp reserves the right to photograph and/or videotape all camp programs and use the images for promotional purposes, unless notified by the parent/guardian in writing on or before the first day of camp.
- that I understand that I will not receive a refund for any days my child is absent from camp.
- that the camp reserves the right to terminate the registration of any camper if, in the camp's discretion, it is determined that such termination is to be in the best interest of the camper or the camp.
- that my child's referee can provide information to complete the artistic recommendation form and that the camp can contact the referee to obtain further information if required.
- that the information in the camper application is true and correct.
- that I am the legal guardian/parent for the camper applying to Horizon Arts Camp and I am authorized to submit this application form for this child.

If you received a Promo Code or Gift Certificate, please enter it here (please note that only one will be accepted per family):

In signing this form, you are ensuring that all answers are completed to the best of your knowledge. Please note that incomplete forms may not be processed and forms are reviewed on a first come, first served basis. Camp applications will not be processed until an Artistic Recommendation Form (if required) and \$25 non-refundable application fee have been submitted to the camp office.

 Parent/Guardian Signature

 Date

Forms may be emailed to: camp@horizonartscamp.org, faxed to: 416-544-9229, or mailed to:
 Horizon Arts Camp 124 Merton Street, Suite 403, Toronto, ON M4S 2Z2