# Registration for LOAVES & FISHES ZIONTARIO REUNION JUNE 28 - JULY 4, 2025 PLEASE REGISTER ASAP-MEAL PLANDEADLINE IS FRIDAY JUNE 6TH

Name:							
Address:		T	T				
City:		Province:		P	ostal Code:		
Phone:			Email:				
Day of Arrival:			Departure 1	Day:			
Atte	endee Names (First and l	Last)	Jr. High going i	nto grades 6-9, Sr	. High going into grade	e 10 or higher	Child Age
-			_ Adult	Sr High	Jr High	Child	
			_ Adult	Sr High	Jr High	Child	
-			_ Adult	Sr High	Jr High	Child	
			_ Adult	Sr High	Jr High	Child	
			_ Adult	Sr High	Jr High	Child	
			_ Adult	Sr High	Jr High	Child	
			_ Adult	Sr High	Jr High	Child	
I hereby in ways:	MAIL RELEASE: give consent to and a that are consistent wi	th the stated priv	acy policy.				
1	give consent to and a rivacy policy.	uthorize the use	of my e-mail ad	dress in way	s that are consis	stent with t	the
	Signed:			Date	):		
REGISTRATION		ance purposes, pl	ease register ever	ryone in your	group)		

Registration is 6 days, Sunday-Friday.

	#		#	
	Adult	1 @ \$ 16.50 x	days	= \$
No charge for infants under 3	Adult	2 @ \$ 16.50 x	days	= \$
Child rate available for those 3-17	Stude	nt @ \$ 11.00 x	days	= \$
Cr. 1 - r - r - r - 1111 - Cr. 1 - r - 10 - 25	Child	@ \$ 11.00 x	days	= \$
Student rate available for those 18-25 *must show valid student ID	Infant	@ \$ FREE x	days	
Family rate available for \$260/ week.		# addition	nal children:	
Includes 2 adults and 3 children/ students + \$11.00 per additional child/ student	Family @ \$260.00 + x \$11.00 = \$ _			= \$
		R	egistration Subtota	al: \$

### **ACCOMMODATION:**

Dorma		#				#	
Dorms:	Arnold Peace Lodge:	#	Adult 1 (18 +)	@ \$36.00	X	•	= \$
	(minimum of 2/room)		Adult 2 (18 +)	@ \$36.00	x	nights	= \$
			Child (under 18)	@ \$23.00	x _	nights	= \$
	Old Dorm: (minimum of 2/room)		Adult 1 (18 +)	@ \$31.00	х	nights	= \$
		<del></del>	Adult 2 (18 +)	@ \$31.00	x	nights	= \$
			Child (under 18)	@ \$18.00	x	nights	= \$
Campsite:			Campsite	@ \$65.00	х _	days	= \$ _
Campsite	(No Hydro):		Campsite	@ \$40.00	х _	days	= \$
	Trailer or Tent Size:						
				A	ccomr	nodation Subto	tal: \$
S	ite or Dorm Preference:	1			2		

## **MEALS**:

### Meals for the week include Monday to Friday lunches.

Must be ordered prior to June 6th. Not available with late registration!

Freewill Offering Meals:  Please enter the # of attendees  Saturday Supper @ 6 pm: #  Sunday Lunch after Worship: #  Sunday Supper @ 5 pm: #  Tuesday Breakfast @ 7:30 am: #  Thursday Supper @ 5 pm: #	Please Remember Real plan, plan, plan to help with washing & opots & pans floors, singi	olease sign kitchen d drying dis s, wiping t	n up for a luties. In shes, scru ables, sw	KP team cluding: abbing reeping		Special Dietary Instructions:
Weekly Meal Plan:	# of peop # of childre # of childr		er week:			@ \$ 75.00 = \$ @ \$ 55.00 = \$ @ \$ 30.00 = \$
OR Individual Meals: # of people (13+) per m # of children (9-12) per m # of children (5-8) per m *Children under 5 eat f	eal eal	Tu		Th	F 	x \$ 17.00 = \$ x \$ 13.00 = \$ x \$ 8.00 = \$ Meals Subtotal: \$
Send Registration and Payment to:				Totals:		

Shannon Brown 704 Breakwater Cres. Waterloo ON, N1H 4H8 jsbrown704@sympatico.ca

Payment due at camp. Please make cheques payable to "Community of Christ"

Totals:		
	Registration Subtotal:	\$ 
	Accommodation Subtotal:	\$
	Meals Subtotal:	\$ 
	13% HST	\$
	<b>Grand Total</b>	\$ 

# YOUTH CLASSES:

Please fill out one profile for each youth attending classes.

First Name:	Preferred Nan	ile.
Last Name:	Age at Time of Car	mp:
Gender:	□ M □ F □ Non Binary Grade Complet	
Returning Camper?	□ Yes □ No	.ou <u>.</u>
Days Attending Class:	□ All Classes (preferred) □ Some Classes: □ M □ Tu □ W	□ Th □ F (concert)
Relevant Medical	Does this student have one of the following conditions:	
Considerations:		rry/use puffers? □ Yes □ No)
Considerations.		rry a current EpiPen?   Yes   No)
		re required to prevent/treat a
	seizure if one occurs?	ne required to preventy treat a
	Seizure ii one occurs?	
	□ Other:	
Allergies:	□ No Known Allergies	
	☐ 1+ Allergies Specific Allergen(s):	Reaction:
	Type of Allergen: (i.e., nuts, pollen, bees, dogs, tape adhesive)	(i.e., rash, swelling, congestion, trouble breathing, anaphylaxis)
	Food	
	Environmental	
		-
	Stinging/Biting Insect	-
	□ Animal Dander	
	□ Other	
Additional Supports:	Does this student thrive with additional supports?	
	□ help with transitions □ toileting reminders	
	☐ 1:1 behavioural support ☐ emotional check-ins	
	□ other (specify):	
First Name:	Preferred Nam	e:
Last Name:	Age at Time of Carr	np:
Gender:	□ M □ F □ Non Binary Grade Complete	
Returning Camper?	□ Yes □ No	
Days Attending Class:	□ All Classes (preferred) □ Some Classes: □ M □ Tu □ W □	□ Th □ F (concert)
Relevant Medical	Does this student have one of the following conditions:	
Considerations:	$\Box$ Asthma $\Box$ No $\Box$ Yes $\rightarrow$ if yes, does he/she cal	way ( ) o a va off a va O — Na — Na )
Considerations.	· · · · · · · · · · · · · · · · · · ·	rry/lise numers? I yes I Nini
	$^{1}$ $\Box$ Ananhylaxis $\Box$ No $\Box$ Yes $\rightarrow$ if yes does he/she cal	
		rry a current EpiPen? □ Yes □ No)
	$\Box$ Epilepsy $\Box$ No $\Box$ Yes $\rightarrow$ if yes, what supports a	
		rry a current EpiPen? □ Yes □ No)
	$\Box$ Epilepsy $\Box$ No $\Box$ Yes $\rightarrow$ if yes, what supports a	rry a current EpiPen? □ Yes □ No)
	□ Epilepsy □ No □ Yes → if yes, what supports a seizure if one occurs?	rry a current EpiPen? □ Yes □ No)
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Allergies:	□ Epilepsy □ No □ Yes → if yes, what supports a seizure if one occurs?  □ Other: □ No Known Allergies	rry a current EpiPen?   Yes   No) re required to prevent/treat a
Allergies:	□ Epilepsy □ No □ Yes → if yes, what supports a seizure if one occurs?  □ Other: □ No Known Allergies □ 1+ Allergies Specific Allergen(s):	rry a current EpiPen?   Yes   No) re required to prevent/treat a  Reaction:
Allergies:	□ Epilepsy □ No □ Yes → if yes, what supports a seizure if one occurs?  □ Other: □ No Known Allergies	rry a current EpiPen?   Yes   No) re required to prevent/treat a  Reaction: (i.e., rash, swelling, congestion, trouble
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Allergies:	□ Epilepsy □ No □ Yes → if yes, what supports a seizure if one occurs?  □ Other: □ No Known Allergies □ 1+ Allergies Type of Allergen: □ Food  □ Specific Allergen(s): (i.e., nuts, pollen, bees, dogs, tape adhesive)	rry a current EpiPen?   Yes   No) re required to prevent/treat a  Reaction: (i.e., rash, swelling, congestion, trouble
Allergies:	□ Epilepsy □ No □ Yes → if yes, what supports a seizure if one occurs?  □ Other: □ No Known Allergies □ 1+ Allergies Type of Allergen: □ Food □ Environmental	rry a current EpiPen?   Yes   No) re required to prevent/treat a  Reaction: (i.e., rash, swelling, congestion, trouble
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Allergies:  Additional Supports:	□ Epilepsy □ No □ Yes → if yes, what supports a seizure if one occurs?  □ Other: □ No Known Allergies □ 1+ Allergies Type of Allergen: □ Food □ Environmental □ Stinging/Biting Insect □ Animal Dander □ Other  Does this student thrive with additional supports?	rry a current EpiPen?   Yes   No) re required to prevent/treat a  Reaction: (i.e., rash, swelling, congestion, trouble
	□ Epilepsy □ No □ Yes → if yes, what supports a seizure if one occurs?  □ Other: □ No Known Allergies □ 1+ Allergies Specific Allergen(s): □ Type of Allergen: □ Food □ Environmental □ Stinging/Biting Insect □ Animal Dander □ Other  Does this student thrive with additional supports? □ help with transitions □ toileting reminders	rry a current EpiPen?   Yes   No) re required to prevent/treat a  Reaction: (i.e., rash, swelling, congestion, trouble
	□ Epilepsy □ No □ Yes → if yes, what supports a seizure if one occurs?  □ Other: □ No Known Allergies □ 1+ Allergies Specific Allergen(s): □ Food □ Environmental □ Stinging/Biting Insect □ Animal Dander □ Other  Does this student thrive with additional supports? □ help with transitions □ toileting reminders □ 1:1 behavioural support □ emotional check-ins	rry a current EpiPen?   Yes   No) re required to prevent/treat a  Reaction: (i.e., rash, swelling, congestion, trouble
	□ Epilepsy □ No □ Yes → if yes, what supports a seizure if one occurs?  □ Other: □ No Known Allergies □ 1+ Allergies Specific Allergen(s): □ Type of Allergen: □ Food □ Environmental □ Stinging/Biting Insect □ Animal Dander □ Other  Does this student thrive with additional supports? □ help with transitions □ toileting reminders	rry a current EpiPen?   Yes   No) re required to prevent/treat a  Reaction: (i.e., rash, swelling, congestion, trouble