



Prince George Native Friendship Centre

CAMP FRIENDSHIP

Information & Registration Package

About Our Summer Camps

The Prince George Native Friendship Centre will be offering NO-COST, summer camp programming in July and August for low-income Aboriginal and non-Aboriginal children, ages 6-13. Programming will include traditional and cultural elements, crafts, nature and animal awareness, all sorts of outdoor activities. Registration is "first come, first served," and applications can be made by submitting a complete registration form (attached), either by email, fax or in person, to the PGNFC front reception.

6 and 7 year olds – Day Camps

Two weeks to choose from during the summer, these camps are available only to children ages 6 or 7.

Lunch is provided.

Monday - Friday 9am – 3pm

8-13 year olds – Combination

4 days total – 1st day is an in-town day camp, followed by 3 days, 2 nights at the out-of-town Camp Friendship facility.

- Day 1 is a day camp 9am – 3pm
- Day 2 drop off at 1pm
- Day 4 pick up at 3pm

Overnight Checklist

Sleeping bag/Pillow

Pyjamas/Slippers

Socks/undies

Running shoes & sandals

Swimsuit/Towel

Hoodies/Sweaters/Jacket

Toiletries

Shorts/T-shirts

M.I. Clothes (dark/camo)

*Electronic devices including cell phones, MP3 players, games, etc should be left at home to prevent loss, and to allow children to have the best camp experience possible.

Junior Counsellors

Students between the ages of 13-18 are welcome to apply for this great work experience opportunity and will be supervised and mentored by Camp Friendship staff. A criminal record check is required and volunteers are asked to submit a paragraph explaining why they would like to be a Junior Counsellor. Please indicate which week you would be most interested in. Applications can be submitted to the Summer Camp Leader either by email, fax, or in person at the front reception of the PGNFC.

Please keep this page 😊

Summer Calendar

July 2013

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 Canada Day Stat	2	3	4	5	6
	8 & 9 year old camp					
7	8	9	10	11	12	13
	6 & 7 year old camp					
14	15	16	17	18	19	20
	10 & 11 year old camp					
21	22	23	24	25	26	27
	12 & 13 year old camp					
28	29	30	31	1	2	3
	6 & 7 year old camp					

August 2013

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
4	5 BC Day Stat	6	7	8	9	10
	8 & 9 year old camp					
11	12	13	14	15	16	17
	No summer camp this week					
18	19	20	21	22	23	24
	10 & 11 year old camp					

Camp Friendship Facilities

Overnight camp sessions will take place at Camp Friendship which is location 60 kilometres southeast of Prince George, situated off the Willow Cale Forest Service Road on the beautiful Tsitniz Lake (formally Camp McInnis).

Contact:

Clea Shogren

Summer Camp Leader

Email: summercamp@pgnfc.com

Phone # 250-564-3568 ext 219

Fax # 250-563-0924

Out-of-Town Camp Facility Phone #:

Emergency only please 250-960-8846

Please keep this page ☺



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Primary Info

Child's Name: _____

Date of Birth: _____

Mailing address: _____
(Street, Postal code)

Male [] Female []

Legal Guardian(s): _____
(Name)

(Phone #s)

(Name)

(Phone #s - if different from above)

Care Worker: _____
(if applicable) (Name)

(Agency & Phone #)

Summer Camp Dates

Registration is done on a "first come, first served" basis, which unfortunately means that some will not get into the camp they prefer. If a camp is full, we will either waitlist your child or try to fit them into another camp if possible. Please **indicate your preferred dates.**

6 & 7 year olds

July 8 – July 12

or

July 29 – August 2

8 & 9 year olds

July 2 – July 5

or

August 6 – August 9

10 & 11 year olds

July 15 – July 18

or

August 19 – August 22

12 & 13 year olds

July 22 – July 25

Medical Information

Care Card #: _____ Physician's Name and Phone #: _____

Does your child have any allergies? Yes [] No []

If yes, please list: _____

Does your child have any other health concerns? Yes [] No []

If yes, please list: _____

Does your child receive any daily medication that will need to be taken while at camp? If yes, please complete the attached Medication Form. Yes [] No []

Getting to Know Your Child

Has your child ever been away from home overnight? Yes [] No []

Does your child have any fears? Yes [] No []

If so, how do you deal with them? _____

Does your child have any comforting items like a special blanket, teddy bear, etc? Especially in an overnight camp, please send any items that will help your child feel comfortable. Sometimes even a photo of a child's parents or special people in their lives helps them to feel more relaxed away from home.

Does your child have any behavioral concerns? Yes [] No []

Please explain... _____

What school does your child attend? _____

Where did you hear about this camp? _____

Cultural Information

What is your child's ancestry? This information will be used for statistical purposes only.

[] Status [] Non Status [] I would rather not respond

[] Métis [] Non Aboriginal

Consent for 1st Aid

As the legal guardian for _____, I authorize PGNFC staff to administer 1st aid to my child and to seek all necessary medical attention for my child in the event of any injuries or illnesses. I also give permission for PGNFC staff to transport my child to the hospital or call an ambulance if necessary. (If a situation like this does occur, the legal guardian or one of their emergency contacts will be notified immediately). I believe that my child is in good health and capable of participating in the Summer Camp Program. I agree that the Prince George Native Friendship Centre shall not be liable in any way whatsoever for any injury arising out of the participation of the said child.

(Signature)

(Date)

Photo Release

Pictures may be used for promotional media or funding initiatives for Camp Friendship. All children will receive a group picture of their fellow campers to remind them of their camp experience.

Can we include your child in these pictures?

Yes []

No []

(Signature)

(Date)

Emergency Contacts

In the event that your child is in need of medical attention beyond basic 1st aid, is feeling too ill or homesick to attend camp, or if no one has come to pick-up your child from camp, we will contact one of your emergency contacts if we have been unable to reach the legal guardians. Please ensure that when you list contacts they are aware of their names being used as the contact person and that you are comfortable allowing the staff to release your child to the person(s) mentioned below. Please inform the coordinator ASAP of any changes.

Please note: All attempts to reach the parents/guardians will be made prior to contacting your emergency contacts. Your child will NOT be released to anyone other than those listed on this emergency contact list.

Name(s):	Phone #s:	Relationship to Child



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Medication Form

Important: All medications must be brought in the original containers. No exceptions. Prescription medication must have child's name printed on the pharmacy label. This form is required for occasional & over-the-counter drugs (e.g. Tylenol, Claritin). All medication, including over-the-counter drugs, must be given directly to a camp employee by the parent/guardian. Please do not send in your child's backpack.

Child's Name: _____

Name of Medication #1: _____

Name of Medication #2: _____

Name of Medication #3: _____

Medication Schedule:

Date:	Ideal Time:	Medication # and Dose:	Actual Time:	Staff Member:	Staff Comments:

Consent to Administer Medication

As the legal guardian for the child named above, I authorize PGNFC staff to administer the listed medication to my child, in accordance with the instructions indicated on the pharmacy or instructions label on this medication.

(Signature)

(Date)