

# Camp Connections Registration

## **Event Timing:**

Session #1 : 7-11 Years old, Coed June 30 - July 6

Session #2 : 12-14 Years old, Coed July 11 - July 17

Session #3: 7-11 Years old, Coed July 22 - July 28

Session #4: 14-18 Years old, Coed August 2 - August 8

Session #5: 7-11 Years old, Coed August 13 - August 19

**Sessions are 7 days long.**

**Event Address:** Ingraham Trail, KM 57, Yellowknife NT.

**Pick Up Location and drop off:** Welcome to Yellowknife Sign (big blue plane).

First Day of Camp - Drop Off 9:00 am

Last Day of Camp - Pick-up 2:00 pm (Same Location)

**Contact us at :** Camp\_director@ffcnwt.com - (867)-766-3326.

## **Our Camp Director: Tyler Argue.**

Welcome All Campers!!!!

Camp Connections is intended to provide a positive leadership-based opportunity to meet the needs of children and youth between the ages of 7-18 who are involved with social services or living in foster homes. Children and youth in the NWT deserve a chance to just be kids and also to gain valuable life skills in a closely supervised rich cultural setting.

Sessions are 7 days in length and campers are bused from Yellowknife to our beautiful facilities 57 kms northeast of Yellowknife on Ingraham Trail. Camp is now updated with solar power showers and outhouses. Camp consists of numerous cabins for sleeping and a cookhouse for mealtimes and large group activities.

## **Our Programming:**

- Is age appropriate with a camper/staff ratio of 4:1
- Encourages and empowers campers to learn new skills and challenge themselves
- Includes activities such as hiking, swimming, games, arts & crafts, canoeing, teachings from Elders, and visits from guest artists, Wildlife Officers, and other community professionals
- Is based on the themes "I am Capable, Loveable, Trustworthy, Important, Powerful, Valuable, and Helpful".
- Is designed to meet the needs of at-risk youth.

We encourage campers to participate in the programming but also offer alternative programming for those who choose otherwise. The FFC-NWT wants to make sure that all campers have a worry-free fun time at Camp Connections!

**ALL DETAILS MUST BE COMPLETED IN ORDER TO BE REGISTERED!!!!**  
**PLEASE KNOW THE MORE DETAILS AND INFORMATION THE BETTER WE CAN INSURE THE YOUTH'S BEST INTEREST, COMFORT AND ROUTINE.**

**(FORM ON WEBSITE)**

**FILL ALL BELOW. (Please insure the current guardian fills this section, if that may be a social work, parent ect)**

**Caregivers Relation to youth.**

- ☐ **Birth parent**
- ☐ **Foster Parent**
- ☐ **Extended Family**
- ☐ **Other**

Caregivers Phone #

Emergency Contact:

Emergency Contact #2:

Email:

Address:

Community:

**Youth Information:**

Is this the youths first time at camp?

- ☐ Yes
- ☐ No

Youth's Name:

Youth Identified Gender:

Youth age at time of camp:

Youth Date Of Birth:

Youth Health care card #:

Cultural Heritage:

Medications (list all):

- ☐ #1
- ☐ #2
- ☐ #3
- ☐ #4
- ☐ #5
- ☐ #6
- ☐ #7

Medication Usage details (please insure times, dates, must be taken with or without food, and any other additional information:

Any allergies:

Dietary restrictions:

- ☐ None
- ☐ Vegetarian
- ☐ Vegan
- ☐ Kosher
- ☐ Gluten free
- ☐ Other (please specify)

Any other dietary restrictions information:

Food disorders (eating disorders, texture issues, food touching disorders etc):

**Behavioral Information:**

**Please tell us about any behavioral issues that could arise at camp with suggestions on how to manage them. Even if it is a small trigger / reaction, PLEASE STATE THIS. Additionally, please include ANY specific likes or dislikes, fears, bedtime habits, and or / routines that we should be aware of.**

**PLEASE INSURE YOU ARE EXTREMELY DETAILED WITH THIS INFORMATION. We want all youth to have the most comfortable and enjoyable experience. The more information the better.**

Does this youth have a formal or suspended diagnosis? That would help us meet their needs:

- ☐ Yes
- ☐ No

If yes to having a diagnosis please state what. (having this information allows us to provide the correct support systems for this child when they arrive at Camp Connections):

Does this youth have any sleeping issues/sleeping fears/ sleeping concerns? Or bedtime habits?

Does this youth have any fears?

Does this youth have any dislikes?

Does this youth wear glasses or contact lenses? (If yes, please insure they have a case / container to be safely secured and stored when not in use):

- ☐ Glasses
- ☐ Contacts
- ☐ Both

**Social worker information (If involved)**  
**(FILL ALL BELOW)**

Is the social worker the primary caregiver?

- ☐ Yes
- ☐ No

Social Worker Phone #:

Social worker email:

Who will be covering the \$250.00 registration fee?

- ☐ Social services
- ☐ Caregiver
- ☐ Birth Parents
- ☐ Family
- ☐ Other (Please specify)

**CAMP INFORMATION:**  
**(FILL ALL BELOW)**

**Do you acknowledge the current primary caregiver will be responsible for signing the application and payment before sessions.**

☐ **Yes**

**Do you acknowledge the \$250.00 registration fee must be paid in full before the session starts?**

☐ **Yes**

**Session attending:**

☐ **Session #1**

☐ **Session #2**

☐ **Session #3**

☐ **Session #4**

☐ **Session #5**

**Do you acknowledge that Camp Connections wil NOT be held accountable for any items lost, stolen or damaged. (We highly recommend NOT TO BRING any expensive, irreplaceable items, or important items)**

☐ **Yes**

**Questions:**