

# SUMMER CAMP

girls  
inc.  
of Durham



## COUNSELLOR IN TRAINING PROGRAM

### Building Life Skills Through Girls Inc. CIT Program:

**EDUCATION:** Learn how to make a difference with issues that are important to you

**GROUP WORK:** Learn how to work with a small group of their peers, make decisions as a team and co facilitate

**SELF-CONFIDENCE:** Learn to accept new responsibilities in leadership, take positive risks and practice skills

**INDEPENDENCE:** Participants will develop independence, self assurance and gain for confidence

**FRIENDS:** Summer Camp provides a safe space for youth to make new friends, become leaders and have fun!

*A girl is a young person who identifies as a girl regardless of her assigned sex at birth, or who is exploring gender identity or expression.*

**Girls ages 13-16**

**9:00am - 4:00pm**

To register use the QR code, call  
in, email or visit our website.  
[www.girlsinc-durham.org](http://www.girlsinc-durham.org)



For more information contact  
Vanessa De Ryck  
Program Coordinator  
905-428-8111 ext 225  
[vderick@durham.girls-inc.org](mailto:vderick@durham.girls-inc.org)

## Registration Form

Child's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY) Age: \_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_  
Please indicate any medical information that you would like us to be aware of i.e. food allergies, medications, medical conditions etc.  
\_\_\_\_\_

## Main Contact

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_  
Alternative/Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Program Permission

I hereby grant permission for my child \_\_\_\_\_ to participate in Girls Inc. of Durham programming. I give my consent for her to participate in field trips and neighbourhood outings arranged by the staff at Girls Inc. of Durham. Parents will be notified in advance of any such trips and may be asked to provide additional support depending on the outing. I understand that my daughter may be transported by vehicle or walking, with adult supervision, in order to arrive at the destination. I recognize that Girls Inc. might reach out to my family during the year to check in i.e. phone calls, chalking etc. I understand that my medical coverage is the primary injury for my child and will not hold Girls Incorporated of Durham responsible in case of an accident or injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Media Release

There will be occasions where pictures or videos of your daughter will be taken to be used in media projects for the purpose of our program. These photos may also be used for public relation purposes, newsletter, brochures, annual reports, radio, television newspapers and our home website. I give my permission for my daughter to appear in any Girls Inc. of Durham publications.

\_\_\_\_\_ I give my permission for my daughter to appear in any Girls Incorporated of Durham publications.

\_\_\_\_\_ I do not give permission for my daughter to appear in any Girls Incorporated of Durham publications

Parent/Guardian Signature: \_\_\_\_\_

## Before & After Care

Before care is from 8:30am to 9:00am  
After care is from 4:00pm to 4:30pm.

**Member Rate \$45 Non Member Rate \$55**

## Location:

\_\_\_\_ Pickering \_\_\_\_ Whitby \_\_\_\_ Oshawa  
\_\_\_\_ Oshawa (N) \_\_\_\_ Brooklin  
(Locations TBD)

## Girls Inc. Membership Options

### Single \$55 or Family \$70

Girls Inc. Members receive 20% discount off of all programs for a year

**Member Weekly Rate \$140 Non-Member \$175**

### Choose your week(s) below

Week 1: July 06<sup>th</sup> to 10<sup>th</sup>

Week 2: July 13<sup>th</sup> to 17<sup>th</sup>

Week 3: July 20<sup>th</sup> to 24<sup>th</sup>

Week 4: July 27<sup>th</sup> to July 31<sup>st</sup>

Week 5: August 04<sup>th</sup> to 07<sup>th</sup>

Week 6: August 10<sup>th</sup> to 14<sup>th</sup>

Week 7: August 17<sup>th</sup> to 21<sup>st</sup>

Week 8: August 28<sup>th</sup> to 31<sup>st</sup>

Week 9: September 04<sup>th</sup> to 07<sup>th</sup>

**Payment Method:** Cheque Cash Credit Card

# \_\_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_ CVV# \_\_\_\_

Name on Card: \_\_\_\_\_

**20% to 25% off (Pickering & Whitby ONLY) front, call in, email or visit our website.**

**20% to 25% off (Pickering & Whitby ONLY) front, call in, email or visit our website.**