

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**



**For more information contact
Vanessa De Ryck
Program Coordinator
905-428-8111 ext 225
vderyck@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 insurer 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)

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

Choose your week(s) below

Week 1: July 06th to 10th

Week 2: July 13th to 17th

Week 3: July 20th to 24th

Week 4: July 27th to July 31st

Week 5: August 04th to 07th

Week 6: August 10th to 14th

Week 7: August 17th to 21st

Week 8: August 24th to 28th (Pickering & Whitby ONLY)

Week 9: August 31st to September 04th (Pickering & Whitby ONLY)

Payment Method: Cheque Cash Credit Card

Expiry Date _____ / _____ CVV# _____

Name on Card: _____