

BRIDLEGROVE CAMP 2026

C.I.T. ~ GRADE 9-10
REGISTRATION FORM

Tel: (416) 497-7667

Please complete this form and return it along with the non-refundable registration fee of \$40.00 per child (\$60.00 family rate for two or more children) to our camp email address bridlegrovedc@gmail.com.

Has your child attended Bridlegrove Day Camp / Daycare before? ☐ No ☐ Yes

The C.I.T. program is designed for young people who are interested in gaining experience to become leaders. An interview will be required. Limited spaces are available per session. Once the candidate has been selected to participate in the C.I.T. program, a positive learning attitude is expected. If, for any reason, the participant does not follow the outlined expectations, he/she may be asked to withdraw from the program.

SHIRT SIZE

Please check either

Youth	Small <input type="checkbox"/>	Medium <input type="checkbox"/>	Large <input type="checkbox"/>	XLarge <input type="checkbox"/>
Adult	Small <input type="checkbox"/>	Medium <input type="checkbox"/>	Large <input type="checkbox"/>	XLarge <input type="checkbox"/>

IMPORTANT DATES

Please select preferred camps

MARCH BREAK CAMP	SUMMER CAMP	CLOSURE DATES
Start Day of Camp: Monday, March 16, 2026	Start Day of Camp: Monday, June 29, 2026	Canada Day: Wednesday, July 1, 2026
Final Day of Camp: Friday, March 20, 2026	Final Day of Camp: Thursday, August 20, 2026	Civic holiday: Monday, August 3, 2026
		Cleanup Day: Thursday, August 21, 2026

C.I.T Program*

C.I.T (Mentorship Program) – Session Dates: June 29 – July 24 or July 27 – August 20, 2026

Leadership Training Program

Indicate Preference:

- ☐ June – July (June 29 – July 24)
☐ July –Aug (July 27 – Aug 20)

Fees starting at \$350.00/4 weeks

C.I.T'S APPLICATION

C.I.T'S Information*

C.I.T'S Full Name* _____

Date of Birth (DD/MM/YYYY)* _____

Age* _____

School Name* _____

Grade Completed as of February 2026* _____

Current Address*

(Street Address)

(Apt/House #) *

(Postal code)

(City, Province)

(Country)

Swimming Abilities*Please check one

☐ Non-swimmer ☐ Beginner ☐ Intermediate (can swim 5-10 meters unassisted)

☐ Advanced (confident swimmer)

Learned to swim at this school: * _____ or with family

Interest & Hobbies _____

PARENTS/GUARDIAN INFORMATION

Mother's Information*

Mother's Name* _____

Current Address*

(Street Address)

(Apt/House #)* (Postal code) (City, Province) (Country)

Phone #: _____

Email Address: *email will be used to send camp info _____

Employer: _____

Work Address:

(Street Address)

(Unit #)* (Postal code) (City) (Country)

Work Hours: _____ **Work Phone #:** _____

PARENTS/GUARDIAN INFORMATION

Father's Information*

Father's Name* _____

Current Address*

(Street Address)

(Apt/House #) *

(Postal code)

(City, Province)

(Country)

Phone #: _____

Email Address: *email will be used to send camp info _____

Employer: _____

Work Address:

(Street Address)

(Unit #) *

(Postal code)

(City, Province)

(Country)

Work Hours: _____ **Work Phone #:** _____

MEDICAL INFORMATION

Doctor's Information*

Doctor's Name: _____ Phone #: _____

Doctor's Address:

(Street Address)

(Unit #)

(Postal code)

(City, Province)

(Country)

Health Card #: * _____

Surname and Initial on Health Card: * _____

Date of last Tetanus: * _____

Food Allergies: * _____

Medication Allergies: * _____

Is your child on any medication presently? * Yes ☐ No ☐

If yes, please list:

Does your child have any developmental, physical or health concerns? *If yes, please explain**

Restrictions that may limit their participation: *If any, please explain**

EMERGENCY CONTACT PERSON

**We will contact this person if we are unable to reach either parent/guardian.*

Contact #1:

Name _____

Relationship _____

Work # _____

Home # _____

Contact #2:

Name _____

Relationship _____

Work # _____

Home # _____

PAYMENT / FEE SCHEDULE POLICY

Please complete this form and return it along with the camp application form. **Applications will be taken on a first-come, first-served basis.**

The fee for this program is **\$350.00 for four weeks**, to be paid by June 1 or July 1 for (July or August) . Fees are to be paid by either cheque or e-transfer to Bridlegrove Bible Chapel (daycare6548@gmail.com).
No cash, please.

Note*

Summer Camp hours are **9:00 a.m. to 6:00 p.m.**

Fees include a T-shirt, materials/ program resources, and any field trips that your child may attend.

Fees **do not** include lunch. C.I.T's must bring their own lunch. Please note we are a **NUT-FREE** day camp. Please ensure your child's lunch is nut-free.

PAYMENT / FEE SCHEDULE

Important Information*

In the e-Transfer or cheque memo, please clearly include your child's full name and the specific week(s)/cohort you are paying for. This helps us process your payment quickly and accurately. NO cash payments will be accepted.

Payment must be made by E-Transfer (**daycare6548@gmail.com**)

MONTHLY PAYMENT DEADLINES

To reserve your child's spot, fees must be paid on or before the 5th of each month:

CAMP+

Camp+ Fees	Programs are held once per week; Sept – June/Yearly. All fees for due monthly fees must be paid on or before the 5th of each month. Discount applies to 2 or more programs NOT applicable to no. of siblings.
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SUMMER CAMP – COUNSELLOR IN TRAINING LEADERSHIP PROGRAM

July Camp Fees	All fees for the weeks in July (Weeks 1–5: June 29 – July 31) must be submitted by Monday, June 1, 2026
August Camp Fees	All fees for the weeks in August (Weeks 6–8: August 4 – 20) must be submitted by Wednesday, July 1, 2026 .
C.I.T Program Fees	All fees for the weeks in July (Weeks 1–4) must be submitted by Monday, June 1, 2026. All fees for the weeks in August (Weeks 5–8) must be submitted by Wednesday, July 1, 2026.

Weekly Fees Table

- * Please check **ALL** weeks that apply to reserve your child(ren)'s spot.
- * Each week is reserved on a first-come, first-served basis.
- * Payment must be submitted by the due dates outlined in the payment schedule to confirm your registration and weeks

Camp Weeks	Camp Dates	JR High	Notes
<input type="checkbox"/> 1	June 29 – July 3	<input type="checkbox"/> \$350.00	C.I.T Program – Cohort 1 Week 1 – 4 June 29 – July 24, 2026
<input type="checkbox"/> 2	July 6 – 10		
<input type="checkbox"/> 3	July 13 – 17		
<input type="checkbox"/> 4	July 20 – 24		
<input type="checkbox"/> 5	July 27 – 31	<input type="checkbox"/> \$350.00	C.I.T Program – Cohort 2 Week 5–8 July 27 – Aug 20, 2026
<input type="checkbox"/> 6	Aug. 4 – 7		
<input type="checkbox"/> 7	Aug. 10 – 14		
<input type="checkbox"/> 8	Aug. 17 – 20		

CONSENT AND RELEASE FORM

This form must be completed and signed by a parent or legal guardian before participation in Bridlegrove Camp programs.

SECTION A: MEDICAL & FIELD TRIP CONSENTS

1. Medical Release Consent

In the event of an accident, sudden illness, or medical emergency involving my child, I hereby authorize Bridlegrove Bible Chapel / Bridlegrove Day Camp to obtain and consent to any necessary medical treatment, including emergency care, hospitalization, surgery, or the administration of an anesthetic, as deemed necessary by a licensed medical professional.

I further consent to emergency transportation (ambulance or other appropriate means) if required.

Child's Full Name: _____

2. Field Trip & Transportation Consent

I understand that Bridlegrove Day Camp includes weekly supervised field trips, and that details regarding destinations, schedules, and expectations will be communicated in advance.

I acknowledge that:

1. Field trip costs are included in the weekly camp fees
2. Campers may be transported via school bus rental or public transportation
3. Camp facilities are closed during off-site field trips

I hereby give permission for my child to participate in all supervised field trips and to be transported accordingly.

Child's Full Name: _____

Parent Acknowledgement

I, _____, confirm that I have read, understood, and agree to the above consents, as well as the Day Camp Policies and Parent Information provided by Bridlegrove Day Camp. I agree to comply with all outlined procedures while my child is enrolled.

Parent / Guardian Name: _____

Signature: _____ **Date:** _____

SECTION B: MEDIA & PHOTOGRAPHY CONSENT

I hereby consent to the photographing, videotaping, and/or audio recording of my child while under the supervision and care of Bridlegrove Bible Chapel / Day Care / Day Camp.

Child's Full Name: _____

Relationship to Child: _____

Please indicate your consent by initialling beside each option:

☐ Website / Photo Gallery (no child names used) _____

☐ Printed materials (brochures, flyers, promotional materials) _____

☐ Special events recordings (e.g., picnics, concerts, trips, open house) _____

☐ Social media and school communication apps _____

I understand:

1. My child's name will not be used online for confidentiality
2. No compensation or reimbursement will be provided for the use of images or recordings
3. I release and hold harmless Bridlegrove Bible Chapel Day Camp/ Camp+ ministries, its board, staff, and volunteers from any claims arising from the authorized use of my child's image, likeness, or voice.

Parent / Guardian Information*

Parent / Guardian Full Name: _____

Address:

(Street Address)

(Unit #) *

(Postal code)

(City, Province)

(Country)

Phone Number: _____

Signature: _____

Date: _____

Do you have more child(ren) to register?

☐ No ☐ Yes, please. I will be submitting a registration form for additional children

C.I.T. Questionnaire

(This section is to be filled out by C.I.T. only)

Are you a Christian? ☐ **No** ☐ **Yes**

Do you attend any church? (if so, which one):

What responsibilities do you believe a C.I.T. should have?

Have you ever been involved in any other C.I.T. program? (If so, what did you learn?)

Why are you interested in this program?

What type of skills or abilities do you have to offer the program?

Are you prepared to be here from 8:30 a.m. to 5:00 p.m. every day of the week you applied for?

☐ **No** ☐ **Yes**

C.I.T OUTLINE

The C.I.T. (Counsellor-in-Training) program is designed for young people in Grade 9–10 who are interested in leadership and want to gain experience and knowledge in leadership skills within our day camp. C.I.T.s will participate in running a variety of games and activities and will progress toward supervising a game or activity on their own. They will receive training in planning and leading Bible Studies, personal spiritual development, and related leadership skills, while adhering to Bridle Grove's safeguarding and child protection standards.

Ages and Eligibility

- Eligibility: C.I.T. candidates are in Grade 9–10 (approximately ages 14–16, depending on local school grade alignment).
- Candidates must meet Bridle Grove's child protection screening requirements (e.g., updated background checks, references, and safeguarding training as applicable).

Roles and Responsibilities

- A C.I.T. assists staff and counsellors in facilitating activities and games.
- A C.I.T. may lead activities under supervision, with the goal of eventually supervising a game or activity independently.
- A C.I.T. helps plan and carry out Bible Studies and supports campers' spiritual development in a respectful, age-appropriate manner.
- A C.I.T. encourages campers, models positive behaviour, and helps foster an inclusive, welcoming camp environment.
- A C.I.T. should not be assigned primary responsibility for a group of campers or for disciplining campers. Safety and camper supervision remain the responsibility of qualified staff or counsellors.

Safeguarding, Child Protection, and Boundaries

- C.I.T.s are to follow Bridle Grove's Student and Volunteer policies at all times.
- C.I.T.s must never be alone with a camper without another trusted adult present (unless explicitly approved by the supervisor for a specific activity with appropriate oversight).
- Any concerns about camper safety, welfare, or potential disclosures must be reported immediately to the supervisor or the camp coordinator.
- Physical contact should be minimal, appropriate, and with consent where applicable; always prioritize the camper's safety and comfort.
- C.I.T.s should avoid situations that require a C.I.T. to discipline or punish campers; discipline remains the responsibility of trained staff.

Boundaries and Safety

- A C.I.T. is a mentee and trainee, not a substitute for trained staff.
- Primary supervision and discipline of campers remains with qualified staff.
- C.I.T.s should seek guidance from a counsellor or director when handling unfamiliar or challenging situations.
- Any concerns about camper safety or behaviour should be reported immediately to an assigned supervisor.

Training and Development

- C.I.T.s will receive targeted training to build leadership skills, including activity planning, risk assessment, communication, and child protection practices.
- Training sessions occur a minimum of twice per week and may include individual coaching.
- A C.I.T. will complete daily observation and learning activities. This data will be reviewed in regular training discussions to track progress and identify growth areas.

Code of Conduct

- Model respectful, inclusive, and mature behavior at all times.
- Demonstrate reliability, punctuality, and preparedness for all activities.
- Respect camper privacy and dignity; maintain confidentiality except where safety or safeguarding requires disclosure.
- Communicate politely with campers, staff, and families; avoid sarcasm or demeaning language.
- Refrain from any romantic or inappropriate interactions with campers or staff.
- Do not engage in or tolerate harassment, bullying, or discrimination of any kind.
- Follow all Bridle Grove safety protocols, emergency procedures, and staff instructions.

Dress Code and Etiquette

- Wear camp-approved attire that is modest, practical, and safe for activities.
- Closed-toe shoes are required for activity times.
- C.I.T.s must wear any identification or lanyard provided by Bridle Grove during all camp activities.
- Hats, sunscreen, and water bottles should be used as appropriate for outdoor activities; dress to protect against weather conditions.

Personal Conduct and Communications

- Personal cellphone use is restricted during camp activities and supervision times. Phones may only be used during designated breaks or as approved by a supervisor for specific activities.
- For safety and safeguarding reasons, C.I.T.s should not photograph or video campers without explicit, written permission from parents/guardians and must follow Bridle Grove's photography policy.
- Use of social media or messaging apps to contact campers outside of approved channels and times is strictly prohibited.
- Any concerns about a camper's welfare or about a policy breach should be reported immediately to a supervisor.

Training Calendar and Evaluation

- C.I.T.s will participate in targeted training sessions (minimum twice weekly) and complete daily observation/learning activities.
- Progress and performance will be reviewed in regular sessions with the C.I.T. Director and designated staff, using an agreed-upon assessment rubric.
- Evaluation criteria include cooperation, reliability, initiative, teamwork, and growth in leadership skills.

Supervision and Progression

- A C.I.T. is supervised by a Counselor or Director at all times.
- The pathway is from assisting activities to independently supervising a game/activity under supervision.
- If a C.I.T. demonstrates readiness, they may take on increased responsibilities as approved by supervisory staff, always ensuring camper safety and program quality.

Incident Reporting

- Any safeguarding concerns, incidents, or near-misses must be reported immediately following Bridlegrove's incident reporting protocol.
- All reports should be documented promptly and reviewed by the appropriate safeguarding or camp leadership.

Flowchart Visualization

Incident occurs

→ **Is there immediate danger?**

- Yes: Activate emergency procedures → Safety actions → Notify supervisor → Complete incident report → Parent/guardian notification (as required) → Review and close
- No: Assess situation → Notify supervisor → Complete initial report → Preserve evidence → Escalate as needed → Document forms → Parent/guardian notification → Follow-up actions → Review and close

Parent / Guardian Full Name: _____

Phone Number: _____

Signature: _____

Date: _____

C.I.T Full Name: _____

Phone Number: _____

Signature: _____

Date: _____