



www.joekaaru.com

e-mail: joekaaruregistrar@hotmail.com

Mail forms to:

Jõekäaru Estonian Children's Camp, General Delivery, Udora, ON L0C1L0

Jõekäaru Estonian Camp Udora provides a unique opportunity for Estonian children and youth to spend the summer surrounded by beautiful nature, learning about their language and culture, with Estonians from around the globe. The first week, Estonian Week, is designed for children who have a fluency in the Estonian language. The remaining weeks of camp are intended to improve each child's individual level of comprehension and expressive Estonian language, and activities will be conducted in Estonian. Please see our website for more information or contact us at joekaaru@hotmail.com.

Camp weeks run Saturday to Saturday, and for a total of four weeks. Camp registration begins on **Saturday June 29, 2024, at 9:00 a.m.**, with flag raising ceremony **at 12:30 p.m.** **Campers will not be accepted before this date and time.** Camp finishes on **Saturday, July 27th, 2024**, with flag lowering ceremony **at 11:00 a.m.**

Participation

Jõekäaru accepts children from **ages 3 – 16** (born in the years 2008 through 2021), either as day campers (from 8 a.m. - 6 p.m.) or as residential campers. A CIT program is also being offered for those born in 2008 - 2010. Campers are divided into bunkhouses by age.

Primary / Väikesed:	3 – 7 years old (Birth years 2017 to 2021)
Junior / Keskmised	8 – 12 years old (Birth years 2012 to 2016)
Senior / Suured	13 – 16 years old (Birth years 2008 to 2011)
CIT /KIT	14 - 16 years old (Birth years 2008 to 2010)

The discounted rate of **\$545** per child per week is available **before the early registration deadline of May 15th, 2024**. The full camp fee is **\$595** per child per week if received **after** the Early Registration deadline of **May 15th, 2024**. (Note varying fee structure for volleyball camp on separate form). Two (2) seven-hour volunteer workdays (talgupäevad) are required per family. A workday is from 9:00 a.m. to 4:30 p.m. In lieu of the workdays, \$350 can be paid. Day Campers need not do workdays. Please pre-register for workdays with Eerik Valter (416) 418-8473, joekaaru@hotmail.com. If a family is registering their children for a total of five weeks or more (this can be a combination of two or more children), a \$35 fee deduction for every week after the fourth week will be applied (see example on Registration Form).

Medical Form

The Medical Form needs to be completed **in full** and either mailed with Registration Forms or brought to the registration desk upon arrival. **Health Card numbers** and **Vaccination Summary** must be included on the Medical Form; if not, children **will not** be permitted to stay at the camp. Please ensure your child is in good health and does not have any communicable diseases, prior to coming to camp.

WE COULD USE YOUR HELP!

Kitchen and camp personnel receive a discount on fees, in addition to wages. Contact Monika Roose-Kolga at joekaaru@hotmail.com.

All **donations** (money, labour, materials, expertise) to help with rebuilding / renovating our facilities and to help improve our programs are gratefully accepted. Perhaps you have a **special skill** you would like to share? Past guests have included dance instructors, kite flyers, first aid responders, photographers, etc. Please contact Monika Roose-Kolga at joekaaru@hotmail.com, if you would like to come for a half day (or longer) to enrich the camp program! Thank You for your support!

Registration Form - Jõekääru Laste Suvekodu Estonian Camp Udora



2024

Name:		
Date of Birth: (MM/DD/YYYY)	Age (while at camp):	
Cabin/Tare: Girls/Tüdrukud <input type="checkbox"/>	Boys/Poisid <input type="checkbox"/>	
Address:		
City:	Province:	Postal Code:
Phone number:		
Estonian language ability: Beg:	Int:	Adv. Spoken at home? Yes No
Parent 1 name:		Parent 2 name:
Parent 1 email:		Parent 2 email:
Cell phone:		Cell phone:
Custody: Y/N		Custody: Y/N

We are registering our child for the following week(s):

Over night	Day camp	Dates	
<input type="checkbox"/>	<input type="checkbox"/>	June 29 - July 6	Estonian Week (Campers are required to be able to understand and speak Estonian) Family Day - Saturday, July 6th
<input type="checkbox"/>	<input type="checkbox"/>	July 6 - 13	Games and Sports focused Week
<input type="checkbox"/>	<input type="checkbox"/>	July 13 - July 20	Arts & Culture Week and Lõppunädal
<input type="checkbox"/>	<input type="checkbox"/>	July 20 - July 27	JKVL Volleyball - Please complete JKVL Forms (note fees from JKVL form)

REGISTRATION FEE	By May 15, 2024 (\$545.00 per week*/\$395 USD)	\$
(Post-dated cheques are acceptable. First cheque for full amount of 1 st week must be dated by May 15, 2024).		
	After May 15, 2024 (\$595.00 per week*/\$430 USD)	\$
REGISTRATION FEE - DAY CAMP	(\$75.00 per day)	\$
<p>*If a family is registering their child/children for a total of five weeks or more (a combination of children 2 or more), a \$35 fee deduction for every week paid, after the fourth week will be given (For example, if 3 children are coming for 2 weeks each: 3 x 2 weeks = 6 weeks - 4 = 2 weeks x \$35 = \$70 discount per family)</p>		
DISCOUNT: # of children	X # of weeks=	- 4 = x \$35CAD/\$25USD
(please calculate discount on only one child's form per family)		
VOLUNTEER WORKDAYS (two people workdays/family) <input type="checkbox"/> May 4, 2024 <input type="checkbox"/> May 11, 2024 <input type="checkbox"/> June 22, 2024		
VOLUNTEER WORKDAY FEE: (\$350.00/\$255USD per family - <u>mandatory</u> if not attending workdays)		\$
DONATION TO HELP IMPROVE OUR PROGRAM AND FACILITIES:		\$
JSS membership (\$10-optional): opportunity to vote at spring AGM		\$
JKVK Alumni membership (\$20-optional): option to provide financial aid for children: Name(s): _____		\$
Tiny Tot Day Camp Registration (\$75/day)X# of days x\$75 (birth year 2021 and over); weeks 1 & 2		\$
TOTAL		\$

PAYMENT MUST BE MADE PRIOR TO ATTENDANCE AT CAMP. Please return registration forms, with cheque made out to "Estonian Camp Udora" or e-transfer to joekaaruregistrar@hotmail.com (*by May 15, 2024, for early registration*):
E-mail: joekaaruregistrar@hotmail.com, Jõekääru Estonian Children's Camp, General Delivery, Udora, ON L0C1L0
 For information on financial aid via JKVK please contact joekaaru@hotmail.com

Weekly allowance can be left with counsellors each week for field trips to Udora store and/or for trip(s) to Lake Simcoe.



PARENT PERMISSION AND RELEASE (can be submitted during onsite registration):

The parent/guardian of the minor participant agrees to the following: 1. I have been advised about the nature of the camp program and consent fully to my child's participation. I understand the risks inherent to the camp program and related activities and hereby release Jõekääru and all of its agents, representatives, employees or service providers from any liability, claim, cause of action, or other expense or obligation whatsoever, that may arise out of or related to these activities. 2. I authorize Jõekääru adult leaders or agents to make decisions regarding first aid and medical treatment in the case of illness, injury, or emergency, as they deem necessary. In the event of an emergency during which a parent is not present or accessible, Jõekääru adult leaders or agents may use their own discretion to secure proper treatment for my child. I understand Jõekääru adult leaders or agents will communicate with me expeditiously if my child requires emergency medical attention. 3. I grant Jõekääru adult leaders or agents with the authority to determine whether any behaviour by my child violates the rules of the camp program or is otherwise unsafe, disruptive or abusive. If such a determination is made, I understand my child may be removed from the camp program and/or sent home at my expense and without refund for any camp fees on account for the camper. 4. I accept full financial responsibility and agree to reimburse Jõekääru as necessary for any damage caused by my child's negligence or intentional act.

MEDIA RELEASE

I, the undersigned, do hereby permit Jõekääru to use the image of my child/ward. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, digital images and community publications such as those on the Jõekääru web site (www.joekaaru.com), community newspapers and exhibits. Jõekääru camp respects the wishes of families who do not want to grant this permission.

TRIP PERMISSION

I hereby give permission for my son/daughter to take part in Jõekääru's field trips. I am aware that the activities will take place under the supervision of counselors, however I agree that camp staff and Jõekääru shall be freed from all actions, claims and demands of whatsoever kind or nature arising out of any accident which may occur or any injury which may be sustained by him/her while participating in field trip activities.

LOST OR STOLEN ITEMS

Jõekääru will not be responsible for lost or stolen items. Internet-enabled electronics (cell phones, laptops, Nintendo DS etc.) are not allowed and should be left at home.

POLICY ON PROHIBITED DRUGS, ALCOHOL AND NICOTINE

Possession or use of alcohol and drugs is a criminal offence. Any camper who uses, possesses, or is under the influence of alcohol or drugs, or distributes alcohol or drugs while enrolled in camp or on the property, will be sent home immediately.

I have read and discussed the above policies with my child/ward, and I agree to abide by them.

Parent/Guardian's Name

Parent/Guardian's Signature

Date

I have read and discussed the above policies with my parent/guardian, and I agree to abide by them (campers 9 years of age and older to sign below):

Camper's Name

Camper's Signature

Date

Medical Form - Jõekäaru Laste Suvekodu Estonian Camp Udora



2024

Name:		
Date of Birth: (MM/DD/YYYY)	Age (while at camp):	
Address:		
Name of Parent or Lega Guardian:		E-mail:
Home Phone:	Work Phone:	Cell Phone:
Health Card #:	Version Code:	
Other Insurance #:	Name of Carrier:	
Credit Card # (if not covered by OHIP):	Exp:	
Family Doctor:		Phone:
Emergency Contact:		Relationship to Camper:
Emergency contact phone number(s) 1:		2:

Medically Diagnosed Allergies and Medication Information	
Foods:	_____
Drugs:	_____
Other:	_____
Is your camper bringing medications to camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>All medications (including vitamins and pain killers) must be given to the Camp First Aid person and stored at the First Aid station. Medication name, dosage, administration time(s), & reason for taking (please add separate sheet if you need more room). Additionally, please inform us if your camper takes medication during the year that will not be sent to Camp this summer. * We strongly recommend that regular medication routines continue while your child is at Camp.</i>	

- Tetanus (DPTP) Immunization Date: MANDATORY: (dd/mm/yy)** _____
- Has your camper received **regular immunization** since birth? (if no please provide detail) Yes No
- Is camper vaccinated against Covid-19? Yes (____# doses) No
- Please check off any **medical conditions, physical limitations or other concerns** that may affect your camper's stay at Camp:
 - Anaphylactic Allergy** (please specify allergy) _____
 - Will your camper bring an epipen to camp? Yes No
 - My camper should always carry their EpiPen with them. Yes No
 - Asthma** - will your camper bring an asthma inhaler to camp? Yes No
 - I give permission for my child to keep in his/her cabin and /or on his/her person an inhaler, which the camper will administer as prescribed. Yes No
 - Diabetes Had Chicken Pox? Sports-Related Injuries: _____
 - Epilepsy Bed Wetting Operation(s) for: _____
 - Digestive upsets Ear Infections/Tubes Behavioral/Mental Diagnosis: _____
 - Throat Infections Migraine Headaches Other: _____

5. **Head lice check** will be completed prior to registration on site.
 If my child becomes exposed to an infectious disease prior to coming to camp, I will notify the staff. I hereby give permission that the aforementioned camper may be taken to an available medical doctor or hospital for treatment, should it be required. I agree to accept financial responsibility in excess of the benefits allowed by Ontario Health Insurance and/or Travel Health Insurance plans. My credit card will be used to pay for medical expenses, if needed, at the time of treatment. To the best of my knowledge the aforementioned camper is in good health, free from communicable diseases, and is fit to participate in camp activities, except as previously indicated. The undersigned covenants and agrees to indemnify, defend, and save harmless The Estonian Women's Society of Toronto and/or its' employees from and against all claims, actions, and suits whether groundless or otherwise and from and against all liabilities, losses, damages, costs, charges, counsel fees and other expenses of every nature arising directly or indirectly out of or in consequence of by reason of or as a result of any inadvertence, accident, oversight or neglect.

Parent/Guardian's Name: _____ Signature: _____



Name: _____

Age: _____

Cabin: _____

Weeks at Camp

<input type="checkbox"/>	June 29 – July 6, 2024
<input type="checkbox"/>	July 6 – July 13, 2024
<input type="checkbox"/>	July 13 – July 20, 2024
<input type="checkbox"/>	July 20 – July 27, 2024

Swimming Ability: _____
(Will also be tested onsite by lifeguards)

SUMMARY OF CAMPER NEEDS:

	Please describe in detail
Food allergy	
Drug allergy	
Other Allergy	
Medical Condition	
Medications	
Dietary Restrictions	
Behaviour Issues	
Other	