

Special Needs Summer Camp Activities Registration Form

CHILD'S INFORMATION		
CAMPER'S LAST NAME:		CAMPER'S FIRST NAME:
BIRTH DATE (MM/DD/YYYY):	AGE:	PHONE #:

SCHEDULES			
Please indicate the week(s) of your choice for registration			
June 29 – July 3 <input type="checkbox"/>	July 20 – July 24 <input type="checkbox"/>	Aug 3 – Aug 7 <input type="checkbox"/>	Aug 17 – Aug 21 <input type="checkbox"/>
July 6 – July 10 <input type="checkbox"/>	July 27 – July 31 <input type="checkbox"/>	Aug 10 – Aug 14 <input type="checkbox"/>	Aug 24 – Aug 28 <input type="checkbox"/>
July 13 – July 17 <input type="checkbox"/>			

PARENT(S) INFORMATION							
MOTHER'S LAST NAME:		MOTHER'S FIRST NAME:		HOME PHONE #:			
ADDRESS:		CITY:		PROVINCE:		POSTAL CODE:	
EMAIL ADDRESS:		WORK PHONE #:		CELL PHONE #:			
FATHER'S LAST NAME:		FATHER'S FIRST NAME:		HOME PHONE #:			
ADDRESS (if different from above):		CITY:		PROVINCE:		POSTAL CODE:	
EMAIL ADDRESS:		WORK PHONE #:		CELL PHONE #:			
Child presently lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents						If not with whom:	

GUARDIAN'S INFORMATION (if applicable)							
LAST NAME:		FIRST NAME:		HOME PHONE #:			
ADDRESS (if different from above):		CITY:		PROVINCE:		POSTAL CODE:	
EMAIL ADDRESS:		WORK PHONE #:		CELL PHONE #:			

Where a question does not apply to the child please mark N/A.



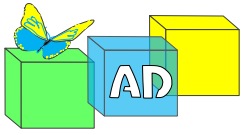
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EMERGENCY CONTACT INFORMATION (other than parents)				
LAST NAME, FIRST NAME:	HOME PHONE #:	CELL PHONE #:	WORK PHONE #:	RELATION TO CHILD:
LAST NAME, FIRST NAME:	HOME PHONE #:	CELL PHONE #:	WORK PHONE #:	RELATION TO CHILD:

HEALTH INFORMATION					
<input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT:	WEIGHT:	HEALTH CARD #:	PHYSICIAN'S NAME:	PHYSICIAN'S PHONE:
ALERGIC REACTIONS					
<input type="checkbox"/> Penicillin <input type="checkbox"/> Other drugs <input type="checkbox"/> Bee or wasp sting <input type="checkbox"/> Food <input type="checkbox"/> Other					
ALLERGIES	LIST ANY KNOWN ALLERGIES INCLUDING FOOD:				
MEDICATION & MEDICAL HISTORY	LIST ANY MEDICATION CURRENTLY TAKING DURING CAMP HOURS (9:30 – 4:00):				
	LIST ANY ILLNESS, MEDICAL PROBLEMS, OR SPECIAL NEEDS WE SHOULD BE AWARE OF:				

What is your child's level of water confidence?			
Can swim <input type="checkbox"/>	Cannot swim <input type="checkbox"/>	Plays in the water <input type="checkbox"/>	Afraid of water <input type="checkbox"/>

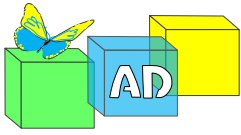
Where a question does not apply to the camper please mark N/A.



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CHILD'S PROFILE	
COMMUNICATION Is your child verbal, single words or non-verbal? How does he/she communicate?	PLEASE PROVIDE DETAILS
INTEREST What are the child's main interests? (games/activities)	PLEASE PROVIDE DETAILS
BEHAVIOURAL CONCERN	DESCRIBE BEHAVIOURAL CHALLENGES THAT MAY ARISE
	WHAT MAY TRIGGER THESE BEHAVIOURS?
	IS THERE SOMETHING WE SHOULD KNOW THAT WOULD PREVENT BEHAVIOURAL DIFFICULTIES FROM ARISING
	HOW ARE THESE SITUATION BEST RESOLVED?

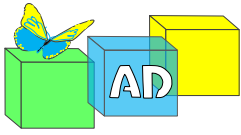
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CHILD'S PROFILE	
CHILD'S LEVEL OF VERBAL UNDERSTANDING	Understands – Please provide details
	Only basic instruction – Please provide details
	Very little – Please provide details
	Additional Comments:
CHILD'S REACTION TO BEING AWAY	Fine – Please provide details
	Upset/Cry – Please provide details
	Takes time to adjust – Please provide details
	Additional Comments:
FORMS OF PLAY	Interact with others – Please provide details
	Don't interact with others – Please provide details
	Needs prompts to interact with others – Please provide details
	Play next to but not with other children – Please provide details
	Doesn't get along with others – Please provide details
	Additional Comments

Is your child Toilet trained?
Please provide what type of assistance (if any) does your child need with <u>Toileting:</u>



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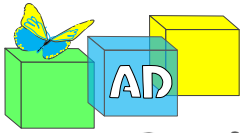
FOOD & DIET	
Lunches & Snacks	What is your child's favorite meal?
	What is your child's favorite snack?
	What is your child favorite type drink/juice?
	What type of food does your child dislike?

PHOTO RELEASE
Photographs and video will be taken of participants for educational purposes and promotional purposes of informing other families about our programs and activities. Please inform us if you have any concerns regarding your child being photographed.
Date: <input type="text"/> May we include your child's picture? Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/ Guardian Signature: <input type="text"/>

PAYMENT FORM
Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash (in person) <input type="checkbox"/> Money Order <input type="checkbox"/> Online <input type="checkbox"/> Autism Funding
Payment Total: \$ <input type="text"/>
Cost: \$875/week (admission + lunch + snack + transportation includes)
Cost: \$700/week with holiday
Hours of session: 9:30 am – 4:00 pm

PICK-UP/DROP INFORMATION

NOTE
In order to reserve a space for your child, a payment is required with the application. It will be on first come first serve basis. There are only a limited number of spaces per camp session available. Registration may be cancelled if payment is not received in full by Monday of each week. If your child's allergies/dietary concerns are such that requires food to be sent with him/her please make sure your son/daughter have a substantial peanut free lunch/snack packed to make sure your child has the energy needed to enjoy the camp activities. Activities plan might change due to weather. Instructor-to-child ratio 3:1 but this can vary.



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CANCELLATION & REFUNDS

If you decide to cancel your registration, staff should be notified in writing a full week prior to the start of the week that you like to cancel to receive refund. All cancellation must be made in writing. Email is acceptable. After that time, then will be no refund. Incomplete Registration Form will not be processed.

CONFIRMATION

You will receive a confirmation phone call and/or Email that your registration and payment have been received. While we wish we could accommodate everyone, we are focusing on the needs of the child and our ability to provide safe for children.

ACKNOWLEDGEMENT OF CONSENT

While staff will take reasonable steps to prevent injuries to children, some degree of risk is inherent in the nature of outdoor activities, and may occur without fault on the part of the child, therapists, or facility where the activity is taking place. Should it become necessary for my child to have medical care, I hereby give the Day Camp Coordinator or his/her appointee permission, in the event of accidents or illness affecting my child to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above. I permit my child to participate in the full range of camp activities and absolve/hold harmless in all claims and indemnify Day Camp Coordinator and his/her appointee, from responsibility for any injuries resulting from these activities or any and all claims for damages or loss of any kind howsoever caused. We provide a service ratio of 1 staff to 3 children ages KG to Grade 7th.

Name of Parent/Guardian

Signature of Parent/Guardian

OFFICE USE ONLY

Checked by:

Confirmation sent on:

Registration received on:

Comments:

Note: You can register either by Email register@autismdrills.com or fax: 778-593-2773 A confirmation will be provided by Email.