

**SUMMER PROGRAM
PARTICIPANT INFORMATION FORM**

Participant Information

Name:	DOB:	Age:
Parent(s)/Guardian(s) Name(s):		
Address:	Participant Health Card:	
Primary Contact #:	Secondary Contact #:	

In case we are unable to reach you, please provide secondary contacts

Emergency Contact & relationship:	Phone:
My child will be attending with a worker: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, worker's name and contact information:	

Medical Information

Medical Diagnoses:
2. Are there any medical needs we should be aware of? (Asthma, Allergies, etc) Please list all medications and protocols:
4. Does your child require any mobility aids? <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Crutches/Canes <input type="checkbox"/> AFO's/KFO's <input type="checkbox"/> other:
5. How does your child communicate? <input type="checkbox"/> Non Verbal <input type="checkbox"/> Visuals <input type="checkbox"/> Communication Device <input type="checkbox"/> Sign Language <input type="checkbox"/> Other :

6. Does your child require additional support to participate in camp?

- No additional support required
- Minimal Support – to complete some tasks (i.e. verbal prompts)
 - Please Specify:
- One to One Support to complete most tasks (i.e. 1 step instructions, physical prompting)
 - Please Specify:
- One to One Support to support with challenging behaviour
 - Please Specify:

Help us get to know your child

Please describe your child to us:

What makes your child happy?

Does your child have any fears or dislikes?

What can we do when your child feels shy, anxious or scared to make them feel more comfortable?

Please share any current support strategies in place to encourage your child's participation.

Have any major life events occurred recently? Yes No

Child's swimming ability: Fears water non-Swimmer Fair Good

Does your child have sensory sensitivities?

Does your child have any dietary needs, concerns or challenges?

Does your child require support with toileting? If yes, please provide details:

Does your child take any medication? If yes, please provide details and complete attached medication administration form.

Does your child have an IEP? If yes, please provide a copy if possible.

Does your child's behaviour include any of the following? If yes, please provide details:

- Flight risk (running away) _____
- Aggression _____
- Self-harm _____
- Screaming _____
- Inappropriate language _____
- Property destruction _____
- Ritualistic behaviour _____
- Refusal _____
- Other: _____

Please share any additional information that would help us best support your child and ensure they have a positive, successful camp experience this season.

CAMP SELECTION(S)

Cost: **\$300.00** per camper, per week, thanks to the generous support of our community.

Please select the camps your child is interested in attending and indicate your preferences (Choice #1, Choice #2, etc.)

Ages 6-11

Date	Ages	Theme	Cost	Preference
July 13-17	6-11	Jack Lyons: Let's Play Sports!	\$300.00	
July 27-31	6-11	Outdoor discovery Skills	\$300.00	
August 10-14	6-11	H2-WOAH!	\$300.00	

Ages 12-18

Date	Ages	Theme	Cost	Preference
July 6-10	12-18	NoahStrong Future Pathways	\$300.00	
July 20-24	12-18	STEMtastic Adventures	\$300.00	
August 4-7	12-18	Jack Lyons: Let's Play Sports!	\$300.00	
August 17-21	12-18	H2-WOAH!	\$300.00	

HIGH SUPPORT CAMPS

Cost: **\$1000.00** per camper, per week, thanks to the generous support of our community.

Date	Ages	Theme	Cost	Preference
July 13-17	6-11	Jack Lyons: Let's Play Sports!	\$1000.00	
July 20-24	12-18	STEMtastic Adventures	\$1000.00	

1. Do you receive Special Services at Home, Assistance for Children with Severe Disabilities or AccessOAP funding? Yes No
2. Are you a registered NADY participant? Yes No

If your family requires additional financial assistance to attend camp, we encourage you to discuss available funding options at the time of registration.

One Kids Place camps are eligible for support through programs such as Special Services at Home, Assistance for Children with Severe Disabilities, AccessOAP, and the OKP Family Support Program.

****Please note that each family is responsible for a minimum fee of \$100.00 per child, per week.**

We are committed to ensuring every child has the opportunity to participate, regardless of financial circumstances.