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SUMMER DAY CAMP 2011

Camp Registration Information

Integrated Camps at St. Lawrence College

Ages 4-7 Ages 8-12 Ages 13-17

Autism Spectrum Disorder (ASD) Camp

(For children who have difficulty functioning in a loud busy camp environment.)

If your child has ASD and you are unsure which camp would best suit your child's needs, please contact us.

Camp T-Shirts

EAF Members

Shirts are available at no cost if you have an active membership. (Memberships are \$15 annually)

Non-Members: \$18 each

Camp T-Shirt Size:

Youth S Youth M Youth L Youth XL
 Adult S Adult M Adult L Adult XL

Office Use only:

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7
 Active Membership

Participant Information

Camper's Name: _____

Date of Birth: _____

Street Address: _____

Health Card No: _____

City/Postal Code: _____

Doctor's Name: _____

E-mail Address: _____

Doctor's Phone: _____

Parent/Guardian Information

Contact #1

Name: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Contact #2

Name: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact (if above contacts cannot be reached)

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Authorized Persons To Whom Your Camper May Be Released*

Please note that the person picking up your camper may be asked to show identification.

Name 1: _____ Phone: _____ Relationship: _____

Name 2: _____ Phone: _____ Relationship: _____

*Parents/Guardians must notify camp coordinator/group leader in **writing** if there is a change in authorized persons.



Medical Information

Does your camper have a medical diagnosis? Please describe: _____

Is your camper allergic to: Insect stings Foods Antibiotics Medication Other, Please describe:

Does your camper currently take any medication? No Yes

If yes, please complete Med Forms 1 and 2

Does your camper use any adaptive devices?: Wheelchair Walker Ankle or foot orthotics (AFO's)

Eye glasses Hearing aid Other, Please describe: _____

Communication

Does your camper use verbal (expressive) language? No Yes

If yes, what form: Sentences Short Phrases One Word

Is your camper able to **understand** verbal language? No Yes

If your camper is non-verbal, what is his/her primary means of communication?

Communication Board Sign Language Picture Symbols Body Language/Gestures Other

Please describe: _____

Please use the following space to provide any information that would be helpful for us to communicate with your camper: _____

Likes / Interests

Please list your camper's favourite activities: _____



Personal Care Information

Does your camper indicate when he/she needs to use the washroom? No If Yes, how do they convey this information?: _____

Does your camper need assistance in the washroom? No Yes

If Yes, please indicate areas of assistance needed: Prompting to use the washroom Direction to the washroom Help with clothing (buttons, zippers etc.) Help with wiping Help with washing hands Wears undergarments (diapers, pull-ups, depends etc.) Help with feminine products

Comments: _____

Eating Information

At snack and lunch time, does your camper: Need help opening containers etc. Need food divided into smaller bite size pieces Need encouragement or prompting to eat Additional monitoring for choking or swallowing concerns Need to be fed by a staff member Take food from others if it is within reach Put non-food items in his/her mouth No assistance is required

Other: _____

Does your camper have any dietary restrictions? No Yes, Please describe: _____

Is your camper fed by a feeding tube? No Yes

If yes, does your camper take any food or liquids by mouth? No Yes, Please describe: _____

Please use the following space to provide any information that would be helpful concerning eating habits:

Behavioural Challenges

How are emotions such as frustration or confusion shown? _____

Are there any stressors and/or triggers for your camper? _____

Does your camper have any unusual fears? _____

Does your camper have strong likes or dislikes? _____

Please complete the following chart:

Behaviour	Never	Some- times	Often	What do you do when this occurs?
Scratches, pinches, bites, or hits self				
Bangs own head				
Scratches, pinches, bites, grabs, or hits others				
Throws things				
Runs away				
Uses inappropriate language				
Spits on others				
Exposes self in public				
Masturbates in public				
Touches others inappropriately				
Other _____ _____				

Please provide information that would help in dealing with challenging behaviour (calming your camper, motivating your camper to participate, etc.): _____

Change and Transitions

Please check all that apply.

Does your camper react poorly to changes in:

Routine or Schedule Activities (e.g. Cancellation) Location of Activity Staff members working with him/her

Does advanced warning of an upcoming change help your camper to deal with the change? No Yes

If yes, what strategies would you recommend to help your camper adjust? _____

Social Skills

Please check all that apply.

Is your camper able to:

Share? No Yes Take turns? No Yes Lose a game gracefully? No Yes

For how long is your camper generally able to attend in a group situation? _____

What size group is your camper most comfortable in? _____

Please check all that apply.

Does your camper:

Have a general sense of danger? No Yes Ask for assistance when needed? No Yes

Initiate interaction without encouragement? No Yes

School Information

Where does your camper attend school and what grade is he/she in? _____

Does your camper have an Education Assistant at school? Yes No

If yes, would you give us permission to contact the school to observe your camper in class? Yes No

Sensory Reactions

How does your camper respond to:

Stimulus	Well	Not Well	Describe the Reaction
Crowds			
Noise			
Not having enough personal space			
Being touched			
Bright light			
Other distracters _____ _____			

Swimming Information

Please answer the following questions:

Is your camper able to swim/move in water independently? No Yes

Is your camper comfortable in the deep end? No Yes

Does your camper need a flotation device for safety? No Yes

Please provide any information that would be helpful regarding swimming: _____

Please provide any additional information that may be helpful. _____

Camp Sessions & Fees 2011

Fee Breakdown	Base	Enhanced	1:1	Sibling/Friend
Actual Rate	\$270.00	\$415.00	\$765.00	\$175.00
EAF Subsidy	\$20.00	\$65.00	\$290.00	\$0.00
Adjusted Weekly Rate	\$250.00	\$350.00	\$475.00	\$175.00

Session	Base	Enhanced	1:1	Sibling /Friend
	\$ 250.00 per week	\$ 350.00 per week	\$ 475.00 per week	\$ 175.00 per week
Session 1— July 4-July 8	\$250.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>	\$475.00 <input type="checkbox"/>	\$175.00 <input type="checkbox"/>
Session 2— July 11-July 15	\$250.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>	\$475.00 <input type="checkbox"/>	\$175.00 <input type="checkbox"/>
Session 3—July 18-July 22	\$250.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>	\$475.00 <input type="checkbox"/>	\$175.00 <input type="checkbox"/>
Session 4— July 25-July 29	\$250.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>	\$475.00 <input type="checkbox"/>	\$175.00 <input type="checkbox"/>
Session 5— Aug. 2-Aug. 5*	\$200.00 <input type="checkbox"/>	\$280.00 <input type="checkbox"/>	\$380.00 <input type="checkbox"/>	\$140.00 <input type="checkbox"/>
Session 6—Aug.8-Aug. 12	\$250.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>	\$475.00 <input type="checkbox"/>	\$175.00 <input type="checkbox"/>
Session 7— Aug. 15-Aug. 19	\$250.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>	\$475.00 <input type="checkbox"/>	\$175.00 <input type="checkbox"/>

*Shorter 4 day week due to Holiday.

The deadline for registration is April 30th

TOTAL Camp Fees \$ _____

Cash or Cheque Enclosed

50% of Total Fees due upon registration

Fees must be paid in full by May 15, 2011. If you require an invoice for the Ministry or another agency, please contact Rebecca at 613-544-8939 X30 or rebecca@eafkingston.com.

Camp hours are 9am-4pm. Do you require extended hours? 8am –9am, 4pm –5pm

Fee Structure

EAF campers require a higher level of supervision than most camps. Our fee structure is based upon the ratio of staff to campers. EAF reserves the right to make a determination of the level of supervision a camper requires to ensure the safety of all campers and staff.

Enhanced Fee — Campers who require additional 2:1 staffing throughout the day. Campers who do not require 1:1 staffing all day, but require 1:1 for some of the day and/or 2 staff at certain times of the day.

1:1 Fee — Campers who require 1:1 staffing throughout the day.

Sibling/Friend Fee — Siblings or friends who require minimal supervision.

Financial Assistance for EAF Members

We believe every child deserves a fun-filled summer experience and that families benefit from this respite opportunity. Although our camp fees are already subsidized through EAF's fundraising efforts, **we do not want the cost of camp to be a barrier, preventing any camper from attending.** If you require financial assistance, please contact Maria Cordeiro, our Family Support Coordinator at 613-544-8939, ext 27 to explore funding options. **Additionally, we may be able to offer an EAF grant to assist with fees.**

Client Name _____ **Parent/Guardian** _____

Terms and Conditions

1. Registration is on a first come, first served basis pending space in the program.
2. Campers will not be registered until fees are paid in full, or payment arrangements have been made with our office, and the parent/guardian receives a confirmation package from the Program Coordinator.
3. The deadline for camp registration is April 30. Given the special needs that our campers have, we need to assess staffing ratios and hire accordingly. **Registrations received after that date will be given consideration if there is space available.** If a particular week of camp is full, we will place your child on a waiting list and let you know if a space becomes available.
4. **No less than two (2) week's written cancellation notice** is required in order to receive a refund. Refunds may take up to 30 days to process. A \$75 cancellation fee will be charged.
5. We try very hard to be flexible and accommodating, but it is very disruptive when parents ask us to make changes to their child's camp weeks/days over the course of the summer, especially if that child is receiving enhanced or 1:1 staffing. Any change in a child's schedule is accommodated at the discretion of the Program Coordinator and a \$50 administrative fee may be applied.
6. Unless early and late pick-up arrangements have been made, campers should not be dropped off any earlier than five minutes before camp, or picked up later than 5 minutes after camp. If you or whoever is picking up your camper will be late, the Program Coordinator needs to be contacted at 613-583-9569, or 613-484-9569. Late fees may be assessed if a parent/guardian is more than 10 minutes late picking up his/her child. If a child is left in our care for an hour beyond pick-up time and we have not heard from a parent or guardian and we have been unable to reach a parent/guardian or emergency contact, we are obligated legally to contact a child protection agency.
7. If a child coming to camp has a history of, or is found to have, violent/aggressive behaviour where the child harms him/herself or others, your signature below acknowledges that EAF has permission for staff trained in CPI to intervene with a non-violent physical intervention. If permission is not given, or if permission is given and outbursts become unmanageable, disruptive and seriously threaten the safety of staff and participants, the parent/guardian will be asked to withdraw the child from the program and a refund will be given.
8. Any EAF employee/volunteer who is concerned about the safety or well-being of a child must by law contact a child protection agency. Parents may or may not be notified that a call has been made in accordance with instructions from a child protection worker or police officer. If a child requires emergency medical attention, and harms is suspected by a doctor in the hospital emergency room, parents will be notified according to instructions from a child protection worker or police officer. If a child is sick, the program coordinator will contact the parent/guardian notifying him or her that the child cannot remain at camp and must be picked up. If the child is not picked up within the hour, we are obligated to contact a child protection agency.
9. EAF is committed to providing a safe, secure, and respectful environment for its clients, staff, parents and visitors. Parents/guardians are expected to conduct themselves in a manner that demonstrates respect for clients, staff, visitors and other parents at all times. Any harassment, intimidation, aggressive or threatening behaviour directed at clients, staff, visitors, or other parents, while on the premises, on the phone, or in any manner, will not be tolerated. The parent/guardian will be asked to leave the premises immediately with his/her child or children and the incident may be reported to the police. EAF reserves the right to cancel any future programming, and suspend service for a minimum of six months, and in some extreme instances, indefinitely.

I have read and understood the terms and conditions as outlined above:

Parent/Guardian Signature

Parent/Guardian (Please Print)

Date

One-on-One Workers



If your camper requires one-to-one staffing, we strongly recommend that 1:1 workers are trained and employed through Extend-A-Family. Our one-to-one camp fee is subsidized through EAF's fundraising and in most cases would cost less than paying a private one-on-one worker plus the basic camp fee.

By mutual agreement, if the one-on-one worker is hired and paid by you, the worker will need to provide EAF with a current CPIC and complete any necessary documentation required by all workers and camp volunteers. The worker will also need to confirm and sign that he/she has read all camp policies and agrees to abide by them. Should a worker hired by a family fail to adhere to EAF's policies and/or jeopardize the health and safety of any camper, staff person, or volunteer, they will be asked to leave the camp, and the family will be notified. The camper will not be permitted to return to camp until appropriate staffing can be arranged.

General Summer Camp Waiver

I, the under signed parent/guardian of _____ do hereby consent to his/her participation in Extend-A-Family Kingston's Summer Camp.

I acknowledge that participation in this camp may expose the above named camper to the possibility of injury. I grant Extend-A-Family Kingston's Summer Camp Staff the authority to obtain emergency medical treatment as necessary to ensure that the above named camper is safe from further injury.

In consideration of Extend-A-Family Kingston allowing this camper to participate in its Summer Camp, I agree to waive and release Extend-A-Family Kingston from all claims for damages that may arise, other than by negligence of Extend-A-Family Kingston, its employees and agents, as a result of my child's participation in its Summer Camp.

Media Waiver

I am aware that the above named camper may appear in a photograph, or video, taken by camp staff or local media and that photograph or video may appear in a variety of media sources on behalf of Extend-A-Family. Extend-A-Family Kingston will not divulge your camper's name without written permission.

Transportation Waiver

I acknowledge that the above named camper will be participating in activities, trips and events organized by Extend-A-Family Kingston. I am aware that the participation of my camper may be outside the scope of his/her daily routine. I give permission for my child to travel by foot, automobile, or bus to a desired location.

I acknowledge and confirm that I have read this entire document prior to signing below.

Parent/Guardian (please print)

Signature of Parent/Guardian

Date

Signature of Witness