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## SUMMER RECREATIONAL PROGRAM

### Registration Information

#### 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

Participant'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

#### Contact #2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Emergency Contact (if above contacts cannot be reached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Authorized Persons To Whom The Participant May Be Released\*

*Please note the person picking up the participant may be asked to show identification*

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*The Adult Program Coordinator needs to be informed in writing if there is a change in authorized persons.



**Medical Information**

Does the participant have a medical diagnosis? Please describe: \_\_\_\_\_

\_\_\_\_\_

Is the participant allergic to:  Insect stings  Foods  Antibiotics  Medication  Other, Please describe:

\_\_\_\_\_

Does the participant currently take any medication?  No  Yes (*Please fill out medication form.*)

Does the participant use any adaptive devices?:  Wheelchair  Walker  Ankle or foot orthotics (AFO's)  Eye glasses  Hearing aid  Other, Please describe:

\_\_\_\_\_

\_\_\_\_\_

**Communication**

Does the participant use verbal (expressive) language?  No  Yes

If yes, what form:  Sentences  Short Phrases  One Word

Is the participant able to **understand** verbal language?  No  Yes

If the participant is non-verbal, what is his/her primary means of communication?

Communication Board  Sign Language  Picture Symbols  Body Language/Gestures  Other

If other, please describe: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Likes / Interests**

Please list the participant's favourite activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Personal Care Information**

Does the participant indicate when he/she needs to use the washroom?  No  If Yes, how do they convey this information?: \_\_\_\_\_

Does the participant 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 the participant:  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 the participant have any dietary restrictions?  No  Yes, Please describe: \_\_\_\_\_

Is the participant fed by a feeding tube?  No  Yes

If yes, does the participant 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 the participant? \_\_\_\_\_

Does the participant have any unusual fears? \_\_\_\_\_

Does the participant 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 (to calm, motivate or encourage the individual to participate, etc.)

\_\_\_\_\_

\_\_\_\_\_



**Change and Transitions**

*Please check all that apply.*

Does the participant 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 a change help the participant to deal with the change?  No  Yes

If yes, what strategies would you recommend to help the participant adjust? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Social Skills**

*Please check all that apply.*

Is the participant able to:

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

For how long is the participant generally able to attend in a group situation? \_\_\_\_\_

\_\_\_\_\_

What size group is the participant most comfortable in? \_\_\_\_\_

\_\_\_\_\_

*Please check all that apply.*

Does the participant:

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

Initiate interaction without encouragement?  No  Yes

Where does the participant attend school and what grade is he/she in? \_\_\_\_\_

\_\_\_\_\_

Does the participant have an Education Assistant at school?  Yes  No

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



**Sensory Reactions**

*How does the participant respond to:*

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

**Swimming Information**

*Please answer the following questions:*

Is the participant able to swim/move in water independently?  No  Yes

Is the participant comfortable in the deep end?  No  Yes

Does the participant need a flotation device for safety?  No  Yes

Please provide any information that would be helpful regarding swimming: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**One-on-One Workers**

If the participant requires one-to-one staffing, we strongly recommend that 1:1 workers are trained and employed through Extend-A-Family. Our one-to-one program 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 program 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 volunteers. The worker will also need to confirm and sign that he/she has read all program 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 participant, staff person, or volunteer, they will be asked to leave, and the family will be notified. The participant will not be permitted to return to the program until appropriate staffing can be arranged.



## Adult Summer Recreation Program

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
<b>Adjusted Weekly Rate</b>	<b>\$250.00</b>	<b>\$350.00</b>	<b>\$475.00</b>	<b>\$175.00</b>

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 Program 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.

**Adult Summer Recreation hours are 9am-4pm.** Do you require extended hours?  8am –9am,  4pm –5pm

### Fee Structure

EAF participants require a higher level of supervision than most summer camp programs. Our fee structure is based upon the ratio of staff to participants. EAF reserves the right to make a determination of the level of supervision a participant requires to ensure the safety of all participants and staff.

**Enhanced Fee** — Participants who require additional 2:1 staffing throughout the day. Participants 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** — Participants who require 1:1 staffing throughout the day.

### Financial Assistance for EAF Members

We believe every participant deserves a fun-filled summer experience and that families benefit from this respite opportunity. Although our Adult Summer Recreation Program fees are already subsidized through EAF’s fundraising efforts, **we do not want the cost of the summer program to be a barrier, preventing any participant 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.**

**Participant Name** \_\_\_\_\_ **Parent/Guardian** \_\_\_\_\_



## Terms and Conditions

1. Registration is on a first come, first served basis pending space in the program.
2. Participants 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 Adult Program Coordinator.
3. The deadline for the summer recreation program is April 30. Given the special needs that our participants 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 is full, we will place your participant 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 participants weeks/days over the course of the summer, especially if that participant is receiving enhanced or 1:1 staffing. Any change in a participants schedule is accommodated at the discretion of the Adult Program Coordinator and a \$50 administrative fee may be applied.
6. Unless early and late pick-up arrangements have been made, participants should not be dropped off any earlier than five minutes before the program, or picked up later than 5 minutes after the program. If you or whoever is picking up your participant will be late, the Adult Program Coordinator needs to be contacted at 613-583-9569 X21. Late fees may be assessed if a parent/guardian is more than 10 minutes late picking up his/her participant. If a participant 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 participant coming to the program has a history of, or is found to have, violent/aggressive behaviour where the participant harms him/herself or others, the parent/guardian must sign a form acknowledging that EAF has permission for staff trained in Non-Violent Crisis Intervention to intervene with a non-violent physical restraint. If permission is not given, and outbursts become frequent, disruptive and threaten the safety of staff and participants, the parent/guardian will be asked to withdraw the participant 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 participant must by law contact a child protection agency. Parents will be notified that a call has been made in accordance with instructions from a child protection worker or police officer. If a participant 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.
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. A parent/guardian found to be disrespectful, will be asked to leave the premises immediately with his/her child or children. EAF reserves the right to cancel any future programming, and suspend service for a minimum of six months, and in some instances, indefinitely.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian (Please Print)

\_\_\_\_\_  
Date



## General Program Waiver

I, the under signed parent/guardian of \_\_\_\_\_ do hereby consent to his/her participation in Extend-A-Family Kingston's Recreation Programs.

- I acknowledge that participation may expose him/her to the possibility of injury. I grant Extend-A-Family Kingston's Staff the authority to obtain emergency medical treatment as necessary to insure that the above named is safe from further injury.
- In consideration of Extend-A-Family Kingston allowing him/her to participate in its programs, I agree to waive and release Extend-A-Family Kingston from all claims for damages that may arise as a result of his/her participation.
- I am aware that he/she may appear in a photograph, or video, taken by camp staff or local media and that a photograph or video may appear in a variety of media sources on behalf of Extend-A-Family. Extend-A-Family Kingston will not divulge his/her name without written permission.
- I acknowledge that he/she will be participating in activities, trips and events organized by Extend-A-Family Kingston. I am aware that participation may be outside the scope of his/her daily routine. I give permission for him/her 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