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SUMMER DAY CAMP 2010

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 are low-functioning, who have difficulty functioning in a loud busy camp environment.)

If you require assistance in completing this application, please contact us.

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

Participant Information

Camper's Name: _____

Parent/Guardian: _____

Street Address: _____

Home Phone: _____

City/Postal Code: _____

Work Phone: _____

E-mail address: _____

Cellular Phone: _____

Emergency Details

Camper's Health
Card Number: _____

Emergency
Contact: _____

Date of Birth: _____

Relationship: _____

Doctor's Name: _____

Home Phone: _____

Doctor's Phone: _____

Work Phone: _____

Cellular Phone: _____

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: _____ Relation: _____

Name 2: _____ Phone: _____ Relation: _____

*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 (*Please fill out medication form.*)

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: _____

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.

Basic Fee - \$45 per day and includes a \$10 per day activity fee.

Enhanced Fee - \$65 per day and includes a \$10 per day activity fee.

For the camper requiring EAF to provide 1:1 or 1:2 camper to staff ratio for part of the day.

One-on-One Fee* - \$85 per day and includes a \$10 per day activity fee.

For the camper requiring EAF to provide 1:1 staffing for most or all of the day.

Siblings and friends - \$35 per day and includes a \$10 per day activity fee.



Camp Sessions & Fees 2010

| Session | Dates | Basic Fee | ✓ | Enhanced | ✓ | 1-on-1 | ✓ |
|---------------------|---------------------|-------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|
| 1 | July 5-July 9 | \$225.00 | <input type="checkbox"/> | \$ 325.00 | <input type="checkbox"/> | \$425.00 | <input type="checkbox"/> |
| 2 | July 12-July 16 | \$ 225.00 | <input type="checkbox"/> | \$ 325.00 | <input type="checkbox"/> | \$ 425.00 | <input type="checkbox"/> |
| 3 | July 19-July 23 | \$ 225.00 | <input type="checkbox"/> | \$ 325.00 | <input type="checkbox"/> | \$ 425.00 | <input type="checkbox"/> |
| 4 | July 26-July 30 | \$ 225.00 | <input type="checkbox"/> | \$ 325.00 | <input type="checkbox"/> | \$ 425.00 | <input type="checkbox"/> |
| 5 | August 3-August 6* | \$ 180.00 | <input type="checkbox"/> | \$ 260.00 | <input type="checkbox"/> | \$ 340.00 | <input type="checkbox"/> |
| 6 | August 9-August 13 | \$ 225.00 | <input type="checkbox"/> | \$ 325.00 | <input type="checkbox"/> | \$ 425.00 | <input type="checkbox"/> |
| 7 | August 16-August 20 | \$ 225.00 | <input type="checkbox"/> | \$ 325.00 | <input type="checkbox"/> | \$ 425.00 | <input type="checkbox"/> |
| Full Session | 7 Weeks | \$ 1530.00 | <input type="checkbox"/> | \$ 2210.00 | <input type="checkbox"/> | \$ 2890.00 | <input type="checkbox"/> |

*Shorter 4 day weeks due to Holidays.

TOTAL Camp Fees \$ _____

Camp hours are 9am-4pm. There *may be* an additional per day charge for extended hours.

If your camper requires extended hours: 8am –9am, 4pm –5pm please make plans with the camp co-ordinator. **A \$50 deposit is required upon registration to reserve a camp space.** (This is not required if EAF manages your camp funding.) Full camp fees are due by June 21, 2010 unless arrangements have been made in advance.

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.

Financial Assistance

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.** (Preference will be given to Extend-A-Family members.)

Client Name _____ **Parent/Guardian** _____