



2010 FAMILY CAMP REGISTRATION FORM

FOR OFFICE USE ONLY

Date rec'd: _____ ID#: _____
 Approved: _____ Confirmation Sent: _____

IMPORTANT REMINDERS TO FAMILIES

- Child/youth must first be registered with Easter Seals Ontario in order to attend an Easter Seals recreation program.
- Applications will be processed by the date that the completed application form with the \$100 minimum payment is received in the Provincial Office. Acceptance into the program is dependent upon meeting eligibility criteria and available space. **Please print clearly when completing the application form.**
- Send completed applications to the *Recreation Co-ordinator, Easter Seals Ontario, One Concorde Gate, Suite 700, Toronto, ON, M3C 3N6*. If you have any questions/concerns please call 416-421-8377 x.325 or 1-800-668-6252 x.325.

Family Name: _____ Home Phone #: () _____
 Address: _____ Apt #: _____ Work Phone #: () _____
 City: _____ Postal Code: _____ Cell Phone #: () _____
 E-mail: _____
 Emergency Contact Name: _____ Emergency Contact Phone # () _____

Have you attended Family Camp before? No Yes, If yes, how many times? 1 2 3 3+ times

Is there another family attending camp who you would like to share a cabin with? _____

Equipment required: Bedrails? For how many beds? _____

Name(s) of individuals attending Family Camp:

| Name | Birth Date | Allergies | Special Diet | Other information |
|-------------------------|------------|--|--------------|-------------------|
| (Child with disability) | | Please complete information on back page. Please use a separate application form for each child who has a disability. | | |
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CAMP FEES

The actual cost for Family Camp is \$900 per person. Easter Seals Ontario does not receive government funding and all of our programs are funded by generous donations from individuals, service clubs, businesses and foundations.

Easter Seals Ontario recognizes that families who have a child with a disability have many additional expenses. Easter Seals asks families to contribute what they are able to towards the cost of Family Camp. This applies to a maximum of 2 adults, the child with a disability and their sibling(s). **Please note that no last minute additions will be accepted without prior authorization. Any additional individual (other than siblings, parents/guardians) will be required to pay \$900/person.**

FAMILY CAMP SESSIONS

(Please check appropriate box)

**Easter Seals Camp Merrywood,
Perth**

August 23 – August 28

**Easter Seals Camp Woodeden,
London**

August 16 – August 21

August 23 – August 28

FAMILY CAMP - YOUR CHILD'S MEDICAL HISTORY

Last Name: _____ First Name: _____ Gender: _____

Date of Birth: ____/____/____ Weight: _____(Kgs)

Disability/Diagnosis: _____

Additional medical problems (such as asthma, seizures, etc.) _____

Allergies (food & drug): _____

Carries an epi-pen? Yes No

Diet: Regular Vegetarian Soft Cut into bite size pieces Pureed Other, Please describe: _____

Does your child have a G-tube? J-tube? Does your child eat anything by mouth? Yes No

Does your child have a consistent YES/NO either verbal or non-verbal? _____

If your child is non-verbal, please describe how they communicate: _____

Describe any unusual behaviours that the staff should be aware of: _____

Please check (✓) all equipment that you will be bringing to camp:

Electric wheelchair Manual wheelchair – requires pushing yes no Walker Bi-Pap machine

Suction machine Oxygen Respirator Feeding Pump Other _____

Any additional information to help us care for your child?

Easter Seals Ontario operates with the generous donations of corporate partners, service clubs and individuals. Fundraising is important for Easter Seals to continue to offer recreational programmes. We ask for your support.

1. I agree to the use of photos or videos of my child(ren)/family to promote Easter Seals Ontario, Easter Seals Canada, and/or Easter Seals' provincial member associations? Yes No
2. May we share photos or videos of your child/family among campers and staff? Yes No
3. I agree to have my name and address shared with the Easter Seals Fundraising Department: Yes No

Consent

I acknowledge that, to the best of my knowledge, the information on this application form is correct. I understand that this is an application for camp and does not guarantee confirmation. Notification of confirmation will be sent by mail at a later date. To meet the needs of you and your family and have the ability to care for them we must collect personal information about you and distribute the pertinent information to people who will care for you and your child. Easter Seals Ontario complies with the Personal Health Information Protection Act (PHIPA). All the information gathered is stored in a safe and confidential manner.

Parent/Guardian Signature: _____ **Date:** _____

