

Approved Session: _____

2019 CAMP APPLICATION (DAY CAMP)

For Individual Day Camps (Explorer or Pathfinder) at Woodeden Camp only.



Helping Kids with
Physical Disabilities
Succeed

FOR OFFICE USE ONLY

Date Rec'd: _____

Approved by: _____

PCA Req'd: No Yes, Forms Rec'd: Yes

Con'f sent: _____

ES ID#: _____

Date Approved: _____

Multiple Sessions: No Yes: _____

Payment: Rec'd Pending

Paid Under: _____

CAMP SESSION CHOICE: ★ Please check (✓) the session(s) you are applying for.

WOODEDEN CAMP (LONDON, ON)

Explorers (8-12yrs): WED: July 1 - July 5 (5-day)

Pathfinders (13-18yrs): WPD: July 15 - July 19 (5-day)

IMPORTANT REMINDERS TO FAMILIES

- Transportation to and from camp is the responsibility of the parent/guardian(s).
- Please pack and LABEL: sunscreen, water bottle, towel and all medication
- All medication MUST be in original prescription package or labelled dispensary package
- Day Campers are required to bring a packed lunch and snack to camp – meals will not be provided. **Easter Seals Ontario's camps offer a Peanut Aware environment. We ask that you do not send any peanut or nut products to camp.**

WED: Family Campfire and BBQ Thursday, July 4, 2019 @ 5:30pm Attending? Yes No # attending: _____

WPD: Family Campfire and BBQ Thursday, July 18, 2019 @ 5:30pm Attending? Yes No # attending: _____

PLEASE SEND MY CONFIRMATION PACKAGE VIA: ★ Please choose preferred method to receive confirmation package below.

Mail E-mail to: _____

CAMPER PROFILE: ★ Child must first be registered with Easter Seals Ontario (Incontinence Supplies Grant Program is a separate Registry).

Last Name: _____ First Name: _____ Gender: _____

Date of Birth (yyyy/mm/dd): _____ / _____ / _____ Health Card #: _____ Version Code: _____

Disability/Diagnosis: _____ Weight: _____ kgs

New Camper? Y N

Are there any camp activities the camper must avoid? (please specify): _____

Please check (✓) all of the equipment that the camper will bring to camp: None Walker Power Wheelchair

Manual Wheelchair – requires pushing? Yes No Other: _____

PARENT/GUARDIAN INFORMATION: ★ Please attach a copy of any legal documents that relate to custody status.

Custody Status: Mother Father Both Crown Ward Other: _____

PRIMARY CONTACT – Dr Mr Mrs Ms Relationship to Camper: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Home #: (_____) _____ Work #: (_____) _____

Cell #: (_____) _____ E-mail: _____

SECONDARY CONTACT - Dr Mr Mrs Ms Relationship to Camper: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Home #: (_____) _____ Work #: (_____) _____

Cell #: (_____) _____ E-mail: _____

MEDICAL BACKGROUND:

Medically Confirmed Allergies? No Yes If yes, please specify: _____
Uses an Epi-Pen? No Yes
Asthma? No Yes Please Describe: _____
Seizure Disorder/Epilepsy? No Yes Type: _____ Frequency: _____
Seizure Triggers: _____
Shunt? No Yes Type: _____ Location: _____
Does the camper require Oxygen? No Yes When: _____ Flow Rate: _____
It is the parent/guardian(s) responsibility to arrange the delivery of the supply of oxygen to camp prior to the start of the session.

IF YOU ANSWER YES TO ANY OF THE 3 QUESTIONS BELOW, A PERSONAL CARE ATTENDANT (PCA) IS REQUIRED FOR CAMP:

*Does the camper require Suctioning? No Yes How Often: _____
*Does the camper use a Ventilator? No Yes *If your child requires suctioning, uses a ventilator or has a tracheostomy,
*Does the camper have a Tracheostomy? No Yes you will need to send a Personal Care Attendant (PCA) familiar with their care
to camp. Note: a PCA can not be the parent/guardian of the child.

MEDICATIONS AT CAMP:

Will your child require any medication while at camp? No Yes – If yes, please complete the following:
Name of Medication #1: _____
Dosage: _____ Time Administered: _____
Name of Medication #2: _____
Dosage: _____ Time Administered: _____
Name of Medication #3: _____
Dosage: _____ Time Administered: _____

Please note, all medications are administered by camp staff (not by campers themselves). All medication must arrive at camp in their original container(s) with the campers name clearly labeled. Medications will be signed in and out by a parent/caregiver at the beginning and end of each camp day.

IF YOUR CHILD REQUIRES ASSISTANCE WITH TRANSFERRING, PLEASE INDICATE HIS/HER PREFERRED METHOD:

Mechanical Life (please bring your own slings) 2 Person Lift Pivot Transfer Not Applicable

BLADDER & BOWL ROUTINES:

Is the camper independent in toileting? No Yes Does the camper need reminders? No Yes
Does the camper have bladder control? No Yes
Is the camper on a toileting schedule? No Yes Please describe: _____
Does the camper require any of the following – check (✓) all that apply: Catheterization Mitrofanoff
 Cecostomy/MACE Enemas Suppositories Disimpaction Colostomy/Ileostomy
 Diapers/Attends Condom Drainage Other: _____
Additional Information: _____

EATING HABITS:

Diet: Regular Vegetarian Soft Cut into bite sized pieces Pureed Other: _____
Eating Habits: Hearty Average Fussy How long does it take the camper to eat? _____ minutes.
Difficulties with: Swallowing Chewing Drinking No Difficulties
Does the Camper: Get pale, sweaty, gags, or chokes during feeding Sound like cold or has mucous after meals
Food Allergies: No Yes – if yes, please provide detailed information:

CHILDREN REQUIRING TUBE FEEDING: ★ If this section does *not* apply, please leave blank.

Does the camper have a: G-tube J-tube Feeding Frequency: _____
Does the camper eat anything by mouth? No Yes Specify: _____
Has the camper had a Fundoplication? No Yes
Special Instructions: _____

COMMUNICATION WITH CAMP STAFF:

Verbal: No Yes If non-verbal: Has a consistent YES/NO: No Yes - please describe: _____
Camper understands what is said to him/her: No Yes
Camper is able to express his/her needs to camp staff: No Yes
Communication methods: Words Technical Aids Other: _____
Wears: Glasses Hearing Aids Contact Lenses

MENTAL, EMOTIONAL, LEARNING AND SOCIAL HEALTH: ★ Check (✓) yes or no for each statement.

1. Has been diagnosed with a condition that impacts learning (i.e. ADHD, sensory processing problem) No Yes
2. Has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder No Yes
3. Has an emotional health concern (Specify: _____) No Yes
4. During the past academic year, saw or is currently seeing a professional to address mental/emotional concerns No Yes

If you answered YES to any of the four statements above, please attach more information that addresses the following:

- ↳ Describe the behaviours that will indicate to our staff that your child needs professional referral; and
- ↳ Provide suggestions to help facilitate your child's participation in this program

5. Has had a significant life event that continues to affect their life No Yes

If you answered YES to #5, please attach written information about the event – death of a loved one, family change, adoption, new sibling – its impact on your child's life, and care tips for the cabin staff. Keep in mind, our staff are generally college students.

Check (✓) the types of behaviour that apply to the camper:

- No Unusual Behaviour Physically Aggressive Verbally Aggressive Withdrawn/Shy Temper Tantrums
 Self Injurious Wanders/Runs Away Other: _____

Please explain any checked behaviours, their frequency, and methods of dealing with these behaviours:

- Does the camper most easily make friends with children/youth who are: Older Younger Same Age
Does the camper most enjoy spending time: Alone In Groups Both
Does the camper elicit behaviours that require 1:1 supervision? No Yes

Please explain: _____

Choose one of the topics below to best describe the camper's social interactions:

- No difficulties functioning in social interactions.
 May need prompting and encouragement when getting involved in new experiences.
 Requires complete supervision with social situations

DECISION-MAKING SKILLS

Choose one of the topics below to best describe the camper's decision-making skills:

- Independent (No assistance required) Needs moderate prompting Requires total assistance

Choose one of the topics below to best describe the camper's cognitive reasoning skills:

- Clearly understands directions and responds accordingly
 Needs some direction and further explanation at times
 Often experiences confusion with comprehending basic tasks

Have we forgotten anything? Provide additional information about your child's health and learning style that may have been neglected on this form. Attach additional information if needed.

PAYMENT & REQUEST FOR FINANCIAL ASSISTANCE (CONFIDENTIAL):

Important, please read:

Children/youth who are 18 and under as of July 1, 2019 and are not Crown Wards are eligible for funding from Easter Seals Ontario and are only required to pay a **minimum \$225** (non refundable) payment with their application. Additionally, parents/guardian(s) are encouraged to contribute to the cost of the camp program as their financial resources permit. Should your child wish to attend an additional session of camp, parents/guardians will be required to pay the full cost of that session.

Applications will be processed by the date that **the completed application form (with payment) is received** in Easter Seals Ontario's Provincial Office. This does not mean that your child has been confirmed. **Spaces will NOT be held until payment has been received and processed.** Acceptance is dependent upon meeting eligibility criteria and available space. **Transportation to/from camp is the responsibility of the parent/guardian(s).**

Easter Seals Child's Name: _____ **Parent/Guardian Name:** _____

Please check (✓) the type of session you are applying for and indicate your total payment enclosed on the line next to your choice. Reminder a minimum payment of \$225 is required for all campers 18 and under as of July 1st, 2019.

PAYMENT IS BEING MADE BY:

*Please note, we can not accept Visa Debit Cards at this time.

Cheque(s) Money Order(s) Credit Card (Visa | MC)

CREDIT CARD PAYMENTS:

Card #: _____ Exp: ____/____

Name on Card: _____

Signature: _____

PAYMENT SCHEDULE:

| | | |
|------------------|---|--|
| February: | <input type="checkbox"/> 1 st : \$ _____ | <input type="checkbox"/> 15 th : \$ _____ |
| March: | <input type="checkbox"/> 1 st : \$ _____ | <input type="checkbox"/> 15 th : \$ _____ |
| April: | <input type="checkbox"/> 1 st : \$ _____ | <input type="checkbox"/> 15 th : \$ _____ |
| May: | <input type="checkbox"/> 1 st : \$ _____ | <input type="checkbox"/> 15 th : \$ _____ |
| June: | <input type="checkbox"/> 1 st : \$ _____ | |

SESSION CHOICE: *indicate total amount you are paying for each session you are applying for below.

\$ _____ Explorers (Day) **5-day** (\$325)

\$ _____ Pathfinders (Day) **5-day** (\$325)



*If making multiple payments, please indicate the month that payments should be processed. If you are paying with post-dated cheques or monthly credit card instalments, **all payments must be processed and/or cashed by June 1, 2019.** Upon acceptance into the program, cheques are cashed as dated at the end of each week, credit cards are processed on the 1st and 15th of each month. **Cheque(s) or Money Order(s): Please make payable to Easter Seals Ontario. Please attach cheque/money order to the bottom right corner of this page. PLEASE NOTE: NSF cheques must be replaced immediately with a certified cheque or money order, if not, confirmation will be cancelled. Any last minute cancellations that are not due to medical reasons may be subject to a \$225 cancellation fee.**

CONSENT:

Easter Seals Ontario does not receive any government funding. All the programs are funded through generous donations from individuals, service clubs, businesses and foundations. Without these donations we would not be able to offer high quality, fully accessible, recreational programs.

1. Can we share your child's email address with their cabin mates? If yes, please provide their email address below:

No Yes

CONSENT: I acknowledge that I have thoroughly read and understand the camper criteria for 2019. 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. I understand that notification of confirmation will be sent by mail at a later date. I agree to inform Easter Seals Ontario of any changes in my child's medical condition prior to the start of camp. To meet your/your child's needs I give permission for the personal information collected in this application to be shared with the staff members who will care for me/my child. All the information gathered is stored in a confidential and safe manner. Easter Seals Ontario is in compliance with the Personal Health Information Protection Act (PHIPA).

Participant's Signature (if 18+ years): _____ **Date:** _____

Parent/Guardian(s) Signature: _____ **Date:** _____

COMPLETED APPLICATIONS CAN BE SENT VIA:

Mail: Recreation Coordinator, Easter Seals Ontario, 700-1 Concorde Gate, Toronto, Ontario, M3C 3N6

Fax: 416.696.1035 (please send to the attention of Recreation Co-ordinator) **OR** **E-mail:** camp@easterseals.org

If you have any questions/concerns, please call 416.421.8377 x 325 or toll-free 1.800.668.6252 x 325.

(Please Note, it is the parent/guardian(s) responsibility to follow up that the application has been received).

FOR OFFICE USE ONLY:

ID#: _____ Session: _____ GL: _____