

Registration for the following day camp: \_\_\_\_\_

Deadline to complete & return this form: \_\_\_\_\_

**INFORMATION ABOUT THE CHILD**

First name		Gender	
Last name		Birthdate	
Health card number & EXP date			
Current grade in school & name of school			
Language(s) spoken at home			

**CONTACT INFORMATION PARENT / GUARDIAN #1**

First name		Phone # (home)	
Last name		Phone # (work)	
Relationship to child			
Email			
Mailing address			

**CONTACT INFORMATION PARENT / GUARDIAN #2**

First name		Phone # (home)	
Last name		Phone # (work)	
Relationship to child			
Email			
Mailing address			

### EMERGENCY CONTACT INFORMATION

In the case of an emergency throughout the day, please indicate who can be contacted should we be unable to reach the parent / guardian:	
Full Name	
Relationship to child	
Phone #	
Email	

### End-of-Day Pick Up

My child will leave: <input type="checkbox"/> With one parent / guardian <input type="checkbox"/> Alone <input type="checkbox"/> Other person: _____			
Full Name		Phone #	
Email			
Other authorized persons			
Relationship to the child			

### ABOUT YOUR CHILD

Our day camp team aims to assess measures to put in place to promote the participation of all children. The information about your child is confidential and will allow us to provide them with a successful camp experience.

Please read the following statements carefully and check all that apply to your child:
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<b><u>AUTONOMY</u></b> My child needs support when: <input type="checkbox"/> Going to the bathroom;
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- Applying sunscreen;
- Getting changed (for activities such as going swimming);
- Eating or drinking;
- Getting around.

### **SWIMMING SKILLS**

Level of independence in the water:

- Does not know how to swim
- Swims alone with PFD (personal flotation device)
- Swims alone in shallow water
- Swims alone in deep water

Have they taken swimming lessons?

- Yes
- No

If yes, what was the last level completed:

\_\_\_\_\_

- Needs supervision / support
- Must wear earplugs

\* If the child is epileptic, discuss wearing a PFD with the day camp

### **COMMUNICATION**

- My child struggles to express their needs, which can affect their participation in leisure activities.
- My child struggles to understand instructions.

### **ACCOMPANIMENT**

- During the school year, my child is accompanied by a support worker.

At camp, my child will need a support worker:

- At all times
- Often
- Sometimes

**BEHAVIOR**

Check your child's personality traits (check all that apply):

<input type="checkbox"/> shy	<input type="checkbox"/> sociable	<input type="checkbox"/> active	<input type="checkbox"/> calm	<input type="checkbox"/> Other: _____
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- My child needs support when transitioning between activities.
- My child needs rest periods.
- My child has specific behaviors (aggression / occasional opposition / anxiety etc.)

Detail: \_\_\_\_\_

What are their specific interests, hobbies and leisure activities?

What are the best ways to encourage / motivate them?

How does your child react to:

- Other kids:
- Authority figures (parents / teachers etc.):
- New people:
- New experiences:

**HEALTH**

- My child wears glasses.
- My child has intolerances, allergies or dietary restrictions:

Detail: \_\_\_\_\_

Specify the severity	<input type="checkbox"/> intolerance	<input type="checkbox"/> Mild allergy	<input type="checkbox"/> Severe allergy	<input type="checkbox"/> Contact allergy
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- My child carries an epinephrine auto-injector (EpiPen, Twinject or other).
- My child takes prescribed medication. **If yes, please complete the MEDICATION section.**

**It is your responsibility to promptly notify the day camp manager if your child's medical situation changes.**

**MEDICATION**

To comply with the law and allow us to administer the medication, you **must** attach a copy of the prescription along with this form.

My child needs to take prescribed medication:

- Yes
- No

If yes, complete the following chart:

Medication name	Prescribed for	Dosage	Side-effects / contraindications (sun exposure, hydration, appetite etc.)
My child needs help to take their medication.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The medication will stop during the summer.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been diagnosed? (behavioral disorder, ADD/ADHD, anxiety, autism spectrum disorder (ASD), motor, intellectual or visual impairment, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, what was the diagnosis?

**Other information about your child that you would like to share?** (such as: diagnostic process ongoing, special needs, recent significant changes in family life, specific concerns, etc.)

**For the purpose of assessing my child's needs, I authorize the camp manager to contact the following interveners:**

Organization (CISSS, school etc.)	Name of intervener	Role (teacher, social worker etc.)	Contact Info

## **PARENTAL AUTHORIZATION AND CONSENT**

- I declare that the information provided in this form is accurate and complete. Otherwise, the camp manager reserves the right to reassess the application
- To obtain all relevant information for my child's participation in camp, I authorize camp staff to communicate with any interveners (from CISSS, school or other) who are currently or have provided support to my child in the past year.
- I agree to inform the day camp team of any changes that may impact my child's participation and autonomy at day camp.
- I agree to collaborate with the day camp team whenever requested.