



## Inclusive Services Guide and Application Form Summer Day Camp Program

This guide and application provide information on inclusive services offered by the Town for its Summer Day Camp Program. Please note that the Town cannot provide support for the following: personal care (i.e., toileting, hygiene), feeding, behavioral issues (i.e., aggressive behavior which compromises the safety of the participant or other participants and staff). Town employees do not provide medications to any participant in Town programs.

<b>BEHAVIOURAL GUIDELINES AND INFORMATION</b>			
Behavioral Guidelines will apply for All Participants and will not be tolerated, and will lead to the participant being removed from the program: <ul style="list-style-type: none"> <li>Aggressive behavior such as hitting, kicking, or pushing</li> <li>Excessive use of obscene language or gestures</li> <li>Teasing, bullying, name calling or other verbally aggressive behavior</li> <li>Possessing dangerous or sharp objects</li> <li>Running away from the program site (indoor or outdoor locations)</li> </ul> <p>If the Recreation and Community Services Department is unable to ensure the safety and well-being of your child, program participants or staff, we reserve the right to remove your child from the program. Information on all forms will be discussed with camp staff.</p>			
<b>PARTICIPANT INFORMATION: To be completed by parent / guardian</b>			
<b>Participant Full Name</b>		<b>Date of Birth</b>	
<b>Address</b>		<b>Postal Code</b>	
<b>Parent/Guardian Name</b>			
<b>Phone Number*</b>		<b>Secondary Phone</b>	
<b>Email Address*</b>			
<b>Second Contact Name</b>			
<b>Phone Number*</b>		<b>Secondary Phone</b>	
<b>Email Address</b>			
<b>PROGRAM NAME: Name of program you are registering for</b>			
<b>DISABILITY INFORMATION</b>			
Diagnosed Disability			
Date and Year of Diagnosis			
Additional Information			
Does the participant have a(n) support/respite/ABA worker?	Yes	No	If yes, specify:

Does the participant have any allergies?	Yes	No	If yes, please list allergies	
Has the participant ever had a seizure?	Yes	No	If yes, date of last seizure (y/m/d)	
Duration of last seizure (if applicable)			Frequency or seizures (if applicable)	
<b>REFERENCES: Staff will contact at least one of the references listed to discuss the registered participate - school reference is required</b>				
Name of First Reference			Relationship to Participant	
First Reference Phone			First Reference Second Phone	
Name of Second Reference			Relationship to Participant	
<b>PARTICIPANT INFORMATION</b>				
Participant Last Name			Participant First Name	
Mailing Address			Postal Code	
DOB			Age	
MCP #			Highest Level of Swimming Completed:	
Parent/Guardian's Name (one)			Day Phone	
Relationship to Participant			Evening Phone Number	
Parent/Guardian's Name (two)			Day Phone Number	
Relationship to Participant			Evening Phone Number	
Other Emergency Contact			Phone Number	
Medical Information: <i>(only provide what staff should be aware of)</i>				
<b>REGISTRATION WEEKS AND REQUESTED INCLUSION SERVICES</b>				
<b>Please indicate below which weeks your child is registered for and request inclusion services</b>				
WEEK 1: June 30 – July 4			WEEK 5: July 28 – August 1	
WEEK 2: July 7 – 11			WEEK 6: August 4 – 8	
WEEK 3: July 14 – 18			WEEK 7: August 11 – 15	
WEEK 4: July 21 – 25			WEEK 8: August 18 – 22	
<b>AUTHORIZATION TO RELEASE: Participating children will be released to the person/persons noted below. If you are authorizing another individual to pick up your child, please notify the Day Camp Staff in writing.</b>				
Name of First Authorized			Name of Second Authorized	
Relationship with Participate			Relationship with Participate:	
Contact Number			Contact Number	

Please check statements that apply to the participant. Clarifying or adding information is recommended.

## SKILLS ASSESSMENT

### Eating/Drinking

- Drinks from a cup
- Uses straw
- Uses utensils
- Cannot use utensils
- Unwraps food/drink
- Cannot unwrap food/drink

Additional Information:

### Personal Care

- Can use toilet independently
- Can use toilet with reminders
- Cannot use toilet independently
- Can wash hands independently
- Cannot wash hands independently

Additional Information:

### Communication:

- Unable to communicate needs/wants
- Uses gestures, signs, or non-verbal communication
- Used basic sign language
- Uses one- or two-word sentences
- Uses complete sentences.
- Uses Communication device -specify below
- Reacts/responds when spoken to
- Responds appropriately to ½ step directions
- Responds appropriately to 2/3 step directions
- Responds appropriately in small groups
- Responds appropriately in large group

Additional Information:

### Strength Coordination:

- Strength/Coordination
- Able to walk independently
- Able to walk with assistance
- Uses device to walk –specify below
- Has good balance/coordination
- Has limited balance/coordination
- Able to catch a rolling ball
- Able to catch a tossed ball
- Able to kick a stationary ball
- Able to kick a rolling ball
- Able to grasp small objects (i.e., pencil, bread)
- Able to grip large objects (i.e., ball, racket)

Additional Information:

### Social/Behavioral:

- Shows interest in others
- Interacts with others appropriately
- Interacts with others inappropriately
- Is tolerant of other people's actions.
- Is easily annoyed and/or agitated by others
- Has attention span for short periods of time
- Has attention span for long periods of time
- Is responsible for own belongings
- Is respectful of adults
- Can be disrespectful of adults

Additional Information:

**Please elaborate on participants areas of strengths:**

## SUPPORT

Please describe areas where the participant requires support:

Please describe safety issues (i.e., behaviors, fears) that program staff should be aware of:

Please describe signs/behaviors that indicate stress or anxiety in the participant:

Please describe methods used to reduce/eliminate inappropriate behaviors:

Additional Information:

## SCHOOL INFORMATION (to be completed if participant attends grade school)

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Classroom Setting:  Regular       Special Education       Combination

Does the participant have a student assistant?

No assistant needed       Full time assistant       Part time assistant       Shared

If Yes, please describe what support is needed:

<b>RELEASE – PARTICIPANT/GUARDIAN</b>			
I believe the information supplied in this application is accurate to the best of my knowledge. I give permission for those authorized below to release information about my child requested by the Department of Community Services staff. This may be written or verbal.			
<b>Name</b>			
<b>Relationship to Participant</b>			
<b>Signature</b>			
<b>Date (y-m-d)</b>			
<b>Initial all forms of information you wish to release</b>			
<b>ISSP (individual support service plan)</b>			
<b>ISSP Chair</b>		<b>Phone</b>	
<b>Teacher Questionnaire</b>			
<b>Name:</b>		<b>Phone</b>	
<b>School Observation</b>			
<b>School Name</b>		<b>Phone</b>	
<b>Other Organization (please check)</b>			
<b>Questionnaire</b>		<b>Observation</b>	
<b>Name</b>		<b>Position</b>	
<b>Organization</b>		<b>Phone</b>	
<b>SAMPLE QUESTIONS THAT MAY BE ASKED</b>			
1. Describe a day with the above participant? 2. does the participant need assistance with changing? 3. Can the participant use the washroom independently without any assistance? 4. Other needs, etc.			
<b>FOR OFFICE USE ONLY</b>			
<b>Allergy forms required</b>		<b>Support Provided worker guidelines</b>	
<b>Date Received</b>			
<b>Additional Comments</b>			

**Privacy Notice:** Personal information collected through this form is administered under Part III of the Access to Information and Protection of Privacy Act, 2015, and is collected and used only for the purpose of administering the Summer Camp Program. If you have questions about the collection, use or disclosure of your personal information, please contact the Town by calling 709-782-1400.