

Experience Summer Program Request for Support

Camper # _____

****The submission of a request does not guarantee admission to the program. Our program operates on a first-come, first-served basis – to families that first CONFIRM their child's registration at an identified Day Camp****

Name of Child: _____ New or Returning: _____

Current Age: _____ Date of Birth: _____

1. Name of Parent/ Legal Guardian: _____

Cell Number: _____ Email Address: _____

2. Name of Parent/ Legal Guardian: _____

Cell Number: _____ Email Address: _____

Areas of Concerns

Diagnose: _____

Reason for Requested Support:

Please indicate (X) additional areas of concern.

Gross Motor: _____ Fine Motor: _____ Communication: Receptive: _____ Expressive: _____

Hearing: _____ Visual: _____ Behavioural: _____ Examples: _____

Social: _____ Examples: _____

Sensory: _____ Other's, Identify: _____

Camp will be offered during the weeks of July 2nd, 2024 to August 16th, 2024

Camp Information

I hope to register my child for the following weeks and at the following camps:

Week 1: _____ Confirmed: Yes No

Day Camp Choice: _____

Week 2: _____ Confirmed: Yes No

Day Camp Choice: _____

Week 3: _____ Confirmed: Yes No

(Will ONLY be offered after our intake process is complete, and ONLY if additional weeks are available)

Date: _____

The Children's Services Manager will contact parents/guardians to complete a formal intake package ONLY after camp registration is confirmed.

Lower Level of Scotia Centre Suite 116, 5102 50th Avenue, Yellowknife, NT X1A 3S8 Phone: (867)873-8230 Fax: (867)873-4124

OFFICE USE ONLY Camps Confirmed: _____

Reviewed By: _____ Date: _____