



Experience Summer 2017 - Application Form

*****The submission of registration does not guarantee admittance to the program. An intake committee will review your Application and you will receive the decision in writing.*****

Returning Camper _____ New Camper _____

Name of Child: _____

Date of Birth: _____

Nature of Disability or Disabilities-is there a diagnosis? _____

Is an Assistive Device or Are Devices Required-please describe? _____

Allergies (describe/intervention)

Restrictions to Activities (are there any activities that your child is unable to participate in and are there modifications that can be made to accommodate this?)

Health Care #: _____ Expiry Date: _____

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

CONTACT INFORMATION

Name of Parent(s) or Guardian: _____

Home Phone #: _____ Work #: _____

Cell #: _____

Address (including postal code): _____

Email Address: _____



Name of Emergency Contact: _____

Relationship to child: _____

Home Phone #: _____

Work #: _____

Cell #: _____

Email address: _____

***** Please ensure the support worker or coordinator are always informed of any changes to contact information as it is critical in an emergency or for contact in case of illness/cancellation*****

Please indicate the names of anyone with permission to pick up your child from day camp, in your absence. Please note, no one else will be allowed to take the child except through written permission.

Name: _____

Name: _____

Experience Summer 2016- Participant Information

Name of Child: _____

Program Choice (please indicate if confirmed- confirmed means that you have successfully registered your child in the day camp of choice):

Weeks you would like to enroll (again please indicate those that have been confirmed):

1st week: _____

2nd week: _____

3rd week: _____

Your preferred drop off and pick up times?

*****We cannot guarantee weeks and will offer on a first come first served basis - to confirmed campers - and in conjunction with the camp of choice****



BACKGROUND INFORMATION

All information is kept confidential and only shared within the Experience Summer team for the purpose of providing the best camp experience by ensuring the care, safety, welfare and security of your child. The information below will allow us to prepare a support plan for your child.

Name of current school/pre-school: _____

Do we have your permission to arrange a visit at your child's school? _____

Does your child have classroom assistant? _____

If yes, name of the C.A. is: _____

Does your child have an Individual Education Plan? _____ Can we review? _____

Are there an OT/SP/PT assessment(s) available? _____ Can we review? _____

DAILY LIVING SKILLS

In order to best support your child it is important to understand the needs required. Please describe your child's abilities and needs in the following areas;

Mobility: Independent _____ Aide _____ Limited _____ On-going Assistance _____

Please describe: _____

Language Skills: Verbal _____ Non-verbal _____ Assistive/Augmentative devices _____

Can your child indicate an injury or pain? _____

Please describe: _____

Swimming; (swimming only occurs at areas with certified lifeguards):

Has your child attended swim classes, and what is last level achieved? _____

Experienced, can swim in deep end _____ Some experience, only swims in shallow end _____

No experience _____ Fear of water _____ Lifejacket required at all times _____

Has never been in the water _____

Please describe: _____



Toileting:

Independent without prompts Bowel _____ Void _____

Independent with Prompts Bowel _____ Void _____

Needs limited assistance Verbal prompts _____ Visual cues _____ Visual check _____

Needs assistance Full Physical assistance with personal hygiene _____

Brief Changes Required _____ Some physical assistance after child has attempted _____

Does the child have any issues/fears around toileting? What do you do? Please describe

Dressing: Independent _____ Some assistance; verbal prompts _____ Physical help _____

Please describe (including shoes) _____

Eating: Independent _____ Some assistance; verbal prompts _____ Physical help _____

Please describe _____

Safety: Does your child have an understanding of danger/safety? Street _____

Personal _____ Stranger _____

Would your child wander away/ leave or run if distracted? _____

Emotional/Sensory:

Does your child have any sensitivities or sensory issues? I.e. loud noise, crowds, touching etc.

Please describe: _____

When your child is upset or anxious what does it look like? _____

Does your child ever act out verbally? _____ Physically? Toward self _____ others _____

What does this look like and what do you find helps in these times of anxiety?



**NWT
Disabilities
Council**

Likes: Please describe the things your child likes to do the most or finds most rewarding?

Dislikes: Please describe the things that cause your child to have the most anxiety or fear.

Other information/reports you think will benefit your child's support in our program?