

The John McGivney Children's Centre
 3945 Matchette Road
 Windsor, Ontario N9C 4C2
 T: 519.252.7281
 Toll Free: 1.866.636.6666
 F: 519.252.5873
 www.jmccentre.ca



Summer Camp 2019

Application Form

OFFICE USE ONLY

Payment Received:

By: _____

Date: _____

PERSONAL INFORMATION

Name of Camper: _____ DOB _____ Age: _____

Name of Parent/Guardian: _____

Address _____ City: _____ Postal Code: _____

Phone: Home: _____ Work: _____

Email address: _____

In case of emergency contact: (name and phone) :

1. _____

2. _____

PAYMENT INFORMATION

Payment must be attached to the Application form and submitted to the John McGivney Children's Centre's Administration office on the 2nd floor no later than **June 7, 2019**. Payment may be made by cash, cheque or debit. Make all cheques payable to the John McGivney Children's Centre. All fees are non-refundable 5 days prior to each Camp. Refund requests will be subject to a \$25.00 processing fee. **Please one check per camp**. A letter of confirmation will be sent to you once your application and payment is processed. No refunds will be issued after that date. If you have applied for more than one camp you will be notified **if** an opening occurs, and payment will be due by June 29th, 2018. Note: Your child will not be considered registered until payment is received and processed. **Any NSF cheques are subject to a \$25 processing fee.**

**Staff will be available to answer any of your questions.
 For Camp inquiries call Melissa at 519-252-7281 Ext. 249.
 For Payment inquiries call Branka at 519-252-7281 Ext 272.**

FEES AND SESSIONS (exact dates are subject to change - you will be notified)

Enrolment is limited; applications will be considered according to suitability to our camp. **Please rank in order of preference.** We try to ensure that all eligible applicants are offered at least one summer camp session.

	<u>Dates</u>	<u>Cost</u>	<u>1st Choice</u>	<u>2nd Choice</u>	<u>3rd Choice</u>
CAMP 1	Monday July 8 th – Thursday July 18 th	\$275.00			
CAMP 2	Monday July 22 nd – Thursday August 1 st	\$275.00			
CAMP 3	Tuesday August 6 th – Thursday August 16 th (note: this camp is 8 days due to holiday)	\$245.00			

Please indicate if you would like your child to attend more than one camp yes no

FUNDING: Easter Seals are no longer funding camps. If you need financial assistance you can apply for ACSD (Assistance for Children with Severe Disabilities) or call your coordinator at Family Respite.

Camp begins at 9:00 a.m. and ends at 3:00 p.m.
 Drop off and Pick up from 8:30 am to 3:30 p.m.

Unfortunately, this year we will only be able to offer a late pick up for one of our camps due to lack of families who required this service. Late pick up is from 3:30 – 5:00 pm for an additional \$10 per day. These days must be **pre-scheduled and paid in advance**. Please circle the ONE camp you would prefer offered the extended pick up option and circle the days below you will require extended pick up hours.
 (This may be subject to change if not enough families require this service).

<u>Camp 1</u>	<u>Days</u>
Week 1	M / T / W / TH / F
Week 2	M / T / W / TH

OR

<u>Camp 2</u>	<u>Days</u>
Week 1	M / T / W / TH / F
Week 2	M / T / W / TH

OR

<u>Camp 3</u>	<u>Days</u>
Week 1	T / W / TH / F
Week 2	M / T / W / TH

Total days _____ X \$10.00 = \$_____ (you will be invoiced separately prior to camp starting)

PARENTAL CONSENT

Please check and sign:

PART 1

- I do authorize my child to go on occasional nature walks and to go to the local park.
- I understand that the toileting needs of campers will be met by counselors of the same gender whenever possible. However, I would not object to my child receiving toileting assistance from a counselor of the opposite gender if necessary due to staffing/time constraints.

 Signature of Parent/Guardian

 Date

PART 2

- I do authorize possible videotaping and photographing of my child for recreational purposes.
- I do authorize media interviews, ie. Newspaper, television

In the event you consent to PART 2, please fill out the attached Consent for Collection, Reproduction and Disclosure of Personal Information form.

MEDICAL INFORMATION

Allergies: _____

Restrictions: (ie. Seizures, shunt) _____

Present Medications: _____

No medications will be administered at camp by JMCC staff. Any medications must be administered either by the family or by a nurse.

Please note: for a child with significant medical/personal needs which cannot be met by camp staff, JMCC may be required to restrict his/her enrolment.

Please check and describe what assistance is required, type of equipment used etc.

Feeding

Tube fed (type):

**** Tube Feedings will require a nurse coming to the camp to provide these services. Nursing services MAY only be offered at one camp.**

Total assistance:

Hand over hand assistance:

Assistance with set-up:

Independent:

Additional Information:

Toileting

Diapered:

Catheterized:

Uses a sling: ****If so please send it with your child each day of camp****marked with name.

What style of sling:

What size of sling:

Uses commode/special seat:

Uses regular toilet:

Check one level of assistance:

requires supervision requires physical assistance independent

Describe what assistance is required:

Transfers
<input type="checkbox"/> Mechanical lift
<input type="checkbox"/> 2-person lift - method:
<input type="checkbox"/> 1-person lift - method:
<input type="checkbox"/> Supervision only
<input type="checkbox"/> Independent
<i>Additional information:</i>

Behaviour
Please share anything that may upset your child or trigger any significant behaviour:
What are some ways to soothe your child if they are upset:
Please list some activities your child enjoys:
For the safety of all our campers if your child presents with behavioral issues, they may be required to have additional supports, provided by the family.
<i>Additional information:</i>

Speech and Language
<input type="checkbox"/> Non-verbal:
<input type="checkbox"/> Uses communication device *BRING DEVICE TO CAMPS DAILY*
<input type="checkbox"/> Uses pictures (core board, PECS, communication book)
<input type="checkbox"/> Sign language/total communication
<input type="checkbox"/> Able to communicate with difficulty
<input type="checkbox"/> Able to communicate clearly
<i>Additional information:</i>

Daily communication will be sent home from camp.
Please indicate any specific information you would like communicated:

Registration confirmation will be provided once Application form and payment is received by the Administration office (2nd Floor Room by June 7th , 2019)