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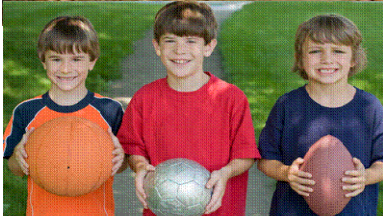
**Inclusion Services**

City of Cambridge  
50 Dickson Street, P.O. Box 669  
Cambridge ON N1R 5W8  
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2010

# Participant Application Form

*for children who require  
additional supports to attend  
day camps and playgrounds*



## Participant Application Form 2010 (for Children who may require additional support)

The City of Cambridge is committed to making our programs and leisure activities available and accessible. If your child has special needs and may require assistance or accommodation to participate in municipal programs please complete and submit this application no later than **May 28, 2010**.

Support may be arranged for your child through a volunteer, a staff person, a buddy system or direct 1:1 support through an Inclusion Facilitator. ***Leisure Support is available for a maximum of 1-week per child.***

Please help us by completing the following information. The information you provide will be used to arrange support and to assist staff/volunteers to make your child's time with us a positive experience!

(Please print)

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Child's Age: \_\_\_\_\_ Child's Sex \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_  
Day/Month/Year

1. Name of Parent/Guardian: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_

2. Name of Parent or Guardian: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_

3. Please describe your child's disability or special needs (be as specific as possible):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please identify what type of assistance your child receives at **home** and at **school** (please be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please identify what type of assistance your child will require to participate in this program (please be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does your child use a wheelchair? Yes  No  Manual  Electric

7. Does your child use any other type of equipment in doing every day tasks? (e.g. braces, canes, crutches, hearing aid). Please identify: \_\_\_\_\_
8. Please indicate your child's level of independence in **mobility**.  
 dependent       assistance required       independent
9. Please indicate your child's level of independence in **transfers**.  
 dependent       assistance required       independent
10. Please indicate your child's level of independence in **dressings**.  
 dependent       assistance required       independent
12. Does your child require assistance with toileting? Yes  No   
If yes, please describe assistance required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Please describe your child's behaviour in terms of activity level, attention span, impulsiveness, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Please identify any triggers that may initiate a behavioural outburst.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Please indicate any strategies/techniques that you find useful in managing your child's behaviour.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Playgrounds /camps may include the following activities. Please indicate any type of assistance/strategies that might benefit your child to participate in each activity.
- Crafts \_\_\_\_\_  
\_\_\_\_\_
- Active Games \_\_\_\_\_  
\_\_\_\_\_
- Swimming \_\_\_\_\_  
\_\_\_\_\_
- Field Trips \_\_\_\_\_  
\_\_\_\_\_

17. What are your child's favourite leisure time activities? \_\_\_\_\_

18. Is there any additional information you can provide to enhance your child's experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the week that you would like staff to arrange appropriate supports for your child. Be aware that **one week of support per child** will be arranged on a first come first serve basis. *Spots fill up quickly!*

If possible please indicate what site/location, time and the name of the program you wish for your child to attend. In addition, if you can indicate your 2<sup>nd</sup> and 3<sup>rd</sup> choice for weeks your child will be available to attend program that would be helpful in the scheduling process, as not all applicants are able to get their first choice of program.

(For example):

Week 2 - July 7-11, Southwood Community Centre, Discovery Playground, Southwood High School, 9 -3:30 pm.

Week	Date Support is Needed	Program Name	Location	Hours	RANK
1	<input type="checkbox"/> July 5-9				
2	<input type="checkbox"/> July 12-16				
3	<input type="checkbox"/> July 19-23				
4	<input type="checkbox"/> July 26-30				
5	<input type="checkbox"/> August 3-6 (Aug 2 civic holiday)				
6	<input type="checkbox"/> August 9-13				

Please refer to the 2009 Program listing (attached for ideas on programs, sites/locations and available times. All programs will be confirmed with you by staff in early June after the release of the Summer 2010 Activities Guide).

PLEASE NOTE – PARENT/GUARDIAN RESPONSIBLE FOR:

- transportation to and from the program site
- before and after program care (inclusion facilitators are only available for “program times”
- payment of all regular program fees, trips etc.

\_\_\_\_\_  
Signature (parent/guardian)

\_\_\_\_\_  
Date

Personal information collected on this form (and in any subsequent interview) will be used to evaluate the request for leisure support and to assign an appropriate individual. It will be shared with the volunteer committee, Inclusion Services Staff, on-site playground leaders and the summer program co-ordinator. Questions concerning this collection should be directed to the Inclusion Co-ordinator – Robyn Hyland at 519-740-4681 ext 4292.

**Return to: Robyn Hyland, Inclusion Services  
50 Dickson Street, Main Floor  
P.O Box 669  
Cambridge, ON N1R 5W8**

**Fax: 519 740-7302**

**ADDITIONAL QUESTIONS CAN BE DIRECTED TO: INCLUSION SERVICES AT 519.740.4681 EXT. 4292**

# **PLEASE RETAIN THIS INFORMATION FOR YOUR REFERENCE**

## **BEHAVIOUR EXPECTATIONS**

The City of Cambridge summer programs staff is dedicated to providing your child with a safe, creative and innovative program that will peak their interest and keep them enthused. We have fun, play fair, and show respect for ourselves and for others.

**The rules of program participation will be clearly outlined to participants:**

- (1) Keep your hands and feet to yourself
- (2) Speak nicely to each other
- (3) Touch only what belongs to you
- (4) Stay within the activity area
- (5) Listen to your leaders/staff

It is the intention of staff to provide a fun and safe program environment for your child. Summer program staff have been trained in a variety of behaviour management techniques to encourage positive behaviour and self-discipline. The City of Cambridge has a **NO RESTRAINT policy** for aggressive behaviour. Playground staff and Inclusion Facilitators will not use physical restraint. **Personal care** such as toileting, diapers, lifts and transfers will be the primary responsibility of the family and will be arranged through this process by staff where necessary.

## **PROGRAM INFORMATION**

- Support for children with a disability or special and unique needs is available **only at programs provided through the City of Cambridge, as outlined in the Summer Activities Guide available June 1, 2010. The attached 2009 Summer Program list can be used as guide.**
- To be eligible for support, a child must be willing and able to participate (with assistance) in a minimum of 50% of the program activities.
- If you would benefit from assistance in selecting an appropriate program for your child, please call 519-740-4681 ext. 4689 and city staff will assist you in making this decision.
- Provision of support for children is limited and is arranged in advance of programs. If the week you are requesting support for is available, city staff **will notify you in early June, speak to you about registration and your child's overall care plan** for the program.
- If your summer plans change, please contact the Inclusion Co-ordinator at 519-740-4681 ext 4689. Although every effort will be made to assist you, we cannot guarantee that support will be available if the dates of your original request are altered.
- Leisure Support is provided by Inclusion Facilitators.
- The Participant Application Form must be completed and returned by **May 28, 2010. Requests for assistance will be accepted in the order in which they are received.**