

# SUNBLAST SUMMER PLAYGROUND 2011 PARTICIPANT INFORMATION FORM



**Instructions:**

1. Please complete a form for each participant and bring to the SunBlast Registration Evening on **Tuesday, May 17<sup>th</sup>, 2011** from **6-8pm**. The Registration Evening will be held at: Community Living Cambridge, **160 Hespeler Road, Cambridge**.
2. Late registration forms can be dropped off at Community Living Cambridge, 160 Hespeler Road. Contact Community Living Cambridge after registration evening for available spaces at 519-623-7490.
3. If you need assistance filling out this form call Sheryl Dedman at 519-621-7580 ext.260.
- 4. Complete forms for each child attending the program.**
5. Early registrations will not be processed. Registration is on a first come, first serve basis.
6. Cheques are payable to: SunBlast Summer Playground.
7. **To serve more children in the community, there will be a maximum of two weeks granted at registration per child, if more weeks are desired, your child's name will be placed on a waitlist.**

Important Notes: As SunBlast has a low camper to staff ratio, additional 1 to 1 support is not provided at SunBlast. If your child requires 1 to 1 to participate in a camp program you will be required to provide your own support worker. 1 to 1 support is available at other City of Cambridge summer programs. Contact Robyn Hyland at 519-740-4681 ext 4292 or email [hylandr@cambridge.ca](mailto:hylandr@cambridge.ca) for more information.

**IMPORTANT! Please indicate your 1<sup>st</sup> – 6<sup>th</sup> choice of which weeks you wish your child to attend. Mark the boxes with the appropriate numbers. The committee will do their best to accommodate requests.**

**5 - 9 Years**

**Full Day Option**

**Half Day Options**

Week 1	July 4-8	<input type="checkbox"/>	9:00-3:30 p.m.	or	<input type="checkbox"/>	9:00-11:45 a.m.	or	<input type="checkbox"/>	12:45-3:30 p.m.
Week 2	July 11-15	<input type="checkbox"/>	9:00-3:30 p.m.	or	<input type="checkbox"/>	9:00-11:45 a.m.	or	<input type="checkbox"/>	12:45-3:30 p.m.
Week 3	July 18-22	<input type="checkbox"/>	9:00-3:30 p.m.	or	<input type="checkbox"/>	9:00-11:45 a.m.	or	<input type="checkbox"/>	12:45-3:30 p.m.
Week 4	July 25-29	<input type="checkbox"/>	9:00-3:30 p.m.	or	<input type="checkbox"/>	9:00-11:45 a.m.	or	<input type="checkbox"/>	12:45-3:30 p.m.
Week 5	Aug 2-5	<input type="checkbox"/>	9:00-3:30 p.m.	or	<input type="checkbox"/>	9:00-11:45 a.m.	or	<input type="checkbox"/>	12:45-3:30 p.m.
Week 6	Aug. 8-12	<input type="checkbox"/>	9:00-3:30 p.m.	or	<input type="checkbox"/>	9:00-11:45 a.m.	or	<input type="checkbox"/>	12:45-3:30 p.m.

**10 - 13 Years**

**Full Day Option**

**Half Day Options**

Week 1	July 4-8	<input type="checkbox"/>	9:00-3:30 p.m.	or	<input type="checkbox"/>	9:00-11:45 a.m.	or	<input type="checkbox"/>	12:45-3:30 p.m.
Week 2	July 11-15	<input type="checkbox"/>	9:00-3:30 p.m.	or	<input type="checkbox"/>	9:00-11:45 a.m.	or	<input type="checkbox"/>	12:45-3:30 p.m.
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Week 6	Aug. 8-12	<input type="checkbox"/>	9:00-3:30 p.m.	or	<input type="checkbox"/>	9:00-11:45 a.m.	or	<input type="checkbox"/>	12:45-3:30 p.m.

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

Child's Age: \_\_\_\_\_ Child's Sex \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

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

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

(Please provide your email address to receive leader reminders/updates this summer and a brochure and application form for next summer.)

2. Does your child have a disability or special need? Yes  No

\*If no, please only provide relevant information on the remainder of this form.

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

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

4. Please identify specifically what type of assistance your child will require to participate in summer camp (i.e. feeding, personal care needs, participation needs, outside play, etc). Please be specific:

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

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

6. Does your child use any other type of equipment in doing every day tasks? (e.g. braces, canes, crutches, hearing aid). Please identify:

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

7. Please indicate your child's level of independence in **mobility**.  
 dependent       assistance required       independent

8. Please indicate your child's level of independence in **transfers**.  
 dependent       assistance required       independent

9. Please indicate your child's level of independence in **dressng**.  
 dependent       assistance required       independent

10. Please indicate your child's level of independence in **eating**.  
 dependent       assistance required       independent

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does your child wear a diaper? Yes  No

12. Does your child require assistance with toileting? Yes  No   
If yes, please describe assistance required:

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

**\*NOTE: CAMP STAFF, SUNBLAST COMMITTEE, OR VOLUNTEERS, WILL PROVIDE ENCOURAGEMENT FOR YOUR CHILD FOR EATING AND ASSISTANCE WITH TRANSFERS, TOILETING AND OPENING LUNCH CONTAINERS. IF YOU CHECKED ASSISTANCES REQUIRED (questions 7 – 12) FOR PERSONAL CARE NEEDS YOU WILL RECEIVE A CALL TO FURTHER DISCUSS YOUR CHILD'S PERSONAL CARE NEEDS. SUPPLIES REQUIRED FOR PERSONAL CARE NEEDS MUST BE PROVIDED BY THE PARENTS OR CAREGIVERS. (Diapers, wipes, feeding supplies etc.)**

13. Please describe any medical information important while your child is at camp. (Example: allergies, medications, puffers, oxygen requirements, seizures, shunt)

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

If your child has allergies, does she or he carry:      EPI-Pen       ANA-Kit

If your child has Down Syndrome, has she or he been tested for Atlanto-axial Instability? Yes  No

Results: \_\_\_\_\_

**\*NOTE: CAMP STAFF, SUNBLAST PARENT COMMITTEE, VOLUNTEERS, OR COMMUNITY PARTNERS  
CANNOT ADMINISTER MEDICATION\***

14. Is your child verbal: Yes  No

**\*If No, you will be asked to complete an additional form for non-speaking campers.**

**\*NOTE: PLEASE PROVIDE ANY COMMUNICATION AIDS THAT WOULD HELP YOUR CHILD  
PARTICIPATE IN THE PLAYGROUND.**

15. Please describe your child's behaviour in a group setting:

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16. Please describe your child's behaviour in terms of activity level, attention span, impulsiveness, etc.

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17. Please identify any triggers that may initiate a behavioural outburst:

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18. Please indicate any strategies/techniques that you find useful in managing your child's behaviour.

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19. SunBlast Playground may include the following type of activities. Please indicate any type of assistance/strategies that might benefit your child to participate in each activity.

Crafts: \_\_\_\_\_

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Active Games: \_\_\_\_\_

Outdoor Play: \_\_\_\_\_

Field Trips: \_\_\_\_\_

20. What are your child's favourite leisure time activities?

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

21. Camper will be transported **TO** camp by: \_\_\_\_\_

Camper will be transported **FROM** camp by: \_\_\_\_\_

**\*REMINDER: CHILDREN MUST BE SIGNED IN AND OUT OF CAMP EACH DAY!\***

SunBlast Playground provides a staff to camper Ratio of 1:6. We also provide 2-3 LIT's (Leader's In Training) to assist the camp staff. If your child requires one-to-one support to participate you must send an S.S.A.H. (Special Services at Home Worker) or support person with your child. If this is not possible please contact Sheryl Dedman, Recreation Therapist at 519-621-7580 ext. 260 to discuss your options.

22. Will your child be attending camp with a Special Services at Home Worker (SSAH)? Yes  No

SSAH Worker's Name: \_\_\_\_\_

**\*IT IS THE PARENT'S RESPONSIBILITY TO ARRANGE FOR S.S.A.H WORKERS TO ATTEND THE CAMP. YOU CAN ARRANGE THIS THROUGH YOUR S.S.A.H COORDINATOR, OR FIND YOUR OWN VOLUNTEER. \***

23. Do you require subsidy for camp fees? Yes  No

**\*If yes, please fill out additional Financial Assistance Form provided upon request.**

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

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

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

\_\_\_\_\_  
Date

## CONSENT FORM

### Permission for Photography/Videotaping:

I, \_\_\_\_\_, give my consent for the photographing and videotaping of my son/daughter \_\_\_\_\_ by SunBlast Summer Playground staff, committee and volunteers. I understand that these photographs and videotapes will be used for publicity and archival purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE THAT KIDSABILITY OR COMMUNITY LIVING CAMBRIDGE IS NOT RESPONSIBLE FOR ANY UNAUTHORIZED USE OF PHOTOGRAPHS OR VIDEOTAPES FROM THE SUNBLAST SUMMER PLAYGROUND.**

### How did you hear about this program?

- |  |   |
|--|---|
| <input type="checkbox"/> KidsAbility Program Guide   | <input type="checkbox"/> KidsAbility Website ( <a href="http://www.kidsability.ca">www.kidsability.ca</a> ) |
| <input type="checkbox"/> Flyer posted at KidsAbility | <input type="checkbox"/> Flyer posted elsewhere   |
| <input type="checkbox"/> Word of Mouth               | <input type="checkbox"/> Access Cambridge Newsletter  |
| <input type="checkbox"/> Cambridge Activity Guide    | <input type="checkbox"/> Access Waterloo Region Information Night   |
| <input type="checkbox"/> Camp Guide                  | <input type="checkbox"/> Other: _____   |