



Parks, Recreation and Culture

City of Cambridge

50 Dickson Street, P.O. Box 669

Cambridge ON N1R 5W8

519-740-4680 ext. 4292

TTY: 519 623-6691

tannerd@cambridge.ca

www.cambridge.ca

Participant Information Form

Bladder Control? Always Usually Sometimes Never

Bowel Control? Always Usually Sometimes Never

Please rate your child's physical skills by circling the appropriate number:

	Difficulty	Somewhat Difficult	Somewhat Easy	Easy/Strong
Balance	1	2	3	4
Coordination	1	2	3	4
Learning new skills	1	2	3	4
Fine motor tasks	1	2	3	4

Does your child have hearing difficulty? Yes No

If yes, please describe difficulties, and strategies we can use to help your child:

Does your child have vision difficulty? Yes No

If yes, please describe difficulties, and strategies we can use to help your child:

Please rate your child's skill level by circling the appropriate number:

	Dependent	Assistance Required	Independent
Eating/Drinking	1	2	3
Dressing	1	2	3
Mobility	1	2	3
Transfers	1	2	3

Is your child comfortable in a group environment? Yes No

Does your child attend school:

In a regular class Regular class with EA In a special Ed class Other

Does your child communicate with:

Words Sentences Gestures/hand leading Signs Other:

Does your child find transitions: Easy Sometimes Challenging Challenging

Level of Support:

Please indicate the required staff-to-participant ratio. Ratio range from 1:1 to 1:3.

1:1 - Child needs constant supervision and support from staff during program time

1:2 - Child needs some supervision and support from staff during program time
- Staff time can be shared with another child

1:3 - Child needs minimal support during program time
- Staff time can be shared with other children

Please explain the support your child needs:

Swimming:

Please indicate your child's swimming skill level:

Swimming level completed:

Strong Moderate Requires additional Supervision Weak

Requires one-to-one support in the pool for safety or physical support

Behaviour Information:

Please indicate if your child exhibits any of the following behaviours and their triggers:

Anxiety Triggers: Biting Triggers:

Aggression Triggers: Hitting Triggers:

Wandering Triggers: Kicking Triggers:

Running Triggers: Pinching Triggers:

Pulling Hair Triggers: Spitting Triggers:

Refusal to participate Triggers:

Tantrums/meltdown Triggers:

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

please provide that child's name below.

Sibling/Friend Name:

Worker:

If you are sending a worker to attend the program with your child, please complete the **Support Worker Information Sheet**.

Program Information:

- Support for children with special needs is available **only for programs provided through the City of Cambridge** – Not Private Programs.
- To be eligible for support, a child must be willing and able to participate (with assistance) in at least 50% of the program activities.
- Staff will assist in selecting an appropriate program for your child; SunBlast, Imagination Station or 1:1 Support in a Community Program setting.
- Children should not be accessing both specialized programs and 1:1 support through City run playgrounds and camps.

If your summer plans change, please contact the Danielle Tanner at 519-623-1340 ext. 4554 or tannerd@cambridge.ca so staff resources can be reallocated.

Personal information collected on this form (and in any subsequent interview) will be used to evaluate and assist in placing participants to an appropriate program. It will be shared with the volunteers and staff when need be. Questions concerning support or program should be directed to Danielle Tanner at 519-623-1340 ext. 4554.

Permission and Consent :

In order to maximize the benefits and enjoyment derived from this program and to offer the best support possible, I understand that it is important for the staff to have a clear idea of the capabilities of the program participants. The above information is true, accurate and includes as complete a description as possible. I hereby, authorize City of Cambridge staff to obtain/release information on my child who will be participating in the program. The purpose of the information is to enable the staff, instructors and volunteers to plan the sessions to meet the needs of the

participants. I permit, Child's Name:

Date of Birth:

to participate in the program. I understand that this information is to be used by the recipient for the purpose of program planning, development and accommodation/support.

Signature of Parent/Guardian:

Date:

Permission for Photographing and Videotaping:

I, (name of parent/guardian), , give consent for the photographing and videotaping of my son/daughter (child's name) by the City of Cambridge, including staff and volunteers. I understand that these photographs and videotapes may be used for publicity, archival, and research purposes.

Signature of Parent/Guardian:

Date:

Behaviour Expectation:

The City of Cambridge summer camp staff are 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. Keep in mind this is a camp/playground environment with no therapists on site. 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 - agency support may be arranged through Inclusion Services when necessary.

Program Expectation:

To ensure the best use of resources and the success of our programs, we ask the following program expectations be reviewed;

- Ensure drop off and pick up times are followed

- Inform staff when participant is sick prior to program start time
- Inform Inclusion Coordinator if child is being withdrawn from program
- Ensure staff are aware if a support worker or therapist will be on site during program

Contact Information:

For information on support and accommodation contact;

Parks, Recreation and Culture

Danielle Tanner, Recreation Coordinator, Child & Youth

tannerd@cambridge.ca

519 623-1340 ext 4554

Personal information contained on this form is collected pursuant to the Municipal Act and will be used for the purpose of support and accommodation only. Questions about the collection of personal information should be directed to the City's Freedom of Information and Privacy Coordinator in the Corporate Services Department, Clerks Division, at 519.740.4680 Ext. 4583.