

Registration Form

Camper Information

Name: _____ Date of Birth: _____
 Address: _____ City: _____
 Postal Code: _____ Home phone number: _____
 Age (week of Camp): _____ Grade (as of September 2019): _____

Custodial Parent/Guardian Information

Name: _____ Home Phone: _____
 Cell Phone: _____ Email: _____
 Second Custodial Parent/Guardian: N/A:

Name: _____ Home Phone: _____
 Cell Phone: _____ Email: _____

Select the week you are registering for:

Week 1	July 8-12, 2019	Underwater	\$425
Week 2	July 15-19, 2019	Superhero	\$425
Week 3	July 22-26, 2019	Olympics	\$425
Week 4	July 29-Aug 2, 2019	Detective	\$425
Week 5	Aug 6-9 (no camp on stat holiday)	Disney	\$340
Week 6	Aug 12-16, 2019	Safari	\$425
Week 7	Aug 19-23, 2019	Pirate	\$425
Week 8	Aug 26-30, 2019	Community	\$425

Please check ALL THAT APPLY

My Child often is:

Energetic	A First Time Camper (any camp)	Cooperative
Athletic	Sensitive	Withdrawn / Shy
Enjoys Social Activities	Aggressive	Tires Easily
Prefers Quiet Activities	Gets Homesick	Well-Coordinated
Enjoys Competition	Easy Going	Talkative
Happy	Nervous	
Over Active	Enjoys Water Activities	

Please indicate if your camper has any concerns in the following areas;

Seizures	Yes	No	Vision	Yes	No	Dietary	Yes	No
Asthma	Yes	No	Mobility	Yes	No	Diabetes	Yes	No
Allergies	Yes	No	Hearing	Yes	No	Toileting	Yes	No
Other	Yes	No	Please specify:					

If you selected yes for any of the above please provide more information:

Does your child have an additional Diagnosis other than Autism Spectrum Disorder?
i.e. ADHD, ODD, OCD etc Yes No

If Yes please list the diagnosis:

1. Has your child been able to successfully attend group in the past? Yes No
If Yes, what was the child to staff ratio?

2. Does your child have any supports at school (i.e. EA)? Yes No
If Yes, please indicate type of supports:

3. How does your child cope when they are frustrated (i.e. when you say no, waiting)?

What strategies do you use to calm your child in these situations?

4. In the last 30 days, has your child shown any aggressive or self-injurious behaviour?
Yes No

What did the behaviour look like?

Why do you think the behaviour occurred?

5. What types of activities/toys does your child most enjoy?

Is your child involved in any community activities?

6. How does your child communicate with you?

If your child is using a communication system, how often is it being used?

7. Can your child independently feed self?

8. Can your child independently toilet?

Camp Readiness:

It is the intention of staff to provide a fun, safe camp experience for every child. Camp staff are trained in a variety of behaviour management techniques to encourage positive behaviour and independence. In instances where a child is causing harm to themselves or to someone else or engaging in unsafe behaviour, staff may be required to intervene or remove the child from the situation. In order to support the participation and safety of all campers, it is important that campers are "Camp Ready." The following criterion has been developed.

- Camper is able to take direction and instruction from a staff member,
- Camper is comfortable in and able to interact in a group environment,
- Camper is able to participate in the camp program on a 3:1 ratio,
- Camper interacts and participates in camp in a manner that is safe for themselves and others.

Campers that are attending a program and who are not demonstrating that they are "camp ready" may be withdrawn from the camp at the discretion of Woodview's Ontario Autism Program Manager and/or the Director of Autism Services.

I agree to these terms Yes No

There will be Camp Care shirts available for campers to purchase at \$15/each. Would you be interested in pre-ordering a shirt for your child? If so, what size;

Small

Medium

Large

Completed by:

Date:

Signature