



Camp Kaleidoscope

CAMPE

R APPLICATION FOR ASD SUMMER DAY CAMP 2017

Registration Information: Please complete and submit to register interest – An intake meeting will be necessary if new to Children at Risk programs or has not attended Camp since 2015. Ages 4-20+

Submission of Application form to Children at Risk:

By mail at: Children at Risk, 235 Donald Street, Suite 209, Ottawa, ON, K1K 1N1

By email to: car@childrenatrisk.ca

By Fax: 613-741-5530

Location: Lester B. Pearson Catholic High School, 2072 Jasmine Cres.(at Ogilvy), East-Central Ottawa.

Camp Fees: \$425 for 5-day weeks, \$340 for the 4-day week (August 8-11)

NOTE - Only 2 weeks can be offered at above lower price

Returning Campers may request additional weeks (contingent upon camper's needs, staff availability & funding) at \$550/week (\$450 for 4-day week)

PLEASE EMAIL A RECENT HEAD/SHOULDERS PHOTO OF YOUR CHILD WITH APPLICATION!

How many weeks of Camp are you looking for in total? Total Number of weeks: _____		
State preference of weeks i.e 1,2,3 or / if no preference....availability dependent on demand		
July 10-14	July 17-21	July 24-28
July 31-August 4	August 8-11(short week)	

Camper Information:

Name:	Gender:
Date of Birth (D/M/Y):	Age:
School:	Grade Completed:
Diagnosis	
Medical or Physical considerations:	
Energy level: High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/>	
Level of Support required: Counsellor-Camper 2:1 <input type="checkbox"/> * 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/>	
<i>* If 2 Counsellors-1 Camper - please provide detailed explanation on separate sheet</i>	
Strength of Verbal Communication: Good <input type="checkbox"/> Moderate <input type="checkbox"/> Non Verbal <input type="checkbox"/>	
Challenging Behaviour: None <input type="checkbox"/> Only If Frustrated <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequent <input type="checkbox"/>	
If returning - Any (new) behavioural concerns: More details can be supplied on a separate sheet	
Can your child travel accompanied on an OC bus? Yes <input type="checkbox"/> No <input type="checkbox"/> School Bus Yes <input type="checkbox"/> No <input type="checkbox"/>	

Parent/Guardian Information:

Contact #1:

Name:	Relationship:
Address:	
City:	Postal Code:
Phone number:	Work/Cell Phone:
Email:	

Contact #2:

Name:	Relationship:
Phone number:	Work/Cell Phone:
Email:	

For Office use only:

Confirmed Weeks of Camp:	Week 1 <input type="checkbox"/>	Week 2 <input type="checkbox"/>	Week 3 <input type="checkbox"/>	Week 4 <input type="checkbox"/>	Week 5 <input type="checkbox"/>
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235 Donald Street, Suite 209 • Ottawa, Ontario K1K 1N1 • Tel. (613) 741-8255 • Fax (613) 741-5530

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