



Camp Kaleidoscope

CAMPE

R APPLICATION FOR ASD SUMMER DAY CAMP 2018

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 2016. Ages 4-20+

Submission of Application form to Children at Risk:

By email to: car@childrenatrisk.ca

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

By Fax: 613-741-5530

Deadline for submissions: April 27, 2018 (New Campers) May 4, 2018 (Returning Campers)

Location: St Paul School, 2675 Draper Ave, Nepean/Ottawa, ON K2H 7A1 West-Central Ottawa.

Camp Fees: \$550 for 5-day weeks, \$440 for the 4-day week (August 7-10)

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

How many weeks of Camp are you looking for in total 1-5 ? Total Number of weeks: _____		
State preference of weeks i.e 1,2 ,3 or √ if no preference....availability dependent on demand		
Wk 1 - July 9-13	Wk 2 - July 16-20	Wk 3 - July 23-27
Wk 4 - July 30-August 3	Wk 5 - August 7-10 (short week)	

Camper Information:

Name:	Date of Birth (D/M/Y):	Age:
School & Grade:	Gender: M / F	T shirt Size:
Type of Class: Regular/Autism Unit	# Daily Hours attends School:	
Child Attends IBI : Yes <input type="checkbox"/> No <input type="checkbox"/>	Applied for OCDSB July Summer Learning program: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diagnosis		
Medical or Physical limitations to participation:		
Does your child take Medications: Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies or Food restrictions: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have seizures: Yes <input type="checkbox"/> No <input type="checkbox"/>	Frequency:	
Energy level: Runner <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/>	Toileting: Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Diapers <input type="checkbox"/>	
Communication: Good <input type="checkbox"/> Moderate <input type="checkbox"/> Non Verbal <input type="checkbox"/>	Swims: Good <input type="checkbox"/> Needs Life jacket <input type="checkbox"/> Hates water <input type="checkbox"/>	
Level of Support required: Counsellor-Camper 2:1 <input type="checkbox"/> * 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/>		
* If 2Counsellors:1 Camper - please provide detailed explanation on separate sheet		
Challenging Behaviours: 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 <u>MUST</u> be supplied on a separate sheet		
Can your child travel <u>accompanied</u> on an OC bus? Yes <input type="checkbox"/> No <input type="checkbox"/> School Bus Yes <input type="checkbox"/> No <input type="checkbox"/>		

Parent/Guardian Contact :

Name:	Relationship:
Address:	
City:	Postal Code:
Home Phone :	Cell Phone:
Email:	Other Daytime Phone No:

Contact #2:

Name:	Relationship:
Home Phone ::	Work/Cell Phone:
Email:	Other Daytime Phone No:

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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