



Precious Minds Support Services

2016 Camp Program Application

Camper's Name: _____

Age as of June 1, 2016: _____

Parent's Name: _____

Email Address: _____ Primary Phone No.: _____

PLEASE INDICATE YOUR PREFERRED CHOICE OF SESSION(S) IN PRIORITY:

- | | | | |
|--------------------------|--|-----------------------|-------|
| <input type="checkbox"/> | Session #1 – BLAZE Kids | July 4 – July 15 | \$500 |
| <input type="checkbox"/> | Session #2 – BLAZE – Kids | July 18 – July 29 | \$500 |
| <input type="checkbox"/> | Session #3 – CONNECT Kids/BLAZE Teens
<i>*No camp on Monday, August 1 – Civic Holiday</i> | August 2 – August 12 | \$450 |
| <input type="checkbox"/> | Session #4 – CONNECT & BLAZE – Teens only | August 15 – August 26 | \$500 |

Please note: Priority will be given to participants registering for a full 2-week session. If you wish to only have your child participate in 1 week of camp, you will be placed on a wait list and notified by May 31, 2016.

Please note our Payment & Cancellation Policy:

- Payment is due upon confirmation of program participation.
- Precious Minds Support Services reserves the right to cancel any programs with insufficient registrations and payment will be refunded in such an event.
- Cancellation Policy:
 - If you cancel at least 14 days prior to program start day* – a full refund less a 10% administration fee
 - If you cancel within 7-14 days of program start day* – a full refund less a 25% administration fee
 - If you cancel within 7 days of the program start day* – no refund
 - No refund or reduction of fees will be given for participants arriving late, leaving early or unable to come for a day.

*Program Start day, regardless of what session of camp you have registered for, is July 4, 2016 for purpose of this policy.

**Exceptions may be made if Precious Minds is provided with a physicians note outlining medical reasons for the cancellation. Transfers to another session requested by a parent/guardian can be accommodated if space is available.

***All refunds will be reimbursed the same way payment was received (to the original credit/debit card used for payment, cheque or cash).

Parent's Signature

Date (dd/mm/yyyy)



Precious Minds Support Services

Section 1: General Information

First Name: _____

Last Name: _____

Gender: Male Female

Birthdate: _____
dd/mm/yyyy

School: _____

Diagnoses (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Fragile X Syndrome |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Fetal Alcohol Syndrome Disorder | <input type="checkbox"/> Tourette's Syndrome |
| | <input type="checkbox"/> Visual Impairment |
| | <input type="checkbox"/> Other: _____ |

Section 2: Household Information

Family Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Parent/Guardian 1 Name (*first contact*): _____

Relationship: _____ Lives with yes no Custody yes no

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax: _____

Preferred Phone: Home Mobile Work

Preferred Email: _____

Parent/Guardian 2 Name (*second contact*): _____

Relationship: _____ Lives with yes no Custody yes no

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax: _____

Preferred Phone: Home Mobile Work

Preferred Email: _____

Yes, please send me weekly emails to let me know about programs and events at Precious Minds.

No, thank you. I do not wish to receive weekly emails from Precious Minds.

Section 3: Medical Information

Physician Name: _____

Allergies: _____

Physician Phone: _____

Seizures

Physician Address: _____

Medical Procedures

Potential Medical Intervention Req'd

Provide further information related to medical conditions here:

Medication may be required during participation in a Precious Minds programme (*see separate Administration of Medications Form.*)

Section 4: Emergency Contact

Emergency Name: _____

Emergency Phone Home: _____

Emergency Relationship: _____

Emergency Phone Cell: _____

Emergency Address: _____

Emergency Contact Authorized to Pick Up? Yes

Section 5: Required Supports (staff to child)

Overall Level of Support Needed – please ✓

High level support: 2:1 1:1

Medium level support: 1:2 1:3

Low level support: 1:4 1:5+

Support Level Definitions: (for use with table below)

- None = Independently completes task after asked or as part of routine
- Low = Requires reminders to complete task or additional verbal instructions, gestures or modeling
- Moderate = Requires support to complete some or part of the task which may include brief and as needed physical guidance
- Full Assistance = Requires full support adults to complete entire task including close proximity to camper, brief to extended physical guidance

Activity/Task	Level of Support Needed (please ✓)				Likelihood of behavioural challenges		
	None	Low	Moderate	Full Assistance	Never	Sometimes	Often
Personal Hygiene							
Dressing							
Meals							
Toileting/washroom							
Transitions							
Less-structured activities							
Changes in routine							
Fine Motor (e.g., crafts)							
Gross Motor (e.g., playground)							
Personal Safety (e.g., staying in supervised area)							
Cooperative play/social interactions							

Section 5: Required Supports (staff to child)...continued

Assistive Devices:

- Communication
- Mobility
- Other _____

Assistive Devices Notes:

Expressive Communication

- Verbal only
- Verbal & pictures
- Picture exchange
- Sign language

Receptive Communication

- Verbal
- Supported with visuals
- Sign language

Section 6: Layers of Support

1. Does your child have regular contact with any other professional(s), organizations, or services?

(Please circle) Yes No

Professional or Organization:	Service or Program:	Status (e.g., Waiting, Active, Past)

2. Has your child participated in social skills programs previously? (Please circle)

Yes No

If so, please describe: _____

3. Has your child ever been unable to complete group therapy or organized group activities in the past?

(Please circle) Yes No If yes, describe: _____

4. Are there any behavioural concerns that would effect your child's participation in the camp setting?

Yes No If yes, please explain: _____

5. Are there any concerns that would effect how your child communicates and interacts with peers and others in an age appropriate manner? Yes No

If yes, please describe: _____

Joined to this, what additional supports are needed to make this a successful camp experience?

Section 7: Likes & Dislikes

As part of our camp day schedule, we plan for arts & crafts, riding bikes, board games, looking at/reading books, Lego, music and movement, drumming, water play, group games (low competition), outdoor recreation and culinary and baking activities.

As well, we are keen to understand your child's:

Specific likes/interests: _____

Specific dislikes: _____

Section 8: Notes

Please expand on any areas of concern indicated in previous sections of this form. You may use an additional sheet of paper.

Parent/Caregiver Name

Parent/Caregiver Signature

Date (dd/mm/yyyy)

We thank you for taking the time to provide us this information so that we can support your child appropriately, with the goal to set them up for success and optimize their summer camp experience with Precious Minds.