

*Mandatory fields

Child's Information

First Name *: _____ Last Name *: _____

Street Address *: _____

City: _____ Province *: _____ Postal Code *: _____

Gender *: Female Male Birth Date *: ____ / ____ / ____ (MM/DD/YYYY)

Event Fee(s)

Day Camp Fees
Please choose desired sessions

Day Camp (July 10 - 21) - \$ 650.00 Day Camp (July 24 - August 4) - \$ 650.00

Day Camp (August 14 - 25) - \$ 650.00

Daily Pre-Care <small>Daily Pre-Care is available from 8:30 to 9:00am at a daily cost of \$10. Select days required.</small>	Daily Post-Care <small>Daily Post-Care is available from 3:30 to 4:30pm at a daily cost of \$10. Select days required.</small>
<input type="checkbox"/> Monday (\$10)	<input type="checkbox"/> Monday (\$10)
<input type="checkbox"/> Tuesday (\$10)	<input type="checkbox"/> Tuesday (\$10)
<input type="checkbox"/> Wednesday (\$10)	<input type="checkbox"/> Wednesday (\$10)
<input type="checkbox"/> Thursday (\$10)	<input type="checkbox"/> Thursday (\$10)
<input type="checkbox"/> Friday (\$10)	<input type="checkbox"/> Friday (\$10)

Payment Method: Bank E-transfer Cheque

Total Fee(s) for this participant \$ _____

Parent/Guardian Information

Primary Contact	Secondary Contact
First Name *: _____	First Name *: _____
Last Name *: _____	Last Name *: _____
Phone (Primary) *: _____	Phone (Primary) *: _____
Phone (Secondary): _____	Phone (Secondary): _____
Email *: _____	Email *: _____
Relationship to Child *: _____	Relationship to Child *: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> - Is this person legally entitled to make medical decisions for the child/youth?	Yes <input type="checkbox"/> No <input type="checkbox"/> - Is this person legally entitled to make medical decisions for the child/youth?

Medical Information:

Pursuant to the Personal Health Information Protection Act (PHIPA).

Consent to Disclose Personal Health Information for (child's name) _____

_____ (Please initial) - I authorize LDAO-C to disclose the following health information to the relevant medical professionals pursuant in the event of a medical emergency.

Yes No - Any Allergies? * | If yes, please describe the allergy.*

Yes No - Epipen Required? *

Swimming Ability *: _____ OHIP # *: _____
(Beginner, Intermediate, Advanced)

Yes No Medication Required * | If yes, please list name and dosage to be given.*

Yes No - Has your child been assessed with a LD/ADHD? * | If yes, what is the diagnosis?*

Additional Information

Please list the strengths/interests your child has. *: _____

Describe any needs or behaviours we should be aware of. *: _____

Please list any strategies that are helpful for your child. *: _____

Yes No - Does your child exhibit aggressive/unsafe behaviour towards themselves, property, or others? *

If so, please describe this behaviour. *: _____

Yes No - Does your child require 1:1 support in a school setting? *

If yes, please describe the support required. *: _____

Yes No - Can your child operate in a group setting? *

Yes No - Has your child previously attended Sunshine Day Camp?

How did you find out about our camp?: _____

What school board does your child attend?: _____

Waiver Form

In order for my child to participate in the Sunshine Day Camp, I agree to be bound by the following conditions:

- The Director at her/his sole discretion reserves the right to dismiss* a child from the program when (s)he deems this to be in the best interest of either the child or the program.
- Camp fees are non-refundable after June 1st, 2016
- Submission of application and payment does not guarantee a spot in the camp. A phone interview must be completed with LDAO-C to deem appropriateness of child for the camp.

Check the following:

- If applicable, I give permission to the staff of LDAO-C to dispense the prescribed dosage of medication to my child
 - It is the responsibility of the participant or parent/guardian of the participant to identify themselves or their child(ren) if they have a severe allergy and require an Epipen®. LDAO-C attempts to ensure the safety and well-being of all.
 - I understand that Sunshine Day Camp is not equipped to provide one-on-one counselling to my child. (Actions such as phone calls home, conversations with parents and dismissal from camp will be taken if a child exhibits continual behaviour that is unsafe towards themselves or others. We endeavour to do everything to maintain a child's spot in the camp prior to this.)
- Yes I give consent for my child to be photographed or videotaped during camp activities and for said photos
No and videos to be used in future LDAO-C promotional material.

I/We permit (child's name) _____ to take part in the Sunshine Day Camp program(s) and agree to waive any claims upon the Learning Disabilities Association of Ottawa-Carleton (LDAO-C) including Directors, Officers, or Employees in the event of any injury, loss or damage however caused that may be sustained by the above mentioned participant while taking part in the camp program(s).

Signature of Parent/Guardian

Date

Please send the three completed forms and cheque to:

Learning Disabilities Association of Ottawa-Carleton
160 Percy Street, Rm 2
Ottawa, Ontario
K1R 6E5
613-567-5864

Send E-transfer payments to: resources@ldaottawa.com