

To edit electronically, go to File > Make a Copy

### Sunshine Day Camp 2024 Application Form

<b>Child's full name:</b>		
<b>Has the child attended Sunshine Day Camp in the past?</b>		<b>YES</b>
		<b>NO</b>
<b>Child's date of birth:</b>	<b>Age (as of July 1, 2024):</b>	<b>Gender:</b>
<p><b>Please indicate the session you would like to register the child for:</b></p> <p>Session 1: July 2-12, 2024*</p> <p>Session 2: July 15–26, 2024</p> <p>Session 3: August 6-16, 2024*</p> <p><i>I would be interested in an additional session <u>if available!</u></i></p>		
<p><i>- Please note that in order to accommodate as many families as possible, registration is initially limited to one session per child.</i></p> <p><i>- Please select your <b>first choice</b> session dates.</i></p>		
<p>* Please note that due to federal holidays, Sessions 1 and 3 will be offered at a pro-rated cost of \$720.</p>		
<b>Registration Fees and Payment Method</b>		<p><i>- Upon confirmation of registration, you will be invoiced via email. Payment can be accepted online, through e-transfer or by cheque/cash.</i></p>
<p><b>Session 1:</b> \$720 incl. HST  <b>Session 2:</b> \$800 incl. HST  <b>Session 3:</b> \$720 incl. HST</p>		
<b>Are you a Member with the Learning Disabilities Association of Ottawa-Carleton?</b>		
Yes	Members receive a \$50.00 discount on camp fees. Please note that you will be asked to verify your 2024 LDAO-C membership.	
No		
<b>Please indicate your extended care needs, if applicable.</b>		<p><i>- The regular camp day runs from <b>9:00 to 3:30</b>.</i></p> <p><i>- Extended care costs will be added on to your registration fee</i></p>
<p>Pre-care: 8:30 to 9:00 am at a cost of \$50 per week*</p> <p>After care: 3:30 to 4:30 pm at a cost of \$50 per week*</p>		
<p>* Sessions 1 and 3 extended care will be offered at a pro-rated cost of \$40/week due to federal holidays.</p>		

- The outstanding invoiced amount is due by April 30th, 2024
- In the case where an application is received after April 30th, full payment is due upon the child being accepted and an invoice issued.
- Reminder: **no refunds will be issued after June 1st, 2024**

*Please email [sunshinedaycamp@ldaottawa.com](mailto:sunshinedaycamp@ldaottawa.com) if you would like to request a subsidy (if available). Please include the camper's name.*

<b>Primary Contact/Caregiver's name:</b>		<b>Emergency Contact's name:</b>	
Phone #		Phone #	
Relationship to child:		Relationship to child:	
<b>Child's Home Address:</b>		<b>City:</b>	
<b>Postal Code:</b>	<b>Email address:</b>		
<b>Any Allergies?</b>	<b>Epi-pen Required?</b> <b>YES</b> <b>NO</b> <i>Backup Epi-Pens are encouraged and welcomed at camp and will be held in the office.</i>		
<b>Swimming Ability:</b>	<b>OHIP #:</b>		
<b>Will the child require medication during the camp day?</b>  <b>YES</b>  <b>NO</b>	<b>Medication notes if applicable</b>		
If so, please indicate the medication name, dosage and time for administration.			
<b>Has the child been diagnosed with a learning disability or ADHD?</b>		<b>YES</b>	
		<b>NO</b>	

**If yes, please indicate any relevant diagnoses, and provide clarification if necessary.  
For an ASD diagnosis, please indicate the level (e.g., 1, 2, 3) or severity.**

**What are the child's strengths and interests?**

**Please indicate and describe any challenges, needs or behaviors we should be aware of.**

**Please list any behavioural or coping strategies that are helpful for the child.**

**Does the child exhibit aggressive or unsafe behavior towards themselves, property, or others? If so, please describe this behavior, and indicate when they LAST exhibited it.**

**Does the child require 1:1 behavioral or educational support at school?**

**YES  
NO**

**Has the child participated in other LDAO-C programs? *If so, what program(s)?***

**Additional notes, if needed?**

**How did you find out about our camp?**

**\*Please note that more detail will be gathered during the required phone interview.**

## Sunshine Day Camp 2024 Waiver Form

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).

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 they deem this to be in the best interest of either the child or the program.**
- Camp fees are non-refundable after June 1st, 2024.
- Submission of application does not guarantee a spot in the camp.** A phone assessment must be completed with LDAO-C to deem appropriateness of this camp program for the camper.

Check the following:

**Medication:** If applicable, I give permission to the staff of LDAO-C to dispense the prescribed dosage of medication to my child.

**Severe Allergies:** It is the responsibility of the participant or caregiver of the participant to identify themselves or their camper if they have a severe allergy and require an EpiPen®.

LDAO-C attempts to ensure the safety and well-being of all participants with allergen-safe zones and practices.

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 behavior that is unsafe towards themselves or others. We endeavor to do everything to maintain a child's spot in the camp prior to this.

\_\_\_\_\_  
Signature of Caregiver/Guardian

\_\_\_\_\_  
Date



## SUNSHINE DAY CAMP PHOTO CONSENT FORM

CAMPER'S NAME: \_\_\_\_\_

I **give** consent for the child to be photographed or videotaped during camp activities, and to be used in future promotional material.

I **do not** give my consent for the child to be photographed or videotaped during camp activities and to be used in future promotional material.

Name of Caregiver:

Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Sunshine Day Camp**

Application Checklist - Fill out and send with Camper Forms

---

Please ensure that the application package for the Sunshine Day Camp is complete by following the checklist below:

**Completed Application form**

**Completed Child Care form**

**Signed Waiver Form & Terms and Conditions**

**Photo Consent Form**

To register, please email the completed forms to  
[sunshinedaycamp@ldaottawa.com](mailto:sunshinedaycamp@ldaottawa.com)