



2017 APPLICATION FORM Part 1

Our goal is to make your child's camp experience a success.
The information you provide here will help us arrange for appropriate support and also assist camp staff in their plans to meet your child's needs.
Thank you for your cooperation. Send to Supporting Kids in Camp Program
Coordinator, Canadian Mental Health Association Waterloo Wellington
485 Silvercreek Pkwy N, Suite #1, Guelph N1H 7K5 or fax 519-836-7459

Child's Name: _____

Address: _____
Street City Postal Code

Child's Gender: _____ Child's Age: _____ Child's Birth Date: _____
Day/Month/Year

Child's Height: _____ Child's Weight: _____

Name of Parent/Guardian: _____

Phone (H): _____ (W): _____

Name of Parent/Guardian: _____

Phone (H): _____ (W): _____

Mobility

1. Does your child use a mobility aid? **Yes / No**
If yes: What type of aid does your child use? (ie. walker, wheelchair – manual or power, canes)

2. Are there any other medical concerns that we should be aware of? **Yes / No**
If yes, please describe

3. Has your family been supported by Supporting Kids in Camp before? **Yes/No**
If so, when? _____

4. How would you like the Support Counselor to communicate with you during your child's time at camp?
 Verbally at the start and end of the day A communication book Phone calls home
 Other: _____

5. How will your child be arriving at camp?
 Camp provides transportation Parent pick up/drop off Other: _____

What is the approximate time your child will be attending camp? _____ (Arrival) _____ (Departure)

Supporting Kids In Camp Support Counselors are able to support during camp hours. If your child requires extended care it is your responsibility to make arrangements directly with the camp for support during those times.

YOUR CAMP SELECTIONS

One to one support will be offered for one session of camp throughout the summer.

Preference #1

Dates Support is Needed	Camp Name	Location	Hours Attending

Preference #2

Dates Support is Needed	Camp Name	Location	Hours Attending

PERMISSION TO SHARE INFORMATION

I give Supporting Kids in Camp permission to share this information with available Support Counselors, as well as with staff employed by the camp my child will be attending

Guardian Signature

Date

Please include a copy of the **“One Form”: Personal Profile for Community Programs**” to complete the Supporting Kids In Camp Registration.

Applications cannot be accepted by email.

Please Fax, drop off or mail applications to:

SKIC
C/O CMHA WW
485 Silvercreek Pkwy N
Suite #1
Guelph ON N1H 7K5

Fax 519-836-7459

Thank you for the information. We look forward to supporting your child's camp experience!
The Supporting Kids In Camp Program Coordinator will be in touch once your application has been submitted.
If you have any questions please call 519-821-8089 ext 7033.