

ONE FORM

Personal Profile for Community Programs

*Please keep a copy for your records.

Privacy Disclaimer: CMHA WW/Supporting Kids in Camp and its service partners comply with Ontario's health privacy standards. All partners within this initiative are committed to and obligated to ensure all client privacy rights are in compliance with all applicable Ontario Privacy Legislation. If you have any questions or concerns related to your privacy and CMHA WW, please contact our Chief Privacy Officer at 1-844-CMHA WW3 (2642-993) ext. 2011.

Today's Date: _____			
Applicant Information			
Last Name:	_____		
First Name:	_____		
Date of Birth:	_____	Age:	_____
Weight:	_____	Height:	_____
Parent/Guardian Name (1):	_____	Phone Number:	_____
Email:	_____		
Parent/Guardian Name (2):	_____	Phone Number:	_____
Email:	_____		
Preferred Method of Contact – Email or Phone:	Parent/Guardian (1):		
	Parents Guardian (2):		
Does your child have an EA at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child attend school full-time or part-time?	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Previous Camp Programs or Activities			
Has your child attended camp in the past? If yes, did they have one-to-one support?	_____		
What were some successes at camp, and what were some challenges?	_____		
Does your child participate in other activities or programs? What are they?	_____		
Has your child brought extra support to these activities? How did it go?	_____		
Do you have any safety concerns regarding your child?	_____		
What are the goals for your child when attending camp?	_____		

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Permission to Share Information

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

Parent/Guardian Signature:

Date:

***See next pages for the “All About Me” section.**

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All About Me

Please share helpful information about your child. Things to include:

- Family and pets; interests and social skills
- Sensory information, communication ideas, physical needs
- Safety concerns, strategies, tips, triggers, cues
- Medical information, allergies, diagnosis

***Hover over text boxes to see examples (this feature is only available in Adobe Reader).**

Background	This is What I Look Like (Insert Photo)
Things I Might Need Help With	Things That Motivate Me
How I Communicate	Medical & Safety
These Strategies Helped Me to be Successful in Other Programs	