

Day Camp Form 2019

Please complete all questions. This form is to be submitted once annually and is kept on file until Dec 31, 2019.

General Information

Today's Date is: _____.

1. Parent(s) / guardian(s) name(s): _____.
2. Client name: _____ . They are _____ years old.
3. Gender: Male Female.
4. Check one:
 This is my first time attending an A.S. day camp. I have attended an A.S. day camp before.

Allergies

5. They have no known allergies / have allergies (explain in detail below)
6. They are allergic to: _____
7. If an allergic reaction happens, what can staff do?

Medications

8. medication will not be sent to day camp / medication will be sent to day camp
9. List all medications to be given during day camp hours and details of administration:

Eating

10. They are completely / partially / not independent when eating.
11. They require assistance when eating (please explain in detail):

Dressing

12. They are: Completely independent / Partial independent / Not independent
13. If they are not fully independent in dressing themselves, what kind of assistance do they require from staff?

Day Camp Form 2019

Behaviours

14. Does your child pose a risk of running away or bolting from activities? Yes / No

Do you have any helpful tips our staff should know if this situation occurs?

15. Does your child do well with van rides? Yes / No

Is there any information you can share with us about making their transportation time in our vans successful?

16. Does your child have any sensory triggers we should be aware of?

Lights (explain): _____

Loud noise (explain): _____

Scents/Smells (explain): _____

Textures (explain): _____

Food (explain): _____

Environment (explain): _____

Other (explain): _____

Additional Information for staff working directly with your child

17. What do you want our staff to know about your child in order to help them have the best possible program experience they can with us?