

Day Camp Form 2020



Please complete all questions. This form is to be submitted once annually and will be kept on file until Dec 31/2020.

General Information

Today's Date is: _____

1. Client Name: _____ They are _____ years old.
2. Parent(s) / guardian(s) name(s): _____
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

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

Medications

1. Medication will not be sent to day camp / Medication will be sent to day camp
2. List all medications that will be sent to camp:

Please ensure to fill out a Consent For Medication Administration form if medication is being sent to camp

Eating

1. They are Completely independent / Partially independent / Not independent
2. If they are not independent in eating, what kind of assistance do they require from staff?

Dressing

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

Client Name: _____



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Behaviours

1. 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?

2. 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 and more enjoyable for them?

Swimming

1. Has your child taken swimming lessons before? Yes / No
If yes, what level of swim lessons are they at and how independent are they while in the water:

2. If they have not taken swimming lessons previously, what level of support do they require while in the water?

3. Does your child use any type of swim gear while in the water (Life jacket, swim belt, goggles or ear plugs)?
Will the swim gear be sent to camp on days we are swimming? Yes / No

Additional Information for staff working directly with your child

1. What additional information 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?