



# 2024 RECREATION INCLUSION APPLICATION

## Request for Support for Summer Camp Programs

**Participant Information**

Participant name: \_\_\_\_\_  
First name (please print) Last name (please print)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  New participant  Returning  
(dd/mm/yyyy)

Name of parent/caregiver/guardian: \_\_\_\_\_  
First name (please print) Last name (please print)

Address: \_\_\_\_\_  
Street City Postal code

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Care card number: \_\_\_\_\_

**Summer Camp Requests: Please register for your first two choices before submitting this application.**

| Choice | Name of program: | Location | Date | Time | Barcode | Request filled?<br>(Staff only) |
|--------|------------------|----------|------|------|---------|---------------------------------|
| 1st    |                  |          |      |      |         |                                 |
| 2nd    |                  |          |      |      |         |                                 |
| 3rd    |                  |          |      |      |         |                                 |
| 4th    |                  |          |      |      |         |                                 |

What is the participant's school program?  Integrated into classes  Specialized education class  
 Classroom support?  Full-time Special Education Assistant (SEA)  Part-time SEA  Manages on own in classroom

Diagnosis: \_\_\_\_\_

Medication:  No  Yes, if yes, please list: \_\_\_\_\_

Communication style (select as many as are relevant):  Verbal  Non-verbal  Picture exchange  Sign  Other (please explain)

Sensitivity issues:  touch  noise  other \_\_\_\_\_

*More on reverse>>>*



Mobility:  wheelchair  walker  orthotics  assisted walking  unassisted walking

Other challenges:  vision  hearing  seizure disorder, if yes, frequency and date of last seizure: \_\_\_\_\_

Motor challenges:  low muscle tone  fine motor skill delays  gross motor skill delays

Behavioural concerns? \_\_\_\_\_

What are the participant's strengths, interests and preferred activities? \_\_\_\_\_

What works well to motivate the participant? \_\_\_\_\_

What supports are needed and suggested for this participant to take part in the requested program? \_\_\_\_\_

Our Summer Camps run on a philosophy of inclusion, with the priority being to find ways to help all children have fun with their peers and to participate to the best of their ability in camp activities.

**Family Provided Support:**

Families are welcome and encouraged to bring their own support person to any program. A participant in a camp is not considered support for another camper. If your child will be attending with their own support person, please let us know when you have registered by emailing [accessibility@westvancouver.ca](mailto:accessibility@westvancouver.ca). This will help us plan for the extra person (e.g. for admissions and bus transportation).

**To Request Camp Support:**

If your family is not providing your own support person, we are offering support to children aged 5 – 15, based on availability and funding. Your child must be able to use the washroom as well as change and transfer independently. Your child's safety, the safety of other participants, and the safety of District of West Vancouver staff are our primary considerations.

Please fill out this application, available at any recreation facility front desk or online at [westvancouver.ca/accessibility](http://westvancouver.ca/accessibility). Let us know when you have registered or are waitlisted by emailing [accessibility@westvancouver.ca](mailto:accessibility@westvancouver.ca). Children may receive 1–2 weeks of support during the summer; although applications are processed on a first come basis.

*Once an application for support is processed, there is an assessment interview with Access Services staff, parents and child to determine the appropriate type of support to provide a successful camp experience.*

**Potential Camp Support:**

**One-to-One Support Workers**

These are university-age students who provide one-to-one support to children who, as a rule, receive one-to-one support in their schools. *This program is partially funded by a grant from Canada Summer Jobs.*

Parent/Guardian Signature: \_\_\_\_\_

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

**Freedom of Information and Protection of Privacy Act Notice:** Personal information on this form is collected pursuant to section 26(c) of the *Freedom of Information and Protection of Privacy Act* to administer the staffing and resourcing of summer camp programs and enable summer camp staff to appropriately respond to medical incidents and emergencies. If you have any questions about the collection and use of this information please contact the Records and Privacy Manager at 604-921-3497, 750 17th Street, West Vancouver, BC V7V 3T3.