2019 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: _____ (dd/mm/yyyy) Age: _____ □ Male □ Female □ New participant □ Returning

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? (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 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 calling 604-925-7279. This will help us plan for an extra person (e.g. for admissions and bus transportation).

**To Request Camp Support:**
If a family is not providing their own support person, there are two types of support potentially available to children, aged 5-15, based on availability and funding. A child must be able to use the washroom, change and transfer independently and the child's safety, the safety of other participants and staff cannot be compromised.

Please fill out this application, available at any recreation facility front desk or online at westvancouver.ca/accessibility. Let us know when you have registered or are waitlisted by calling 604-925-7279. 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.*

***Two Types of Potential Camp Support:***

**Summer Camp Inclusion Program Volunteers (SCIPs)**
These are high school and university-age volunteers who provide additional support to camps with children who need assistance engaging with other campers. SCIPs may adapt activities to encourage participation. *This program is brought to you and fully funded by the West Vancouver Community Centres Society.*

**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.