



# CAMP HOPE

Community Living Georgina, in partnership with Keswick Christian Church, is offering another fun-filled summer program serving individuals with developmental disabilities ages 12 and up.

Camp Hope will be offering full week programs at the Keswick Christian Church. Weekly fees include door to door bussing; fully supported with a Camp Hope staff on board, along with a fully qualified bus driver (weekly trip fees extra).

This summer Camp Hope's weekly trips include Wonderland, Nova's Ark, Medieval Times, Wet & Wild (formerly Wild Water Kingdom), Mall & Movie, Famous People Players (including lunch at the Mandarin), and Ripley's Aquarium. Weekly trip to De La Salle beach included with camp weekly fees.

Camp Hope offers a limited number of one-on-one support in a group setting, as well as small group support.

Weekly Camp fees are **\$125.00** for full weeks and **\$100.00** for weeks that include a statutory holiday plus weekly trip cost. Partial weeks cannot be purchased. Refunds are not available once weeks have been purchased.

Please return **fully completed Camp registration forms.** Partial or incomplete applications will not be processed. **Due date for applications is April 21, 2017** and must include payment for one week of camp fees. Applications that do not include payment will not be processed.

We at Camp Hope look forward to seeing you this summer. If you have any questions please feel free to call Nicole Dunphy at 905-722-8885 x306

*"Camp Hope ... fostering self esteem, social independence and personal growth"*

# Camp Hope

## Community Living Georgina

### 2017 Application

Community Living Georgina will be offering participants weekly sessions, throughout July and August. Please number your choices below in the order that the participant **would like** to attend.

#### Month of July

Session #1 July 4<sup>th</sup> to 7<sup>th</sup> \_\_\_\_\_ (stat holiday)  
Session #2 July 10<sup>th</sup> to 14<sup>th</sup> \_\_\_\_\_  
Session #3 July 17<sup>th</sup> to 21<sup>st</sup> \_\_\_\_\_  
Session #4 July 24<sup>th</sup> to 28<sup>th</sup> \_\_\_\_\_

#### Month of August

Session #5 July 31<sup>st</sup> to Aug 4<sup>th</sup> \_\_\_\_\_  
Session #6 Aug 8<sup>th</sup> to 11<sup>th</sup> \_\_\_\_\_ (stat holiday)  
Session #7 Aug 14<sup>th</sup> to 18<sup>th</sup> \_\_\_\_\_  
Session #8 Aug 21<sup>st</sup> to 25<sup>th</sup> \_\_\_\_\_

All sessions will be on a first come basis. Extra sessions will be given out only after all applicants have received their first week. Weekly fees are \$125.00 plus trip costs. (Session #1 and #6 - \$100.00 due to stat holiday). All fees **must be** paid prior to the session the camper is attending. **Payment schedules must be adhered to; failing to do so will result in loss of your camper's unpaid week(s). Forms are to be completed in full** and returned to Community Living Georgina P.O. Box 68 Sutton West, ON, L0E 1R0 prior to April 21, 2017 along with payment for the first week of camp and day trip. Below is a list of day trips and price list.

### **DAY TRIPS**

Session #1 - Nova's Ark \$25.00 (hands on zoo in a camp setting) bring lunch  
Session #2- Wonderland \$70.00 (includes lunch)  
Session #3- Medieval Times Tournament and dinner theatre \$50.00 (includes lunch)  
Session #4- Wet 'n' Wild Water Park \$50.00 (includes lunch)  
Session #5- Mall and Movie \$60.00 (includes \$20.00 spending money for mall, lunch, movie and snack)  
Session #6-Famous People Players with lunch at the Mandarin \$50.00  
Session #7-Ripley's Aquarium \$50.00 (includes lunch) - **\*\* Not a wheelchair accessible week \*\***  
Session #8-Wonderland \$70.00 (includes lunch)

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Applicants Name: \_\_\_\_\_ Age as of July 1<sup>st</sup>/2017: \_\_\_\_\_

### **Full Mailing Address:**

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*Spaces are limited so please return this application no later than April 21, 2017.  
If possible to receive more than 1 week of camp, please specify how many of your choices you would like your camper to receive \_\_\_\_\_*

## Payment Information

1. Please make all cheques payable to Community Living Georgina.
2. Payment for first week of camp and outing fees must accompany camp application forms. Any extra weeks granted for July **must be paid in full by June 23, 2017.** Any extra weeks granted for August **must be paid in full by July 21, 2017.** Weeks not paid for by stipulated due dates will be given to campers on the wait list.

**Method of payment**     Cheque                       Visa                       Mastercard

Visa/Mastercard Number \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Payment amount \_\_\_\_\_.

Signature of Cardholder \_\_\_\_\_.

## Conditions of Registration:

I/We agree to allow my/our child(ren) to participate in all camp activities and in any supervised trips to places not on the camp property.

I/We hereby apply for registration for the herein named child(ren) for the camping and transportation services indicated in this application. In consideration of this application by Camp Hope I/ We agree

1. That Camp Hope reserves the right to terminate the registration of any camper when it is deemed by Community Living Georgina to be in the best interest of the child or camp.
2. That no verbal registrations can be accepted.
3. That each application must be completed in full and **signed by a parent or guardian** in the appropriate places.
4. That each application must be accompanied with **one-week payment** including trip fees.
5. That fee reduction or refund **will not be made** for campers arriving late, leaving early or missing any part of camp due to illness or personal reasons.
6. That in the case of inclement weather, our staff will adapt to weather conditions on and offsite to ensure the safety of all campers and adjust programming to ensure they are enjoying themselves. Sending your camper is at your discretion; however, trips are prepaid and are non-refundable.
7. To ensure that the **Camper's health history forms** are filled out in full and that the completed form, along with any medication, accompanies the camper to camp on or before the opening day.

8. Parents are encouraged to keep campers home if they are sick as we support medically vulnerable campers and do not wish to expose them.
9. To give camp officials authority to act on my behalf in the event of an emergency and /or special medical treatment,
10. To pay the cost of any necessary prescription drugs and/or special medical treatment.
11. To make all payments required in accordance with the rate schedule in effect the date of registration, and to abide by the conditions of enrolment herein. **NSF cheques** are subject to a **\$30.00 service charge** and will require certified funds.
12. To release and indemnify Camp Hope from any and all claims for losses of articles and damages arising as a result of any accidents, injury, loss or otherwise sustained by the herein named child(ren) (including death) arising from participation in any activities.
13. To release and indemnify Camp Hope from any and all losses and damages of articles or specialized equipment.
14. To consent to the use by Camp Hope/Community Living Georgina, of the camper's picture for publicity purposes.
15. All applications will be considered on a first come first serve basis. Applicants can apply for several weeks but extra space will be offered only when all applicants have received one week. This will also be on a first come first serve basis.
16. Any camper(s) who's parents/Guardian or designate is not present when the bus arrives for drop off **may lose their bus privileges**. If the camper is able to stay home alone, Camp Hope must receive this in writing at time of registration.
17. That camp staff: **cannot** provide drink or food to campers while the bus is in transport, **cannot** carry heavy objects on day trips, and may help campers on/off the bus but **must remain with the bus**.
18. Parents wishing time to provide additional support information/training for their camper prior to camp starting may call Nicole Dunphy at (905) 722-8885 x306 to make arrangements.

Signature of Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

**This application must be signed, completed in full and accompanied by the appropriate fees before it can be considered for acceptance.**

Community Living Georgina  
Camp Hope  
Participants General Information

Individual's full name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Ratio of Care needed: \_\_\_ small group 1 to 3 \_\_\_ large group 4 to 6

Address:

\_\_\_\_\_  
\_\_\_\_\_

Family Information:

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Siblings: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_

In case of emergency and we cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Card # \_\_\_\_\_ Doctor: \_\_\_\_\_

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**Medical:**

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

Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Epi Pen: Yes  No  Where it is kept: \_\_\_\_\_

Seizures: Yes  No  Type: \_\_\_\_\_

Action required in event of a seizure: Alert parent immediately: Yes  No   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medical concerns to be aware of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:**

Name	Dosage	Time Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where medication is kept: \_\_\_\_\_

How it is taken: Independently  Hand over Hand  Crushed

With applesauce/pudding  With water/liquid

Is person co-operative with taking medication: Yes  No

Further details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interests:**

List hobbies/activities that the individual enjoys:

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List Likes/Dislikes:

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Places to avoid:

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Is the individual socially vulnerable: Yes  No

Does the individual have a history of running away while in the community? Yes  No

Any special precautions to be taken while in the community?

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**Personal Care:**

Requires assistance with hygiene: Yes  No

Wears depends/diapers? Yes  No  Detail support required:

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Requires support with toileting? Yes  No  If yes, detail support needed:

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Will indicate the need to go: Yes  No  Requires a prompt to go: \_\_\_\_\_

Requires assistance with dressing/undressing? Yes  No  If yes, please detail support required:

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Eating: Independent       Hand over Hand       Full assistance (fed)   
G-Tube       Supervision only

Food preparation: No prep  Cut up  mashed  Pureed  Cooled  Details:

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\*\*\*If G-tube fed, written and physical instructions are necessary.

Prone to choking: Yes  No

Protective clothing required when eating: Yes  No

Suggested snacks:

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Food likes/dislikes:

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Additional Personal Care Information:

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**Communication:**

He/She is: Verbal  Non-Verbal

Uses sign: Yes  No  Uses Gestures: Yes  No  Other \_\_\_\_\_

Detail communication ability:

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**Mobility:**

Minimal assistance \_\_\_\_ Medium assistance \_\_\_\_ Full assistance \_\_\_\_

Splints \_\_\_\_ Walker \_\_\_\_ Wheelchair \_\_\_\_ Other \_\_\_\_

Please detail any support required around mobility.

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Able to climb stairs: Yes  No

Prone to falling: Yes  No

If in a wheelchair, is there any other restraints used besides a lap belt? (i.e. harness, head halo)

Please describe:

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Community Living Georgina has a restraint policy and may need a copy of doctors consent/order to use certain restraints.

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**Behavioral:**

Behavioral issues to be aware of:

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Techniques to handle Behaviour:

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Warning Signs of Behaviors:

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Behavioral triggers: (What to avoid)

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Additional Information:

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Does the individual have a history of hitting caregivers? Yes  No

Frequency of behaviors: Daily  Weekly  Monthly  Spontaneous

Duration of behaviors:

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**Swimming Assistance**

Can the participant swim? Yes \_\_\_ No \_\_\_

Does the participant require assistance? If so describe in detail:

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Parent advice/feedback/general comments:

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Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_