



# Camp Hope

## Community Living Georgina

### 2025 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 June 30<sup>th</sup> to July 4<sup>th</sup> \_\_\_\_\_ (stat holiday)  
Session #2 July 7<sup>th</sup> to 11<sup>th</sup> \_\_\_\_\_  
Session #3 July 14<sup>th</sup> to 18<sup>th</sup> \_\_\_\_\_  
Session #4 July 21<sup>st</sup> to 25<sup>th</sup> \_\_\_\_\_

#### Month of August

Session #5 July 28<sup>th</sup> to Aug 1<sup>st</sup> \_\_\_\_\_  
Session #6 Aug 5<sup>th</sup> to 8<sup>th</sup> \_\_\_\_\_ (stat holiday)  
Session #7 Aug 11<sup>th</sup> to 15<sup>th</sup> \_\_\_\_\_  
Session #8 Aug 18<sup>th</sup> to 22<sup>nd</sup> \_\_\_\_\_ (**Belhaven**)

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 \$300.00 plus trip costs. (Session #1 and #6 - \$250.00 due to stat holiday). **Please note Session #8 will be based at Belhaven Community Hall at (25202 Warden Avenue).** 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, or by email to scooper@communitylivinggeorgina.com **prior to May 23, 2025** 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- Elmvale Zoo \$35.00 (bring lunch)  
Session #2- Neb's Fun World – amusement centre with bowling and arcade \$55.00 (includes lunch)  
Session #3- Wet 'n' Wild Water Park \$65.00 (includes lunch)  
Session #4- Santa's Village \$70.00 (includes lunch)  
Session #5- Famous People Players with lunch at location \$85.00  
Session #6- Sutton Fair \$80.00 (includes admission, wristband for rides, and lunch) – Price adjustment for those who do not want to participate in rides)  
Session #7- Glow in the Dark painting \$50.00 (bring lunch)  
Session #8- Pirate's Life \$55.00 (bring lunch)

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Camper's Name: \_\_\_\_\_ Age as of July 1<sup>st</sup>/2025: \_\_\_\_\_

**Full Mailing Address (include Box # if applicable and postal codes):**

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

E-mail Address: \_\_\_\_\_

*Spaces are limited so please return this application no later than May 23, 2025.*

*If possible to receive more than 1 week of camp, please specify how many of your choices you would like your camper to receive \_\_\_\_\_*

*\*All sections of the camp application must be completed. Please remember **Health Card numbers** and a **complete mailing address**. These are very important.*

Camper's T-shirt size – Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XXL \_\_\_\_\_

## Payment Information

1. Please make all cheques payable to Community Living Georgina.
2. E-Transfer to [finance@communitylivinggeorgina.com](mailto:finance@communitylivinggeorgina.com) using password **camphope**
3. 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 20, 2025.** Any extra weeks granted for August **must be paid in full by July 25, 2025.** Weeks not paid for by stipulated due dates will be given to campers on the wait list.

**Method of payment**      ☐ Cheque                      ☐ Visa                      ☐ E-Transfer

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 by **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 at 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 all claims for losses of articles and damages arising because 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 all losses and damage 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. Camper's must be picked up and dropped off at designated times. This is of utmost importance as it may affect the group's participation in day activities. Participants who are not picked up on time will result in additional fees.
17. The camp staff: **cannot** provide drinks or food to campers while the bus for the excursion is transporting and **cannot** carry heavy objects on day trips.
18. Parents wishing time to provide additional support information/training for their camper prior to camp starting may call Sarah Cooper at (905) 722-8947 x5536 to make further 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: 1 to 1 \_\_\_\_ small group 1 to 3 \_\_\_\_ large group 4 to 6 \_\_\_\_

Address:

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

Family Information:

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

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

Phone Numbers: (Phone) \_\_\_\_\_

(E-mail) \_\_\_\_\_

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 ☐

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Other Medical concerns to be aware of:

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**Medications:**

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

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:

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**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: \_\_\_\_\_

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

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 \_\_\_\_\_