



CAMP HOPE

Community Living Georgina is excited to offer another fun-filled summer program serving individuals with developmental disabilities ages 12 and up.

Camp Hope will be offering full week programs. Each week will include off site excursions.

We have made some changes to our weekly schedule this year. Weekly trips will be on Tuesdays (except for Famous People Players it will be on the Thursday). We will be swimming at the MURC on Wednesday afternoons. We are currently working on bringing in weekly entertainment like bubble show, zoo to you, magician etc.

This year we are happy to announce that we are offering a limited number of spots for before and after camp care the fee is \$50.00/week. Campers can be dropped off at 8:30am and picked up at 4:00pm.

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 **\$350.00** for full weeks and **\$300.00** 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 May 22, 2026,** and must include payment for one week of camp fees. Applications that do not include payment will not be processed.

Families and Campers should be prepared for day trip times to vary depending on the location of the trip. A note with changes will be sent home Monday of each week. Inclement weather could also change the trip and /or the day.

We at Camp Hope look forward to seeing you this summer. If you have any questions please feel free to call Lori Hunter at 905-722-8947 x5536 or email at lhunter@communitylivinggeorgina.com

Conditions of Registration:

I/We agree to allow the camper to participate in all camp activities and in the scheduled off-site trips. I understand and agree to unplanned off site walks.

I/We hereby apply for registration for the herein named individual for the camp 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 individual or the camp. Safety for all is our priority.
2. That Camp Hope reserves the right to end any camper's day early for direct safety concerns caused by the camper.
3. That no verbal registrations can be accepted.
4. That each application must be completed in full and **signed by a parent or guardian** in the appropriate places.
5. That each application must be accompanied by **one-week payment**, excluding the trip fees. Trip fees for approved weeks will be requested after approval.
6. 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.
7. 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.
8. 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.
9. Parents/Caregivers are encouraged to keep campers at home if they are sick as we support medically vulnerable campers and do not wish to expose them.
10. To give camp officials authority to act on my behalf in the event of an emergency and /or special medical treatment.
11. If an ambulance is called for the individual, it is at the cost of the individual.

12. 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.
13. 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 individual (including death) arising from participation in any activities.
14. To release and indemnify Camp Hope from all losses and damage of articles or specialized equipment.
15. To consent to the use by Camp Hope/Community Living Georgina, of the camper's picture for publicity purposes.
16. 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.
17. 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.
18. The camp staff: **cannot** provide drinks or food to campers while on the bus for the excursion and **cannot** carry heavy objects on day trips.

Parents wishing to provide additional support information/training for their camper prior to camp starting please call Lori Hunter at (905) 722-8947 x5536 to make further arrangements. Community Living Georgina will reach out to any participant's that they deem they require further information for.

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 2026 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 29th to July 3rd _____ (stat holiday)

Session #2 July 6th to 10th _____

Session #3 July 13th to 17th _____ (location TBA)

Session #4 July 20th to 24th _____

Month of August

Session #5 July 27th to July 31st _____

Session #6 Aug 4th to 7th _____ (stat holiday)

Session #7 Aug 10th to 14th _____

Session #8 Aug 17th to 21st _____

*Before & After Care: Yes _____ No _____ Weeks _____

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 \$350.00 plus trip costs. (Session #1 and #6 - \$300.00 due to stat holiday). **Please note Session #3 location to be announced.** 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 lhunter86@communitylivinggeorgina.com prior to May 22, 2026 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- The Roc- Zip Lining & Ropes Course- \$40.00
- Session #2- Toronto Zoo \$40.00
- Session #3- Cedar Park \$45.00
- Session #4- Paint Room \$55.00
- Session #5- Ripley's Aquarium \$50.00
- Session #6- Medieval Times \$100.00
- Session #7- Famous People Players \$85.00 **Thurs. Aug 13th
- Session #8- Wind Reach Farms- \$35.00

*Day of excursions a ready to eat lunch is required.

Spaces are limited so please return this application no later than May 22, 2026. 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 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, 2026**. Any extra weeks granted for August **must be paid in full by July 25, 2026**. 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 _____

Camp Hope Participants General Information

Individual's full name: _____ D.O.B. _____

Ratio of Support 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: _____

Has the individual been to any camp before? Yes ___ No ___

Name of camp _____

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:

All medication must be provided in the original container with the individuals name clearly printed on the label.

Name	Dosage	Time Given	Reason for taking
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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:

Interests:

List hobbies/activities that the individual enjoys:

Food preparation: No prep__ Cut up __ Mashed __ Pureed __ Cooled __ Details:

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

Prone to choking: Yes __ No __ Prone to Aspiration: Yes __ No __

Protective clothing required when eating: Yes __ No __

Suggested snacks:

Food likes/dislikes:

Additional Personal Care Information:

Communication:

Verbal __ Non-Verbal __

Uses sign: Yes __ No __ Uses Gestures: Yes __ No __ Other _____

Detail communication ability:

Mobility:

Minimal assistance __ Medium assistance __ Full assistance __

Splints __ Walker __ Wheelchair __ Other __

Please detail any support required around mobility.

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:

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

Can they sit independently on a bus: Yes ___ No ___

Does the individual require assistance or restraints in a vehicle: Yes ___ No ___

If no, please explain _____

Behavioral:

Does the individual have a behavioural component to their IEP? Yes ___ No ___

If yes, please attach a copy to application. (Behavioural Support Plan)

Frustrations/Triggers to be aware of. What are the causes, signs, and strategies?

Outbursts or aggressions: What are the causes, signs and strategies?

Anxiety: What are the causes, signs and strategies?

Behavioral triggers: (What to avoid)

Additional Information:

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

Can the individual regulate their emotions without becoming aggressive towards themselves or others? Yes ___ No ___

Frequency of behaviors: Daily ___ Weekly ___ Monthly ___ Spontaneous ___

Duration of behaviors:

Swimming Assistance

Can the participant swim? Yes ___ No ___

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

Parent/Caregiver advice/feedback/general comments:

Feel free to add additional pages for any information deemed pertinent.

Signature of parent/guardian _____ Date _____