



## Summer Youth Day Camp 2017

Burnaby Association for Community Inclusion

### Participant's Name:

Description of the participant (*Things he/she enjoys, is good at, and is interested in*):

Description of how the participant communicates (*verbally, sign, actions or gestures, picture symbols or electronic tool*):

Date of birth (MM/DD/YY):	Gender:	Age:
Address:	Living situation (i.e. Lives with family, in life sharing or group home):	

Height: _____ Weight: _____ Eye color: _____ Allergies (food, medication, other):	Important information about... Participants vision:  Participants hearing:
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Family Doctor's name:	Medication information:  <i>*Please contact Heather for consent forms if a staff is required to administer any medication during the day.</i>
Doctor's telephone number:	
BC Care Card number:	

Person(s) authorized to pick up participant:
What types of support does the participant need during mealtime?
What types of support does the participant need while using the washroom? Are there any specific personal care routines we should know about?
Can the participant swim? Yes / No  If not, how much support will they need in the pool or near water?  What types of support does the participant require while changing for swimming?
What types of support/prompts does the participant need while in the community or on transit? <i>*Please note the group will be using public transit on a regular basis</i>

Does the participant have any fears we should be aware of? (i.e. Dogs, loud noises, crowded places)

How does the participant react while in these or other stressful situations?

How can the staff support the participant through a stressful time?  
Are there any strategies that work at home or school?

*\*Please share any important written strategies, communication plans or behaviour support plans with us prior to the start date*

Any additional information about the participant we should know:

Does the participant require 1-1 support during mealtime, bathroom breaks, or in the community? Yes / No

\*Please note our maximum ratio is 1 staff to every 4 individuals

\*\*Please contact Heather Johnstone if the participant requires one to one support. Please note that we are unable to provide one to one support and this must be arranged by the families/caregivers.

Please fill out this form and return to Heather Johnstone to add your name to the waitlist

For any questions contact Heather Johnstone

Phone: 604-366-9434

Email: [Heather.johnstone@gobaci.com](mailto:Heather.johnstone@gobaci.com)



## Teen Summer Program: Picture Release Form

I give permission for pictures, slides, and videotapes to be taken of my child and used for promotional materials for BACI.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

I DO NOT give permission for pictures, slides, and videotapes to be taken of my child and used for promotional materials for BACI.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Teen Summer Program: General Permissions Form

I hereby give permission for the staff of the SUMMER CAMP PROGRAM of the Burnaby Association for Community Inclusion (BACI) to call a physician or ambulance in the case of an accident or illness, where deemed necessary by the staff, if I cannot be reached.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for \_\_\_\_\_ to travel in a van or car for various local trips. I understand a staff member drives the van, when available.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for \_\_\_\_\_ to travel on outings on public transit (Translink).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please note that this is a requirement as the BACI Summer Teen Program does not have it's own vehicle)

# REGISTRATION

## Summer Teen Program 2017

- Please indicate up to 4 full weeks you would like to register your teen for.
- Please indicate whether you are interested in additional weeks if there is space. Weeks will be provided on a first come first serve basis.

### July 2017 – Weekly Fee: \$60.00

Choice Priority:	1	2	3	4	Add
July 4th to 7 <sup>th</sup> Theme: <b>Around the World</b>					
July 10th to 14th Theme: Camp Olympia					
July 17th to 21 <sup>st</sup> Theme: Adventure Club					
July 24th to 28 <sup>th</sup> Theme: Gnarly Arts					

### August 2017 – Weekly Fee: \$60.00

Choice Priority:	1	2	3	4	Add
July 31st to August 4 <sup>th</sup> Theme: Jungle Quest					
August 8th to 11 <sup>th</sup> Theme: Splash Dunk					
August 14th to 18 <sup>th</sup> Theme: Science Trek					
August 21st to 25 <sup>th</sup> Theme: Summer Daze					

Participant's Name: \_\_\_\_\_

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

**\*\* Do not send money.**

**\*\* A detailed schedule of each week will be sent out with your confirmation in June.**

(Minor changes to schedule may occur)

### Contact Information

Participant's Legal Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian cell phone number(s): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian home phone number(s): \_\_\_\_\_

\_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

\_\_\_\_\_

Address: (\*if different from Pre-Registration form) \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Information

Primary Contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Secondary Contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_