



Summer Youth Day Camp 2018

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: Doctor's telephone number: BC Care Card number:	Medication information: <i>*Please contact Heather for consent forms if a staff is required to administer any medication during the day.</i>
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Person(s) authorized to pick up participant: Name: _____ Phone: _____ Name: _____ Phone: _____
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What types of support does the participant need during mealtime?
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What types of support does the participant need while using the washroom? Are there any specific personal care routines we should know about?
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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>
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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 list

For any questions contact Heather Johnstone

Phone: 604-366-9434

Email: 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 a vehicle)

REGISTRATION

Summer Teen Program 2017

- Please indicate up to 5 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, and will be confirmed once payment is recieved.

July/August 2018 – Weekly Fee: \$60.00

	Select up to 5 weeks	Additional weeks
July 3rd to 6th Theme: Artful Antics (*Canada Day -No Camp on July 2)		
July 9th to 13th Theme: Camp Olympia		
July 16th to 20st Theme: Adventure Club		
July 23th to 27th Theme: Survivor Week		

July 30th to August 3^d Theme: Rainforest Adventure		
August 7th to 10th Theme: Splash Dunk (*BC Day – No Camp on August 6)		
August 13th to 17th Theme: Science Trek		
August 20th to 24th Theme: Wild Card		

Participant's Name: _____

Date Completed: _____

**** Please pay by cheque (payable to 'Burnaby Association for Community Inclusion' or cash to confirm space.**

**** 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 participant) _____

Emergency Contact Information

Primary Contact:

Name: _____ Phone #: _____

Relation to Participant: _____

Secondary Contact:

Name: _____ Phone #: _____

Relation to Participant: _____