



OPAL
FAMILY SERVICES



APPLICATION FORM

Autism Connections Fredericton (ACF) and Opal Family Services have partnered to offer day camps through the month of July at the ACF Centre at 1666 Lincoln Road. With a ratio of one camp counsellor for each child, we plan to offer a safe, inclusive, and engaging week full of activities, crafts, games, and outings. While this is not individualized therapy, we offer inclusive programming and provide assistance to meet the unique needs of our campers.

The cost is \$150/week for full days or \$75/week for half days. Please drop off this application form and cheque made payable to "Autism Connections Fredericton" at 1666 Lincoln Road. If you have any questions please contact:

Erica Young, Camp Director
(506) 457-9520
director@opalfamilyservices.ca

Autism Connections Fredericton
(506) 450-6025
acf@nb.ainb.com

*Submitting this form does not guarantee your child a place in the camp. Following receipt of this application, camp staff will contact you to learn more about your child to ensure that we can meet their needs at camp.

CAMPER REGISTRATION INFORMATION

Camper's Name: _____ Gender: _____ Birthday: _____ (d/m/y)

Please select which week(s) you are applying for and your preference for full or half day:

- | | | | |
|---------------------------------------|-----------------------------------|----------------------------------|------------------------------------|
| Week 1: July 3-6 <u>Ages 5-8</u> | <input type="checkbox"/> Full Day | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Week 2: July 9-13 <u>Ages 6-12</u> | <input type="checkbox"/> Full Day | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Week 3: July 16-20 <u>Ages 6-12</u> * | <input type="checkbox"/> Full Day | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Week 4: July 23-27 <u>Ages 13-18</u> | <input type="checkbox"/> Full Day | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |

**ages are flexible based on demand*

FAMILY INFORMATION

Parent/Guardian 1

First Name: _____

Last Name: _____

Relationship to Child: _____

Address: _____ apt# _____

City: _____

Province: _____

Postal Code: _____

Primary Phone: () _____

Secondary Phone: () _____

Work phone: () _____

Emailing address: _____

Parent/Guardian 2

_____ apt # _____

() _____

() _____

() _____

Please provide TWO additional contacts who can be contacted if we are unable to reach you. This can be a friend or family member, etc.

EMERGENCY CONTACT #1

First & Last Name: _____

Relationship to child: _____

Address: _____

Primary phone# _____

Secondary phone# _____

EMERGENCY CONTACT #2

First & Last Name: _____

Relationship to child: _____

Address: _____

Primary phone# _____

Secondary phone# _____

With identification, the following people have **permission to pick up my child:**

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

WELLNESS INFORMATION

**All camp staff members have signed confidentiality agreements and will use this information only to ensure safe and individualized support to your child at camp.*

Please describe the special needs of your child that camp staff should be aware of:

Current Medical information: Please check all that apply

- Diabetes *Specify type:* _____
- Bleeding/Clotting *Name of Disorder:* _____
- Cerebral Palsy *Specify type:* _____
- Heart diseases/Defect *Name of Condition:* _____
- Epilepsy *Specify type:* Absence (Petit Mal) Tonic-Clonic (Grand Mal)
Specify causes/Symptoms: _____
Date of most recent seizure: _____

Are there any other health and wellness needs we should be aware of?

Child's Medicare Number: _____

Child's Current Medication

*Please list all medication your child is currently taking. If medication needs to be taken during camp hours **8:30am-4:30pm** please also provide dosage, time to administer, and instructions for administration. Camp staff will speak with parents/guardians regarding any medication that is to be administered during camp hours.*

Name of Medication	Health Condition Being Treated	Dosage	Time to administer	Any Specific Instructions

ALLERGIES

Please note: Snacks are provided but campers are expected to bring their own lunch.

No nuts will be permitted at the camp

Please describe any allergies your child may have:

<u>Allergy</u> (e.g., Bees, Tree Nuts)	<u>Reaction</u> (e.g., Rash, Hives)	<u>Life Threatening?</u> yes or no	<u>Treatment</u> (e.g., Epi-Pen, Benadryl)

If Epi-Pen treatment has been indicated above, please ensure that your child brings it with them to camp and that staff are aware of its location.

Please check all applicable areas:

- Asthma
- Wheezing with breathing
- Wheezing with exercise
- Wheezing from environmental allergens

If yes to Asthma, please indicate specific triggers: _____

If your child has been prescribed a puffer, please ensure that he/she brings it with them to camp and that staff are aware of its location.

Does your child have any dietary restrictions?

- | | |
|---|--|
| <input type="checkbox"/> Halal | <input type="checkbox"/> Gluten-Intolerant |
| <input type="checkbox"/> Lactose-Intolerant | <input type="checkbox"/> Celiac |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Other: _____ |

ADDITIONAL INFORMATION

By answering the following questions below, we will be able to determine how we can best support your child so that he/she has a successful experience at camp.

1. Does your child require additional assistance with anything (e.g: hygiene, verbal instructions, tying shoes, physical or emotional needs, etc.)

2. Does your child use any special equipment and devices? Will your child have these at camp?

3. How can we help your child if he/she does not seem to understand what we are trying to communicate?

4. What are your child's favourite activities? (eg: strengths, abilities, preferences)

5. Does your child have a support person? Will the support person be accompanying the child to camp? Why or Why not?

6. Does your child have any difficulty in new situations, noisy or crowded places? Does your child run away or become agitated? What is the best way to manage these situations?

7. Do you have any more suggestions for how can we help your child succeed at camp?
