



**Sonshine Cove Camper Application/Information Sheet Summer 2024**

**PLEASE INDICATE WHICH CAMP(S) YOU WOULD LIKE TO ATTEND BY PLACING A “✓” IN THE CORRESPONDING BOX.**

**Sonshine Cove Camps Summer 2024:**

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|---|--|--|--|
| <b>September 20th-22nd</b><br>Theme: Final Days of Summer |  | <b>November 8th-10th</b><br>Theme: Colour Games      |  |
| <b>October 4th-6th</b><br>Theme: Thanksgiving             |  | <b>November 22nd-24th</b><br>Theme: Around the World |  |
| <b>October 25th-27th</b><br>Theme: Halloween              |  | <b>December 13th-15th</b><br>Theme: Christmas        |  |

|                             |      |                    |       |
|-----------------------------|------|--------------------|-------|
| <b>NAME OF CAMPER</b> _____ |      |                    |       |
| <b>DATE OF BIRTH</b> _____  |      |                    |       |
| <b>GENDER</b> _____         |      |                    |       |
| <b>ADDRESS</b> _____        |      |                    |       |
| <b>TELEPHONE</b> _____      |      |                    |       |
| <b>EMAIL ADDRESS</b> _____  |      |                    |       |
| Primary Contact:            | Name | Cell or Home phone | Email |
| Secondary Contact           | Name | Cell or Home phone | Email |
| <b>LEGAL GUARDIAN</b> _____ |      |                    |       |
| <b>OHIP #</b> _____         |      |                    |       |

**ONLY IF APPLICABLE TO YOUR CAMPER**

**SONSHINE WORKER** \_\_\_\_\_

**REFERRING AGENCY AND/OR SOCIAL**

**WORKER** \_\_\_\_\_

**Does your Camper require 1-on-1 staffing?** \_\_\_Yes \_\_\_No \_\_\_Unknown

Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental disability         | <input type="checkbox"/> Seizure disorder                      |
| <input type="checkbox"/> Cerebral Palsy                   | <input type="checkbox"/> Autism Spectrum Disorder              |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Hearing impairment                    |
| <input type="checkbox"/> Down syndrome                    | <input type="checkbox"/> Heart conditions                      |
| <input type="checkbox"/> Spina Bifida                     | <input type="checkbox"/> Visual impairment                     |
| <input type="checkbox"/> Pervasive Developmental Disorder | <input type="checkbox"/> ODD <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Asthma or respiratory concerns   | <input type="checkbox"/> Tourette's syndrome                   |
| <input type="checkbox"/> Communication Disorder           | <input type="checkbox"/> Other                                 |

**Medical Information:**

**Does your camper use any of the following? Please check all that apply**

|  |                                      |                                   |                                       |  |
|--|--------------------------------------|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Wheelchair      | <input type="checkbox"/> Jogger      | <input type="checkbox"/> Earplugs | <input type="checkbox"/> Hearing aids | <input type="checkbox"/> Adapted floatation device |
| <input type="checkbox"/> Shunt           | <input type="checkbox"/> Terra Track | <input type="checkbox"/> Catheter | <input type="checkbox"/> Inhaler      | <input type="checkbox"/> Glasses/ contacts         |
| <input type="checkbox"/> Tubes (in ears) | <input type="checkbox"/> G-tube      | <input type="checkbox"/> Epi-pen  | <input type="checkbox"/> Orthotics    | <input type="checkbox"/> Helmet for daily use      |

**If your camper uses a wheelchair, are there any concerns you feel we should be aware of, such as recent operations, illness, skin rashes, etc?**

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Weight: \_\_\_\_\_ lbs.

Height: \_\_\_\_\_ lbs.

**Does your child wear ear plugs for water activities?**

No  Right Ear  Left Ear  Both

**Please describe any pertinent medical information or present treatments you feel we should be aware of (recent medical procedures, illnesses, rashes, etc.)** \_\_\_\_\_

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**Transportation:**

Can your camper sit independently? \_\_\_ Yes \_\_\_ No

Can your camper sit directly next to others in the vehicle? \_\_\_ Yes \_\_\_ No

Does your camper require assistance or restraints (belt, harness, adapted seat) \_\_\_ Yes \_\_\_ No

If YES, please explain

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Will your camper be Traveling on Para-Transpo to/from Orleans? \_\_\_ Yes \_\_\_ No

**Communication: How does your camper communicate?**

**Please select all that apply**

\_\_\_ Functional speech \_\_\_ Gestures \_\_\_ Leading/pointing \_\_\_ Sign language (ASL)

\_\_\_ PIC-SYM \_\_\_ Picture Exchange Program (PECS) \_\_\_ Isolated sounds

\_\_\_ Other; Please explain \_\_\_\_\_

**Is your camper capable of:**

- Responding appropriately to supervision \_\_\_ Yes \_\_\_ No
- Being responsible for their own belongings \_\_\_ Yes \_\_\_ No
- Working with a group of peers \_\_\_ Yes \_\_\_ No
- Communicating in sentences \_\_\_ Yes \_\_\_ No
- Communicating with gestures or sounds \_\_\_ Yes \_\_\_ No
- Carrying out tasks when shown how \_\_\_ Yes \_\_\_ No
- Eating socially in a group \_\_\_ Yes \_\_\_ No
- Following simple instructions \_\_\_ Yes \_\_\_ No

Does this camper require any specialized equipment i.e. Hoyer Lift, commode, roll-in shower etc. If so, please explain \_\_\_\_\_

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**Does your child experience any difficulty in social settings? \_\_\_Yes \_\_\_No**  
**When does it occur and how do you recommend we respond?**

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**Please list potential problems for your child at camp (i.e. wandering, water, fears, etc.) and how do you recommend we respond?**

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**Does your camper experience behavioural/social difficulties (i.e. physical aggression, tantrums, running off)? \_\_\_Yes \_\_\_No**  
**When does it occur and how do you recommend we respond?**

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**Does your camper have issues around bedtime routines and/or sleeping through the night or sleep walking/wandering? Explain;\_\_\_\_\_**

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**What, if anything, triggers these behaviours?**

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Is your camper toilet trained? \_\_\_Yes \_\_\_No

Does your camper wear diapers or other personal care items \_\_\_Yes \_\_\_No

Describe the support your child needs in toileting/changing:

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Describe the level of support your camper needs for showering and maintaining personal hygiene?\_\_\_\_\_

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Describe the guidance/assistance your camper needs at meal times:\_\_\_\_\_

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Please list any special dietary needs, restrictions or food allergies:

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Non- Food Allergies:

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Additional Supportive Information;

What level of support does your camper receive at school or day program?

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Please include any additional information, which would be helpful to the camp staff to create a positive camp experience for your camper.

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I have reviewed this form and completed it to the best of my knowledge and beliefs.

Parent/Guardian Print

Name Signature

Date Completed

Please send the Application to [christina@sonshinefamilies.ca](mailto:christina@sonshinefamilies.ca)