



Sonshine Cove Camper Application/Information Sheet 2025

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

Sonshine Cove Camps Summer 2025:

Camp 1 June 30th- July 4th		Camp 6 August 5th- 9th (TUES-SAT)	
Camp 2 July 7th-11th		Camp 7 August 11th-15th	
Camp 3 July 14th-18th		Camp 8 August 18th-22nd	
Camp 4 July 21st-25th		Camp 9 August 25th-29th	
Camp 5 July 28th- August 1st			

NAME OF CAMPER _____			
DATE OF BIRTH _____			
GENDER _____			
ADDRESS _____			
TELEPHONE _____			
EMAIL ADDRESS _____			
Contact 1	Name	Cell or Home phone	Email
Contact 2	Name	Cell or Home phone	Email
LEGAL GUARDIAN _____			
OHIP # _____			

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

T-Shirt Size

Please check all that apply:

- | | |
|----------------------------------|--------------------------------------|
| Developmental Disability | Autism Spectrum Disorder (ASD) |
| Cerebral Palsy | Hearing Impairment |
| Diabetes | Heart Condition |
| Downs Syndrome | Visual Impairment |
| Spina Bifida | Oppositional Defiance Disorder (ODD) |
| Pervasive Developmental Disorder | Obsessive Compulsive Disorder (OCD) |
| Asthma or Respiratory Concerns | ADD/ ADHD |
| Communication Disorder | Tourette's Syndrome |
| Chronic Pain | Sanfilippo syndrome |
| Seizure Disorder | Spinal muscular atrophy. |
| Other: _____ | |

Medical Information:

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

Wheelchair	Jogger	Earplugs	Hearing aids	Adapted flotation device
Shunt	Terra Track	Catheter	Inhaler	Glasses/ contacts
Tubes (in ears)	G-tube	Epi-pen	Orthotics	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?

If your camper requires supportive lifting, please provide their weight: _____ 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.) _____

Transportation:

Can your camper sit independently? ___ Yes ___ No

Can your camper sit next to and behind other campers in a vehicle
___ Yes ___ No

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

If YES, please explain

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 _____

Does your child experience any difficulty in social settings? ___Yes ___No
When does it occur and how do you recommend we respond?

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

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?

What, if anything, triggers these behaviours?

Does your camper have issues around bedtime routines and/or sleeping through the night Explain;_____

Is there risk of you camper exploring, wandering or entering others rooms throughout the night? _____

Can your camper share a room with 1-3 other campers of the same gender?
___Yes ___No

Can your camper sleep on the top bunk? (all top bunks have a bed railing)
 ___Yes ___No

Does your camper have any history of inappropriate behaviour towards others?

Please list some of your camper's favorite and least favourite activities;

Favourite	Least
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Please check which best describes your campers ability to complete the following tasks;

Task	Independent	Needs some help	Dependent on Staff
Dressing/Undressing			
Washing Hands			
Sitting			
Walking upstairs or Hills			
Swimming			
Toileting			
Menstrual Hygiene			

Is your camper toilet trained? ___Yes ___No
Does your camper wear diapers or other personal care items
 ___Yes ___No ___ Nighttime only ___ Menstrual Cycle Only
Describe the support your child needs in toileting/changing:

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

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

Can your camper sit at the table with their peers?

Yes No

Will your camper steal food or drinks from other staff, campers or from other tables?

Yes No

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

Non- Food Allergies:

Additional Supportive Information;

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

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

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