

**Summer Leisure 2019 Registration
February 5, 2019
190 Adelaide Street, South
5:00 p.m. – 7:00 p.m.**

Community Living London's Summer Leisure Program is a specialized day camp for children with developmental disabilities.

Our camp is open to children born in 1999 through 2012 who will be attending school in the fall of 2019.

Our dedicated, highly skilled staff teams provide a 1 staff to 2 camper ratio in accessible environments.

SWLHIN nursing supports can be arranged for campers who receive these supports during the school year.

Registration

In person – complete the attached package and attend our registration night February 5, 2019 @ 5:00 p.m. – 7:00 p.m., 190 Adelaide Street, South

After February 5th:

By fax 519-686-5490
Attn: Lianne Todorovic

By mail Community Living London
Attn. Lianne Todorovic
190 Adelaide Street, South
London, Ontario
N5Z 3L1

Email lianne.todorovic@cll.on.ca

Payment methods include; cash, cheque or post-dated cheque and should accompany the registrations package.

Community Living London is committed to providing as many children as possible with the opportunity to attend day camp. Based upon availability you will receive written confirmation for one session only, within three weeks of completing your registration.

Requests for second sessions will be considered after June 1st and will be based upon space availability.

For more information contact:

Lianne Todorovic Lianne.todorovic@cll.on.ca
519-686-3000 ext. 399

Or visit our webpage: www.cll.on.ca

**Summer Leisure Program
2019**

Child's Name: _____

Please clearly indicate your first (1) and second (2) choice

Location (Ages)	Session One July 2 - July 12 \$270.00	Session Two July 15 - July 26 \$300.00	Session Three July 29 - Aug 9 \$270.00
To Be Announced (7-13)			
To Be Announced (14-20)			

Typical sites include:

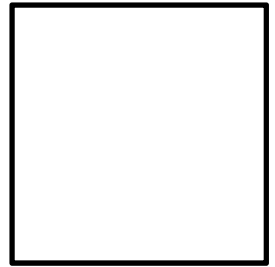
- Ashley Oaks Elementary
- St. George's Elementary
- Clarke Rd Secondary
- Banting Secondary

Sites will be confirmed / announced as soon as we are able, on our website at www.cll.on.ca; www.facebook.com/communitylivinglondon; or @CommLivLondon

Hours: Drop off between 8:30 – 9:00 a.m. – 3:30 p.m.

**** Please note that camp will not run on August 5 to recognize the Civic Holiday ****

****Please include a current photo of your child with the information package****



Please Print – Incomplete forms will not be accepted.

Child's Name: _____ Date of Birth: _____

Parent/ Guardian: _____

Other people who live at my house: _____

Address: _____ City: _____

Postal Code: _____ Home Phone: _____

Cell Phone: _____ Other: _____

**** Please note: You will receive correspondence via email ****

Email Address: _____

I do not use/ have access to email, please contact me at: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____

**** Please note, this person must be available for contact during program hours ****

Has your child participated in this program in the past?

Yes _____ No _____

If yes, what year? _____

School: _____ Teacher: _____

Please describe your child's abilities: _____

Please describe how your child will communicate with us (i.e., verbal, pics/pecs, sign, other): _____

Does your child have personal care support needs? (i.e. dressing, using washroom, etc.)

Yes

No

Please describe: _____

Does your child require assistance to eat?

Yes

No

Please describe: _____

How does your child get along with peers?

What are your child's favourite activities?

Please describe what anger/ frustration looks like for your child:

Does your child wander/ run away from caretakers?

Yes

No

Please describe: _____

Briefly describe the techniques used at home when addressing challenging behaviours: (i.e. time out, redirection, etc.)

Please share any fears your child may have: (i.e. thunder, dogs, etc.)

Please share any tips/ techniques to assist your child to calm:

Please share any places/ activities to avoid:

Medical Information

Health Card Number: _____

Does your child currently receive nursing supports at school?

Yes No

If yes, for what procedures?

Does your child take any medication?

Yes No

All medication to be taken at camp must:

- Be in a prescription bottle or bliss pack
- Be clearly labeled with child's name, name of the drug, administration instructions and storage instructions
- Over the counter medicine (i.e. Tylenol) must be prescribed or with written confirmation by a physician
- Medications cannot be administered if they are expired

Please list ALL medications that your child is currently taking.

Name of Medication	Dosage	Time Given at Camp	Time Given at Home

Allergies: _____

Allergy Protocol: _____

Does your child experience seizures?

Yes

No

If yes, please describe: _____

Seizure Protocol: _____

Other medical information (i.e. asthma, diabetes, etc.): _____

Other tips/ information which will be helpful in supporting your child:

**** If you have other information that would be helpful in supporting your child, please ensure that it is attached to this package ****

Check if information has been attached.

Families are responsible to inform program staff of any changes to this information to ensure it is current at all times.

Parent/ Guardian Signature: _____ Date: _____

Permission Form

Medications

I request and give permission for staff from Community Living London to administer medication(s) to my child according to the procedure outlined and following the above detailed information.

Name: _____
Signature: _____
Relationship: _____
Date: _____

Photographs

Photographs are taken during each session at camp. Your child's photograph may appear in publications produced by Community Living London. I, _____ give permission for _____'s
(Guardian) (Child)

photograph to be used in publications produced by Community Living London.

Name: _____
Signature: _____
Relationship: _____
Date: _____

Outings

We will be going on a variety of community based outings each session. These will include trips to the library, movie theatre, bowling alley, parks, etc. I, _____ give permission for
(Guardian)

_____ to participate in outings while supervised by staff from Community Living London.
(Child)

Name: _____
Signature: _____
Relationship: _____
Date: _____

Swimming Information

Does your child require the use of a flotation device while in the water?

Yes

No

What type? _____

**** Family must provide a life jacket if one is required for swimming activities ****

What is your child's swimming level? (Select one)

Non-swimmer

Beginner swimmer

Average swimmer

Strong swimmer

We will be going swimming at community pools only. All pools will have certified lifeguards on duty. You will be notified when your child will be participating in a swimming outing. I, _____ give permission
(Guardian)

for _____ to participate in swimming outings while supervised by staff from Community Living
(Child)

London.

Name: _____
Signature: _____
Relationship: _____
Date: _____

Consent to Share Information with the Summer Leisure Program

The purpose of this consent is to assist with planning appropriate day camp services. This may include the sharing of documents and necessary medical information. This may also include discussion about your child/or family member with the representatives of the agencies listed below.

I, _____ give Community Living London consent to share
(Name please print)

and or receive information about, _____
(Name please print)

with the following agencies:

(Check all that apply)

- CCAC
- VON
- Salvation Army Respite
- Community Living London
- Thames Valley Children's Centre
- School _____

(Name of school and teacher)

- Other _____
(Please specify)

(Signature)

(Date)

(Signature)

(Date)

I/We also understand that this consent is given for as long as services are being provided beginning from date of signature (whichever occurs first). I understand that I can revoke this consent in writing at any time.