

1. GENERAL INFORMATION ABOUT THE CHILD

Child's first name :		Age on September 30 :	
Child's last name :		Date of birth (DD-MM-YY) :	
Gender :	M <input type="checkbox"/> F <input type="checkbox"/>	Medicare # :	
Parent 1 name :		Parent 2 name :	
Parent 1 address :		Parent 2 address : (if different) :	
Tel. res. Parent 1 :		Tel. res. Parent 2 (if different) :	
Parent 1 cell. :		Parent 2 cell. :	
Parent 1 job :		Parent 2 job :	
Parent 1 email :		Parent 2 email :	
Emergency contact :		Relationship with child :	
		Emergency contact phone :	

2. FREQUENTATION

WEEK	DAY CAMP	DAY-CARE* AM: 6.30 A.M. TO 9 A.M. PM: 4 P.M. TO 6 P.M.
Week 1: June 25 to June 27	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
Week 2: June 30 to July 4 (Open July 1)	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
Week 3: July 7 to 11	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
Week 4: July 14 to 18	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
Week 5: July 21 to 25	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
Week 6: July 28 to August 1	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
Week 7: August 4 to 8	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
Mini-camp: August 11 to 15 (very limited capacity)	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>

* Please note that we offer a maximum of two hours of on-call service per day. These hours can be combined in AM or PM, and can also be separated.

3. CHILD PORTRAIT

To ensure adequate support, it is important that this section be completed in such a way as to represent the child's needs as accurately as possible. All information will remain confidential. It will only be passed on to the child's companion and to the staff concerned, in order to ensure better supervision and personalized intervention.

3.1 TYPE OF DISABILITY

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Auditive | <input type="checkbox"/> Langage | <input type="checkbox"/> Pervasive developmental disorder |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Attention deficit disorder |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Mental health disorder | <input type="checkbox"/> Other : |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Behavioral disorder | |

3.2 SPECIAL HEALTH PROBLEMS

Does your child have any health problems requiring special intervention by the attendant?

- ☐ Diabetes ☐ Epilepsy ☐ Severe respiratory problem ☐ Heart problem ☐ Other : _____

Specify the assistance required :

Does your child have any severe allergies?

- ☐ Yes ☐ No Specify : _____

Does he have a dose of adrenaline with him (e.g. Epipen)?

- ☐ Yes ☐ No

Does your child need to take medication during camp hours? ☐ Yes ☐ No

If he/she needs help taking it, specify the dosage:

Does he need help taking it? ☐ Yes ☐ No

Does your child have a special diet?

- ☐ Yes ☐ No

If yes, please specify :

3.3 MOTIVATION AND INTERESTS

What are the best ways to encourage your child's participation in day camp activities?

In general, how long does your child actively participate in an activity?

- ☐ 5-10 minutes ☐ 15 to 30 minutes ☐ 45 minutes or more

What are your child's favorite interests and activities?

Are there any aspects of camp that demotivate your child?

Ex: weather, bugs, pool, water games, etc.

3.4 BEHAVIORS				
How often are these behaviors observed in your child?	Every day	Regularly	Rarely	Never
Aggression towards others (hitting, pushing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual misconduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-aggression (hitting self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throws and/or breaks materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screams or yells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenced by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fabulates (makes up stories)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intolerant of noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not listen to instructions and rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative reaction to changes in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative reaction to unexpected events and stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolates self from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses inappropriate language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5 INTERVENTIONS
What interventions should the companion give priority to during these behaviors? Example: reminding people of instructions, stimulating participation, scheduling and time management, rewards, pictograms, etc.
What are the warning signs of disorganization? <input type="checkbox"/> Motor agitation <input type="checkbox"/> Raised tone or rate of voice <input type="checkbox"/> Isolation <input type="checkbox"/> Repetitive movements <input type="checkbox"/> Crying <input type="checkbox"/> Other:
When disorganization occurs, which interventions should be prioritized? <input type="checkbox"/> Time Timer <input type="checkbox"/> Reward system <input type="checkbox"/> Sensory toys <input type="checkbox"/> Withdrawal room <input type="checkbox"/> PECS system <input type="checkbox"/> Chair-stop <input type="checkbox"/> Other :
When disorganization occurs, what interventions should be avoided?

3.6 FREQUENCY OF ASSISTANCE IN THE FOLLOWING SITUATIONS

SITUATION		Help at all times	Occasional help	Verbal assistance	No assistance
PARTICIPATION	Participate in aquatic activities Needs : <input type="checkbox"/> Floats <input type="checkbox"/> Life jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Participate in activities requiring gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Participate in activities requiring fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Catching a ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Understanding instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Running for a period of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Being in a crowd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interacting with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interacting with animators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Playing team games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Participating in large gatherings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUTONOMY	Getting dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Managing personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Remembering to go to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Going to the bathroom (wiping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Changing protection (diapers, pull-ups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Personal care (washing hands, face)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Avoid putting self in danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eating (cutting up food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOVING	Walking on uneven surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walking long distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Going up and down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moving around indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moving around outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Taking the bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If the child does not take the bus, please specify whether your child will be present at the outings and who will provide transportation (e.g. parents).				
Does the child use: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Walking stick or cane <input type="checkbox"/> Other : If yes, does the child need support in using them: <input type="checkbox"/> Yes <input type="checkbox"/> No					

4. COMMUNICATION

Language used

- ☐ French
☐ English
☐ Other : _____

The child makes himself understood :

- ☐ Easily
☐ Well, with attention
☐ With difficulty

Child understands instructions :

- ☐ Easily
☐ With difficulty

The child uses a language :

- ☐ Verbal
☐ Non verbal
☐ Gestural (LSQ or other)
☐ With a communication tool
☐ PECS board
☐ Digital tablet
☐ Other : _____

5. SUPPORT NEEDS

In your opinion, what support ratio would your child need?

- ☐ 1/1 ☐ 1/2

Which age group do you think your child should be placed in, so that activities are adapted to his/her abilities and enable successful integration?

- ☐ Age 4 to 6 ☐ Age 7-8 ☐ Age 9-10 ☐ Age 11-12

Does your child have the Companion Leisure Card (CAL)?

- ☐ Oui ☐ Non

Do you have any other expectations for your child's participation in day camp?

5.1 SCHOOL RESOURCE FOR YOUR CHILD

Name of school professional :

Phone :

Post :

Email :

Title :

School :

5.2 RESOURCE 2 WORKING WITH YOUR CHILD

Name of professional 1 :

Phone :

Post :

Email :

Title :

Organisation :

5.3 RESOURCE 3 WORKING WITH YOUR CHILD

Name of professional 2 :

Phone :

Post :

Email :

Title :

Organisation :

6. DECLARATION AND COMMITMENT

- ✓ I authorize Pincourt Day Camp to contact the above resources to learn more about my child and his/her needs. I understand that documents may be shared, such as my child's intervention plan or other personal documents.
- ✓ I am aware that this is not specialized support and that its purpose is to integrate my child into a recreational context.
- ✓ I understand that children with chaperones are subject to the same code of conduct as other campers, and that disciplinary measures apply in the event of misconduct.
- ✓ I acknowledge that the information provided is accurate and complete. If this is not the case, the application may not be accepted, or the accompaniment may be interrupted.
- ✓ I agree to inform the day camp coordination team of any changes that may have an impact on my child's daily life at day camp (change in medication, separation, etc.).
- ✓ I agree to take part, with my child, in the parent/child/chaperone meeting that helps create a bond before the start of camp.
- ✓ I agree that my child will attend the weeks for which he/she is registered at the day camp. In the event that I must cancel all or part of my child's stay, I agree to notify the Pincourt day camp as soon as possible so that resources can be maximized.
- ✓ I agree to cooperate and to be respectful in my communications with the day camp coordination team and the counsellor as soon as a request is made in this regard.

Name of parent or guardian

Parent or guardian signature

____/____/____
Date