



SUMMER CAMP APPLICATION 2017

Please Note: StepStones for Youth **cannot guarantee a peanut-free environment** although we do not have peanuts at camp. While we will do our very best to accommodate any special needs or allergies that your child may have it is **crucial** that you inform us of any serious allergies (to food or anything else) while submitting this application. In the event that we cannot accommodate your child's needs, we will do our best to find an alternate camp placement that is more suitable.

Referral Information	
Name:	Agency Name:
Address:	
Postal Code:	Email:
Phone: ()	Fax: ()
Reason for Referral:	

Camper Information		
Name:	Birthdate:	Age:
Home Address:		Apt:
City:	Postal Code:	
Phone: ()	Email:	

Parent/Foster Parent/Guardian Information	Secondary Guardian Information
Name:	Name:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other:	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other:
Legal Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: Apt:	Address: Apt:
City:	City:
Postal Code:	Postal Code:
Phone (DAY): ()	Phone (DAY): ()
Phone (EVENING): ()	Phone (EVENING): ()
Email:	Email:

Emergency Contact (other than guardian): _____
 Relationship to Child: _____
 Emergency Contact (Phone Number): _____

This Section is for Children's Aid Clients Only			
Child's Status (Community, Society Ward, Crown):			
CAS/CCAS Worker's Name:	Legal Guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Phone: () ext:	Email:		
Birth parent Information			
Name(s):	Relationship:	Unsupervised access permitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name(s):	Relationship:	Unsupervised access permitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>

GUARDIAN CONSENT AND RELEASE (To be completed by participant's legal guardian)

Consent is hereby given for the participant _____ to attend StepStones' Summer Camp Program. Any stories, photographs, digital images, video or audio recordings in which the participant appears may be used for StepStones promotional literature and will remain the sole property of StepStones for Youth Inc. I give permission for the participant to enroll in the StepStones Camp Program, and to participate fully in both on and off site activities and trips, questionnaires, interviews, surveys, and focus groups, unless otherwise indicated in writing. I acknowledge that the applicant may be sent home for any behavioural or medical issues that StepStones is not prepared to accommodate and that I will incur the costs for any travel that may be required to transport the participant home safely. I understand that as the parent(s)/foster parent(s)/guardian(s) completing this consent form I have legal custody over the child and am legally responsible for the payment of fees and other expenses incurred by the participant. There will be no reduction or refund of camp fees for participants arriving late, leaving early, or who are sent home. To the best of my knowledge the information in this application is accurate and the participant is in good physical, emotional, and mental health. If the participant becomes exposed to any infectious diseases prior to departure for the overnight camping excursion I will notify the staff at StepStones immediately. I give permission for any emergency anesthesia, operation, injections, transfusions, hospitalization, or other treatment that might be necessary for the participant while under the care of the StepStones Program staff. I understand that in the event of an emergency, StepStones staff will attempt to contact me at the telephone numbers listed on this form. Having taken all reasonable precautions, neither StepStones for Youth nor any organization working with StepStones for Youth shall be held responsible for any accident or sickness. I am committed to supporting the participant for their involvement in the StepStones program.

Participant's Name (print): _____
 Legal Guardian's Name (print): _____
 Signature: _____ Date: _____





700 Markham St Unit 208, Toronto, ON, M6G 2M3
 (416) 893-5196, camp@stepstonesforyouth.com
 www.stepstonesforyouth.com

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PLEASE INCLUDE A CLEAR PHOTOCOPY OF THE CHILD'S HEALTH CARD AND IMMUNIZATION RECORD.

EACH CAMP SESSION COSTS \$600 (Regular camp session), \$800 (Leadership Camp - 13 and 14 year olds only)

- Fee included with application
- I am unable to pay this full amount and I would like to apply for funding assistance from StepStones.
 Please tell us the amount you are able to pay towards camp: \$ _____
- Funding is being subsidized by another organization. Agency Name: _____ Paying: \$ _____

HEALTH CARE INFORMATION

Ontario Health Insurance Plan (OHIP)#: _____ Version Code: _____
 Private Medical Insurance Coverage Company: _____ Policy #: _____

Please answer the following questions. If you answer YES to any questions, please provide more information below.

	YES	NO
Does the participant have any present medical problems?		
Is the participant taking any medications?		
Does the participant have any allergies to medications?		
Does the participant have any allergies to foods?		
Does the participant have any allergies to insect bites?		
Does the participant have any other allergies?		
Does the participant have vision (corrective lens/contacts) or hearing problems?		
Does the participant get motion sickness?		

	YES	NO
Does the participant have asthma?		
Does the participant have any dietary concerns?		
Does the participant have epilepsy or seizures?		
Does the participant have any chronic bladder concerns (bedwetting, difficulty with urination, bladder or kidney problems)?		
Does the participant suffer from severe headaches, dizziness, fainting?		
Does the participant have any chronic skin problems (rashes, sun sensitivity, etc)?		
Has the participant suffered from muscle cramps, heat exhaustion, or had any other reactions to warm temperatures?		
Does the participant's health prevent them from participating in any physical activities?		

To better service your child, please indicate if she has experienced or struggles with any of the following. Any information provided will be kept confidential and will not prevent your child from attending camp.

Check any/all that apply.

Category	✓
ADHD/ADD	
Conduct Disorder	
Learning Disability	
Bedwetting	

Category	✓
History of Neglect	
History of Physical Abuse	
History of Sexual Abuse	
Illegal substance use/abuse	

Category	✓
Anxiety/Depression	
Autism	
Bullies other children	
Is currently or has been bullied or teased	

NOTES Please comment about the applicant, her behaviour, and include additional information that StepStones should be aware of.

CAMP DATES

Regular Camp Session: July 6-13, Specialized Leadership Camp: July 6-13

Acceptance packages, details about what to pack and information about the bus pick-up location will be sent to guardians once completed forms and camp fees have been processed at our office.

PLEASE NOTE: CELL PHONES AND ELECTRONIC DEVICES SUCH AS IPODS ARE NOT PERMITTED AT CAMP. PLEASE DO NOT SEND CAMPERS WITH ANY OF THESE ITEMS. THEY WILL BE CONFISCATED



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SPECIALIZED LEADERSHIP CAMP 2016
GIRLS AGED 13 & 14 ONLY

This year, StepStones is hosting a Specialized Leadership Tripping program for girls aged 13 and 14 only. This program supports girls in developing their self-esteem, leadership abilities and supports the girls in trying out new and exciting experiences in the wilderness. As part of this program, girls will start their experience at the StepStones camp (base camp) where they will learn to work as a team, lead, navigate, build camp fires, cook food over a camp fire, set up tents, portage, canoe and learn basic survival skills. They will then go on a 3-day overnight hiking and canoeing trip where they will practice these skills, set up camp, navigate in the wilderness, develop their leadership abilities and have fun! During this portion of the camp program the youth will sleep in tents. Upon successful completion of this tripping experience, campers will come back to base camp and participate in a closing ceremony.

The cost of this program is \$800. Youth who successfully complete this program will be awarded a "Leadership and Tripping" Award. They will also have opportunities to get involved in (free) year round programming at StepStones.

- Yes, I am interested in participating in the StepStones Leadership Tripping Program
- No, I am not old enough or am not interested in participating in the StepStones Leadership Tripping Program

Please ensure that the above camp application is completely filled out.

EMAIL OR MAIL YOUR APPLICATION TO:
camp@stepstonesforyouth.com
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