**SUMMER CAMP APPLICATION**

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| **Camper Information** |  |  |  |
| Name: |  | Birthday: | Age: |
| Home Address: |  |  | Apt: |
| City: |  | Postal Code: |  |
| Phone: ( ) |  | Email: |  |

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| **Parent/Foster Parent/Guardian Information** | | **Secondary Guardian Information** | |
| Name: |  | Name: |  |
| Relationship: ☐ Mother ☐ Father ☐ Foster Parent ☐ Other: |  | Relationship: ☐ Mother ☐ Father ☐ Foster Parent ☐ Other: |  |
| Legal Guardian? Yes ☐ No ☐ |  | Legal Guardian? Yes ☐ No ☐ |  |
| 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):

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| --- | --- |
| **This Section is for Children’s Aid Clients Only** | |
| Child’s Status (Community, Society Ward, Crown): | |
| CAS/CCAS Worker’s Name: | Legal Guardian? Yes ☐ No ☐ |
| Phone: ( ) ext: | Email: |
| Unsupervised access to Birth Parents permitted?  YES NO | Any Known safety issues? |

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

**Please Note:** StepStones **does not 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.

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

Consent is herby 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.

Legal Guardian’s Name (print):

Signature: Date:

**HEALTH CARE INFORMATION**

Ontario Health Insurance Plan (OHIP) #: Version Code:

Private Medical Insurance Coverage Company: Policy #:

**To better support 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.**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **YES** | **NO** |  |  | **YES** | **NO** |
| Does the camper have any current medical concerns? |  |  |  | Does the camper have asthma? |  |  |
| Does the camper have a learning disability? |  |  |  | Does the camper have any dietary concerns? |  |  |
| Does the camper have any allergies to medications? |  |  |  | Does the camper have epilepsy or seizures? |  |  |
| Does the camper have any allergies to foods? |  |  |  | Does the camper have any chronic bladder concerns (bedwetting, difficulty with urination, bladder or kidney problems)? |  |  |
| Does the camper have any allergies to insect bites? |  |  |  | Does the camper suffer from severe headaches, dizziness, fainting? |  |  |
| Does the camper have any other allergies? |  |  |  | Does the camper have any chronic skin problems (rashes, sun sensitivity, etc)? |  |  |
| Does the camper have vision (corrective lens/contacts) or hearing impairments? |  |  |  | Has the camper suffered from muscle cramps, heat exhaustion, or had any other reactions to warm temperatures? |  |  |
| Does the camper get motion sickness? |  |  |  | Does the camper’s health prevent them from participating in any physical activities? |  |  |
| Does the camper exhibit behaviour consistent with a diagnosis of ADHD/ADD/FASE/Conduct Disorder? |  |  |  | Does the camper have a history of neglect, physical abuse or sexual abuse? |  |  |
| Does the camper or has the camper ever used marijuana, alcohol or any illegal substances? |  |  |  | Does the camper experience depression or anxiety? |  |  |
| Has the camper been diagnosed with Autism? |  |  |  | Does the camper bully or has the camper been bullied by others in the past? |  |  |
| Has your child received an immunization for Tetanus?  Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |

Please list any medications that your child is taking. If there are any changes to medication prior to camp, please ensure to update this application PRIOR to your child coming to camp

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| Medications | **Instructions** |
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If you answered “Yes” to any of the above questions, please provide additional information here. Please also comment on the campers’ behavior and any supports that are needed to support your child and ensure she has an amazing camp experience.

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**CAMP SESSIONS (PLEASE CHECK WHICH SESSIONS YOUR CHILD IS AVAILABLE)**

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| --- | --- |
| Camp Session 1: July 7- 14 |  |
| Camp Session 2: July 16-23 |  |

**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 BY STAFF.**

**Please send this camp application, a photocopy of your child’s health card and immunization record to:**

[**CAMP@STEPSTONESFORYOUTH.COM**](mailto:CAMP@STEPSTONESFORYOUTH.COM)

**Acceptance packages, details about what to pack and information about the bus pick-up location will be sent to guardians if the camper has been accepted to camp and when StepStones receives the completed forms and camp fees have been processed at our office.**

**CAMP FEES**

**Campers: Age 6-12 ($650)**

**Campers: Age 13-14 (Leadership Camp) $800**

**Camp Subsidies Available:**

**Campers referred by Child Protection Services: $350**

**Subsidies are available to families who are not able to pay the full amount of camp. If you are not able to pay the full amount, please check on this box and our staff will contact you to determine your eligibility for a subsidy. Subsidies are available up to the total fee for camp.**