



130 Woodland Glen Drive, Guelph, Ontario N1G 4M3  
(519) 824-5150 Fax: (519) 824-4729 www.guelph.org

Summer 2009

Dear Parent:

The YMCA-YWCA of Guelph is pleased to offer a number of inclusion options for your child this summer. We have a limited number of support workers that parents can apply for up to one week of the summer, please complete the attached form. The Y is also working with Supporting Kids at Camp, for more information please contact the project coordinator at 519-821-8089 ext. 205. Parents are also welcome to send their own support workers, please contact the camp supervisor to let us know.

#### A Special Note Regarding Personal Information about Your Child

**You will notice that this supplemental information form contains space for personal information regarding your child and family. We would like to take a moment to talk with you about these important questions.**

Some parents hesitate to provide camps with personal information about their child's behaviour or past experience. Some fear the information may be misused, while others are concerned about their child being labeled, singled out, or treated differently. All parents want to see their child have a strong, fresh start at camp, unencumbered by past problems.

As seasoned camping professionals, we appreciate these concerns. We also know how *invaluable* such information can be in assisting us help your child make as smooth and happy adjustment to camp as possible – something we know all parents want too!

Having prior knowledge about a learning difficulty, ADHD, a special need, or a recent loss or major change in the family or child's life makes a tremendous difference in helping us be sensitive to your child's need for patience, understanding, and reassurance – especially in the first few days of camp!

**Our commitment is to use such information only to help your child adjust to camp.** If you have any questions about this form, would like to set up an appointment to discuss the information in more detail or have a tour of your camper's camp site please call the Y at the number below.

Lisa Smith  
Supervisor, Preschool and Youth  
519-824-5150 ext. 252.



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**Day Camp Supplemental Information Form**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_

Would you like to set up a meeting with a day camp staff to further discuss the information on this form?

- Yes       No

Would you like your child to be matched with a Guelph Y one to one worker? If so, please indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice of weeks you are interested in:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**MEDICAL/ PERSONAL BACKGROUND:**

**1. Medical Diagnosis**

Primary \_\_\_\_\_ Secondary \_\_\_\_\_

**2. Family History**

**Are there issues within your family life that are affecting your child?  
If yes, please explain?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. How do these things affect your child's: (Please attach additional notes if needed)**

a) physical abilities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) behavior?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) social skills?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### **Group Skills**

1. What are some examples of good experiences your child has had in other group programs, and what made it successful?
  
2. Does your child receive additional support in school? **Yes / No**  
**If yes, what type of support and how much?**
  
3. Is your child able to follow directions, i.e. simple one- to two-step directions? **Yes / No**
  
4. Is your child able to attend to an activity for 5 minutes at a time? (ie. Circle time, craft activity, group game) **Yes / No**
  
5. Is your child able to be redirected back to the activity when attention decreases? **Yes / No**
  
6. Is your child able to transition from activity to activity with no more than moderate support required? (ie. verbal reminders prior to transition, verbal encouragement) **Yes / No**
  
7. Is your child able to stay with the group, on a community outing? (i.e. staying together with redirection, not wandering or running from the group) **Yes / No**
  
8. Is your child able to effectively able to wait for a period of 5-10 minutes? (ie for an activity to start, for a bus to arrive)? **Yes/No**
  
9. Does your child have difficulties with having others in their personal space and/or respecting the personal space of others? **Yes/No**

### **Mobility**

1. Does your child use a mobility aid? Yes/No  
**If yes:**
  - a) What type of aid does your child use? (ie. walker, wheelchair – manual or power)
  
  - b) What level of support is needed to help your child transfer in/out of their wheelchair?
    - two person lift
    - one person lift
    - assisted transfer (child is able to bear weight)
    - no support is required
  
  - c) At school, what type of lift/transfer is conducted?

### **Behaviour Needs**

1. Does your child have any behavioural/social difficulties? **Yes/No**  
**If yes, please describe:**  
**Check all the apply:**
  - Meltdowns  
**If yes, why? How long? What do you do to stop behaviour?**



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- Physical aggression towards others.  
**If yes, What are the triggers for this behaviour? Boredom, frustration, communication?**

What types of aggression have they used? Punching? Biting? Pinching? Other?

- Physical aggression toward themselves  
**If yes, what are the triggers? What do you do when this happens?**

### **Communication**

1. What is your child's primary method of communication?
  - Speech ( Sounds  Words  Sentences)
  - Gestures
  - Sign language
  - Augmentative Communication Device (ie. communication book, alpha smart)
  - Points to objects
  - Eye Gaze
  - Other

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2. Are your child's communication strategies easy to learn? **Yes/No**

### **Medical Needs**

- Seizures?  
**if yes, please describe type, how often, procedure followed:**
  - Medications?  
**if yes, how are they administered, can child self-administer (Please complete a consent to administer medication form, in addition to this form)**
  
- Severe Allergies?  
**If yes, please describe**
  
- Other medical concerns?