



Specialized Services for Children & Youth Together Is Better

Rehabilitation Centre for Children 1155 Notre Dame Avenue Winnipeg, MB, Canada R3E 3G1 Tel: (204) 452-4311 Fax: (204) 477-5547 Web: www.rccinc.ca email: info@rccinc.ca



REHABILITATION CENTRE FOR CHILDREN

For Office Use Only

Received on: _____

Summer Day Camp 2019

Registration Form

Due Date: MARCH 22, 2019

I have contacted my CDS / CFS worker in regard to this application.

_____ (please initial)

Name of Camper: _____

Date of Birth: _____

6 - digit MB Heath #: _____

Age: _____

9 - digit PHIN #: _____

Parents / Guardian: _____

Check one: Foster Parents Legal Guardians/Parents

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Legal Guardian Name, Phone #, Email, and Fax # (if different from above):

Emergency Contact(s) (Name, Relationship, Phone #):

Persons authorized to pick up camper (Name, Relationship, Phone #):

Children's disAbility Services worker / CFS worker: _____

Phone: _____ Fax: _____

Email Address: _____

Office Address: _____

Note: All applications will be placed on a waiting list until funding is confirmed with CDS or CFS.

Registration fee: A cheque for _____ is enclosed (\$130/week, payable to RCC)

\$104 for the weeks of July 2-5 and Aug 6-9

Parent/Guardian Signature: _____

Date: _____

This program is generously funded by the Children's Rehabilitation Foundation and their donors. For more information on their work with families and children with special needs, visit their website at www.crf.mb.ca



Therapeutic Recreation and Wellness Program



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**REHABILITATION
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We are excited to offer FIVE unique summer camps again this year! Please note that all camps are available to both ambulatory campers and wheelchair users. Each camp provides a unique environment and experience, and may not be suitable for all campers. The Sun and Fun Swim Camp and Music Camp both provide a predictable start to each day, which makes these camps a great fit for youth who do best with consistency and routine. Our Art Camp has a predictable morning routine, but a more dynamic afternoon. Our other camps are geared towards youth who are looking to be part of a dynamic environment and enjoy variety and change throughout their day. We have a camp suitable for everyone, and if you need assistance choosing the right camp please let us know!

Preferred dates for camp sessions:

I am applying for:

_____ 1 week (please give 2 options) _____ 2 weeks (please give 4 options)

*** Please NUMBER the weeks in order of preference**

Sun and Fun Swim Camp

____ July 2 – 5 (4 days)

____ July 8 - 12

____ July 22 – 26

____ July 29 – Aug 2

____ Aug 6 – 9 (4 days)

Sun and Fun Music Camp

____ July 15 - 19 (at St. John's)

____ Aug 6 - 9 (4 days - at SSCY)

Art Camp

____ July 29 – Aug 2 (at SSCY)

Out and About Camp

____ July 8 - 12

____ July 15 - 19

____ July 22 - 26

Chef/Gardener Camp

____ Aug 12 – 16 (at SSCY)

Please print your e-mail address here if you wish to receive camp and other LIFE program information in the future.

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Information about the camper:

Diagnosis: _____

Mobility: Wheelchair ___ Uses walker or crutches ___ Walks independently ___

Eating: Feeds self ___ Needs assistance ___ GT fed ___

Toileting: Independent ___ Needs assistance ___ Wears disposable undergarments ___

Supervision Needs: Will Stay with Group ___ Needs constant supervision ___

Medical Information: Does the camper have a health care plan at school (URIS): Yes ___ No ___

Allergies / Food sensitivities:

****Note:** Lunch and utensils are to be provided by family. We will provide snacks.**

Epi Pen: Yes ___ No ___

Seizure disorder: Yes ___ No ___

Type of seizure: _____

Triggers for seizure: _____

Rescue Med (prescription and dosage): _____

How long after seizure activity starts until rescue meds are administered: _____

Other Medical Concerns (e.g. temperature sensitivity, etc.) Please attach any special healthcare plans that are in place for your child.

Other Medication (s) (prescription and dosage):

Time of day medication (s) is administered: _____

Other information regarding medication (s) (ie: does it need to be refrigerated? ; does it need to taken with food? ; Does it need to be crushed up and added to pudding or yogurt? ; etc.)

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Activities and Interests:

Favorite Music or Songs:

Does your teen go into deep water: Yes ___ No ___

What type of flotation device does he/she use : None ___ Flippers ___ Noodle ___ Flutter Board ___

Regular Life Jacket ___ Specialized Life Jacket ___

What are some of the camper's likes:

Dislikes:

School and Other Supports and Resources:

What school does the camper attend? _____

Consent to exchange information:

Resource Teacher: Name: _____ Phone #: _____

School Occupational Therapist: Name: _____ Phone #: _____

School Physiotherapist: Name: _____ Phone #: _____

Other: _____ Name: _____ Phone #: _____

By signing this form, I authorize camp staff to contact people named on this form. I grant permission for my child to participate in all camp activities. I grant permission for my child to be transported by taxi or bus to camp outings (my child will always be accompanied by a staff member during transportation). I grant permission for Sun and Fun staff to seek appropriate medical attention (including transfer to hospital) and release relevant medical and/or personal information of my child (such as diagnosis, summary of incident, present medication, etc) to emergency medical staff in the event of sudden ill health or injury.

Parent/Guardian Signature: _____ **Date:** _____

Return to (by fax, mail, or drop off in person):

Maya Kirstein
1155 Notre Dame Avenue
Winnipeg, MB, Canada, R3E 3G1
204-258-6538
mkirstein@rccinc.ca

For more information:

Carol Kehler
(204) 258-6537
ckehler@rccinc.ca

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