



Summer Camp Participant Profile

Children attend recreational programs to participate in engaging activities. Participants must pass a health screen for COVID-19 symptoms before each session. Participants must not be a flight risk and not engage in self-injurious or harmful behaviour to others. Please download this form and fill out the fields to register. Submit completed applications to respite@grandviewkids.ca.

If you need help, please call 905-728-1673 x 2247.

Emergency Contact

Name: _____ Phone Number: _____ Relationship: _____
*(Note: This person must be available to pick up the child **immediately** during program time if needed)*

Parent/Caregiver Contact Information

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Child's first name: _____ Child's last name: _____

Child's age: _____ Client Number: _____ Child's OAP Number (Optional): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Child's diagnosis (list all): _____

What is your goal for your child's participation?

Allergies: _____

Medication: _____

Seizures: Yes No

If answered yes, what is the date of last seizure: _____

Seizure protocols: _____

Name:

Client Number:

Toileting: Independent Independent with reminders Requires assistance Fully dependent

Does the child wear diapers or incontinence products? Yes No

Please explain:

Dietary concerns/feeding:

G-tube feed: Yes No

Physical needs (assistive devices, transfer support, etc.):

Do we have consent to assist your child with personal care services? Yes No

Communication

Child understands:

Most
Some
Minimal things that they
hear within their environment

Child can follow:

One-step instructions
Two-step instructions
Multiple-step instructions

Child communicates with the use of (check all that apply):

Augmentative or alternative communication	Sign language
Gestures (i.e., pointing or hand leading)	Singing
Pictures (i.e., communication board or book)	Sounds
Other (please explain)	Words

Does the child initiate communication with others? Yes No

Does the child reciprocate communication with others? Yes No

Name:

Client Number:

If needed, the best way to promote participation is to:

Encourage them

Model the activity parallel to them

Provide 1:1 support

Let them join when they are comfortable

Other (please explain):

Play preferences/favourite toys and activities:

Is there anything that makes your child upset? Certain sensory sensitivities or triggers? Please explain:

Are there interfering behaviours we should be aware of (minor self-injury, running, climbing, meltdowns, etc.)?

How do you help calm your child down if they begin to get escalated?

Name:

Client Number:

Physical Literacy & Motor Skills

Please check your child's competency level for each motor skill listed below:

Coordination:	Poor	Fair	Good	Very Good	Excellent
Balance:	Poor	Fair	Good	Very Good	Excellent
Running:	Poor	Fair	Good	Very Good	Excellent
Jumping:	Poor	Fair	Good	Very Good	Excellent
Leaping:	Poor	Fair	Good	Very Good	Excellent
Galloping:	Poor	Fair	Good	Very Good	Excellent
Kicking:	Poor	Fair	Good	Very Good	Excellent
Rolling:	Poor	Fair	Good	Very Good	Excellent
Underhand throwing:	Poor	Fair	Good	Very Good	Excellent
Overhand throwing:	Poor	Fair	Good	Very Good	Excellent
Catching throwing:	Poor	Fair	Good	Very Good	Excellent
Dribbling/bouncing:	Poor	Fair	Good	Very Good	Excellent
Striking:	Poor	Fair	Good	Very Good	Excellent

Additional question

Is there anything else you would like to share with us about your child?

Name of parent/caregiver

Signature of parent/caregiver

Date

ADMINISTRATION USE ONLY

Date of in-take:
Completed by: