



1594 Concession Six, R.R. #2
Niagara-on-the-Lake, ON L0S 1J0
www.redroofretreat.com
Ph: 905-684-0235
Fax: 905-684-5477

Saturday Day Camp Registration Form General Information Sheet

Child's Name _____

Parents' Name/s _____

Home Phone: _____

Mom's Work Phone: _____

Dad's Work Phone: _____

Cell Number: _____

E-Mail Address: _____

Child's Diagnosis: _____

Date of Birth: _____ Age: _____ Sex: _____

Health Card #: _____

Child's Doctor: _____ Phone: _____

Child's Address: _____

Emergency Name and Contact Number:

1) _____

2) _____

Person responsible for dropping off child: _____

Person responsible for picking up child: _____

Health Information Sheet

Brief Description of Disability/Diagnosis: _____

Allergies: yes () no () _____

Seizures: yes () no () _____

Shunt: yes () no () _____

Behavioral Concerns: yes() please explain no()

Medication: yes () no ()

If medication needs to be administered at camp, please fill out the following:

Medication	Dosage/Time	Administration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mobility:

Walk independently ()

Uses a manual chair ()

Uses electric Chair ()

Uses walker or crutches ()

Toileting/Dressing/Hygiene:

Independent ()

Some assistance required ()

Total assistance required ()

Feeding/Nutrition: (*Lunches and Feeding Instructions to be provided by family)

Eats independently ()

Needs some assistance ()

Hand-over-hand ()

Needs total assistance ()

Tube fed ()

Communication:

Verbal/ Speaking ()

Non-Verbal/Non-Speaking ()

Uses Augmentative Communication () or Sign Language ()

Registration

Saturday Day Camp

January 30th _____
 February 6th _____
 February 13th _____
 February 20th _____
 February 27th _____
 March 6th _____
 March 27th _____

Please choose which days you would like your child to attend.
 Registration is on a first come, first serve basis. Spaces are limited.
 Registration is complete when these forms, waivers and fees are received.
 Confirmation will be issued upon receipt of the above requirements.

Sorry, no refunds.

Send payment and registration to: Red Roof Retreat
 1594 Concession Six, R.R. #2
 Niagara on the Lake, ON L0S 1S0

Fees for daycamp program is **\$65.00** x # of days _____ = \$_____

Amount paid: _____ Method of payment: _____

* If you would like to send a SSAH Worker with your child, the fee will be reduced to \$20.00 per day.

Please fill in the name of your worker: _____

Amount paid is \$20.00 x # of days _____ = \$_____

I/we the parent(s)/guardian(s) are aware of this application and are in agreement with the above application requirements (i.e. payment of fees and waivers to be signed).

I/we are aware of the nature of the RRR Saturday Day Camp program and give consent for my child to participate.

Signature(s) _____

Dated: _____