



Saturday Daycamp Program For children with Special Needs

Children must *bring their own lunches*, and must have *proper gear* (i.e. indoor shoes, coat, mitts, hat, sunscreen....). There's free play time, arts & crafts, outdoor play, games, movies, yoga, music, and lots of fun!!!

Who: Children **5 to 19 years old** with Special Needs

Time: **9:00am to 4:00pm**

Cost: **\$65.00** a day

Where: **Lincoln Centennial Public School,**

348 Scott Street, St. Catharines

When:	October:	1 st	January:	14 th	April:	14 th
		15 th		21 st		21 st
		22 nd		28 th		28 th
	November:	5 th	February:	4 th	May:	5 th
		12 th		11 th		12 th
		19 th		25 th		25 th
	December:	3 rd	March :	3 rd		
		10 th		10 th		
		17 th		23 rd		

How to Register:

- 1) Visit our website at www.redroofretreat.com
- 2) Go into "Recreational Programs"
- 3) Go to "Saturday Daycamp"
- 4) Print off the "Registration Form"
- 5) Mail into Red Roof Retreat office with payment

*** Meet staff & learn more at our Saturday Camp "Eye Opener" on September 15th, 6:00-7:30pm at Niagara Peninsula Children's Centre in the Main Gym * Its free!**

MUSIC



CRAFTS



adapted sports



Qualified Staff and Awesome Volunteers!

Receipts will be issued and can be used towards Special Service at Home hours
For more information, contact **Laurie** at **905-684-0235** (or Cell **289-668-6574**)
email- laurie@redroofretreat.com. You can also visit www.redroofretreat.com



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
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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 Camp Hours : 9:00 am to 4:00 pm *snacks provided

October:	1 st ____	January:	14 th ____	April:	14 th ____
	15 th ____		21 st ____		21 st ____
	22 nd ____		28 th ____		28 th ____
November:	5 th ____	February:	4 th ____	May:	5 th ____
	12 th ____		11 th ____		12 th ____
	19 th ____		25 th ____		25 th ____
December:	3 rd ____	March :	3 rd ____		
	10 th ____		10 th ____		
	17 th ____		23 rd ____		

We encourage you to choose all or your dates for the year all at once. Adjustments can be made with proper notification.

Monthly payments or partial payments at a time are an option. Just send in postdated cheques or call Linda regarding this matter [905-684-0235](tel:905-684-0235).

Registration is on a *first come, first serve basis*, and is **complete** only when these **forms, waivers and fees are received**. These **need to be received in the office no later than September 21st** in order for your child to participate in Saturday camp.

Confirmation/Receipts will be issued upon receipt of the above requirements.

Send payment, registration form and waivers to:

Red Roof Retreat

1594 Concession Six, R.R. #2

Niagara on the Lake, ON L0S 1J0

Cancellation Policy: We are unable to give refunds without adequate notice or a doctor's note if applicable. However, if we have notice and can fill the spot, we will reimburse you.

Fees for evening program is **\$65.00** x # of weeks _____ = \$ _____

Amount owing

Fees for teen with SSAH worker: **\$20.00** x # of weeks _____ = \$ _____

Amount owing

Payment options:

- 1) Cash _____
- 2) Cheques (made out to "Red Roof Retreat") _____
- 3) Credit Card: Visa # _____ expiry date _____
Mastercard # _____ expiry date _____

Monthly payments or partial payments at a time are an option. Just send in postdated cheques or call Linda regarding this matter.

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 Camp program and give consent for my child to participate.

Signature(s) : _____

Dated: _____



PHOTO/VIDEO RELEASE

I, _____ consent to the use of any photos or videos taken of my child/children during Saturday Camp.

Dated: _____ Signature of Parent/Guardian: _____

OATH OF CONFIDENTIALITY

To demonstrate respectfulness to other I/We agree to keep confidential all information concerning other children/families being served by the "Red Roof Retreat Saturday Camp" program.

Signature of Parent/Guardian: _____ Date: _____

RELEASE AND INDEMNIFICATION

In consideration of Red Roof Retreat accepting the within application, I, _____ parent/guardian of _____ agree to Indemnify and hold harmless Red Roof Retreat, its volunteers, agents or employees and all other organizers, sponsors, representatives, and any other person or organization assisting in this camp from any claims, demands,

damages, actions or causes of actions arising out of or in consequences of any loss, injury or damage to my person or property incurred while attending at or participating at the Saturday Camp, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of Red Roof Retreat, its volunteers, agents, or employees and all other organizers, sponsors, representatives and any other person or organization assisting in this camp, arising out of or in consequence of the attendance or participation by _____ at Saturday Camp operated by the Red Roof Retreat.

Parent/Guardian Signature _____

Date _____