



## Teen Night Series

**When:** Tuesdays

**Who:** Teen with Special Needs **\*14 to 21 years old\***

**Where:** **Niagara Peninsula Children's Centre**, Glenridge Rd, St. Catharines

**Time:** 5:00pm - 8:00pm

**Cost:** **\$35.00** a night

**How to Register:**

- 1) Visit our website at [www.redroofretreat.com](http://www.redroofretreat.com)
- 2) Go into "Recreational Programs"
- 3) Go to "Teen Night"
- 4) Print off the "Registration Form"
- 5) Mail into Red Roof Retreat office with payment

\*Receipts will be issued and can be used towards SSAH or ODSP hours.

The focus of teen night is to provide social opportunities for teens. If your teen needs one-on-one care, they are welcomed to come with a SSAH worker at a reduced rate.

October 4	Swim	January 10 <sup>th</sup>	Swim	April 3 <sup>rd</sup>	Swim
October 11 <sup>th</sup>	Games	January 17 <sup>th</sup>	Games	April 10 <sup>th</sup>	Movie
October 18 <sup>th</sup>	Music	January 24 <sup>th</sup>	Movie	April 17 <sup>th</sup>	Music & Art
November 1 <sup>st</sup>	Swim	February 7 <sup>th</sup>	Swim	May 1 <sup>st</sup>	Swim
November 8 <sup>th</sup>	Games	February 14 <sup>th</sup>	Games	May 8 <sup>th</sup>	Games
November 15 <sup>th</sup>	Movies	February 21 <sup>st</sup>	Music	May 15 <sup>th</sup>	Hike and Bonfire at RRR
December 6 <sup>th</sup>	Swim	March 6 <sup>th</sup>	Swim		
December 13 <sup>th</sup>	Music	March 20 <sup>th</sup>	*Movie Night at Seaway Mall		
December 20 <sup>th</sup>	*Bowling Night at Parkway Bowling Lanes		* Extra \$5 charge		



Swim nights will be the first Teen Night of every month. New policy: **Gabby pants**(washable swim diapers) **must be used for those who are incontinent.** You can purchase one at the Niagara Peninsula Children's Centre at a reasonable rate (NPCC number 905-688-3550) or through special needs catalogues.



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

## Teen Night Registration General Information Sheet

Youth'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( )

\_\_\_\_\_

\_\_\_\_\_

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**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

New Hours for Teen Nights : 5:00 pm to 8:00 pm \*dinner included

October 4 <sup>th</sup>	_____	January 10 <sup>th</sup>	_____	April 3 <sup>rd</sup>	_____
October 11 <sup>th</sup>	_____	January 17 <sup>th</sup>	_____	April 10 <sup>th</sup>	_____
October 18 <sup>th</sup>	_____	January 24 <sup>th</sup>	_____	April 17 <sup>th</sup>	_____
November 1 <sup>st</sup>	_____	February 7 <sup>th</sup>	_____	May 1 <sup>st</sup>	_____
November 8 <sup>th</sup>	_____	February 14 <sup>th</sup>	_____	May 8 <sup>th</sup>	_____
November 15 <sup>th</sup>	_____	February 21 <sup>st</sup>	_____	May 15 <sup>th</sup>	_____
December 6 <sup>th</sup>	_____	March 6 <sup>th</sup>	_____		
December 13 <sup>th</sup>	_____	March 20 <sup>st</sup>	_____		
December 20 <sup>th</sup>	_____				

**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 at 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 28<sup>th</sup>** in order for your teen to participate in teen nights.

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 **\$35.00** x # of weeks \_\_\_\_\_ = \$ \_\_\_\_\_

Amount owing

Fees for teen with **SSAH worker:** **\$10.00** 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 Teen Night 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 Teen group.

Dated: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

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### **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 Teen Group" program.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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 Teen Night, notwithstanding any such loss,  
injury or damage may have risen 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 the Teen Night operated by the Red Roof Retreat.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_