



# 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

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

**How to Register:**

- 1) Visit our website at [www.redroofretreat.com](http://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 15<sup>th</sup>, 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](mailto:laurie@redroofretreat.com). You can also visit [www.redroofretreat.com](http://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**

<b>October:</b> 1 <sup>st</sup> _____ 15 <sup>th</sup> _____ 22 <sup>nd</sup> _____ <b>November:</b> 5 <sup>th</sup> _____ 12 <sup>th</sup> _____ 19 <sup>th</sup> _____ <b>December:</b> 3 <sup>rd</sup> _____ 10 <sup>th</sup> _____ 17 <sup>th</sup> _____	<b>January:</b> 14 <sup>th</sup> _____ 21 <sup>st</sup> _____ 28 <sup>th</sup> _____ <b>February:</b> 4 <sup>th</sup> _____ 11 <sup>th</sup> _____ 25 <sup>th</sup> _____ <b>March :</b> 3 <sup>rd</sup> _____ 10 <sup>th</sup> _____ 23 <sup>rd</sup> _____	<b>April:</b> 14 <sup>th</sup> _____ 21 <sup>st</sup> _____ 28 <sup>th</sup> _____ <b>May:</b> 5 <sup>th</sup> _____ 12 <sup>th</sup> _____ 25 <sup>th</sup> _____
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**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: \_\_\_\_\_

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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 Saturday Camp” 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 Saturday Camp, 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 Saturday Camp operated by the Red Roof Retreat.

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

Date \_\_\_\_\_