



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

Summer Camp Registration 2009 General Information Sheet

Child's Name _____

Parents' Name/s _____

Home Phone: _____

Mom's Work Phone: _____

Dad's Work Phone: _____

Cell Number: _____

Child's Diagnosis: _____

Date of Birth: _____

Age: _____ Sex: _____

Health Card #: _____

Child's Doctor: _____ Phone: _____

Child's Address: _____

If sibling/s attending:

Name	Age	Health Card Number
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_____	_____	_____
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_____	_____	_____
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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

Summer Camp Weeks for Juniors and Youth
are:

Junior Camp (5 to 15 years old):
Youth Camp (16 – 21 years old):
Full day - 9:30 am to 3:00pm

July 6 to July 10 _____
July 13 to July 17 _____
July 20 to July 24 _____
July 27 to July 31 _____
August 3 to August 7 _____
August 10 to August 14 _____

Registration is complete when these forms, waivers and fees are received.
Confirmation will be issued upon receipt of the above requirements.
Registration is on a first come, first serve basis. Spaces are limited.

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 full-day program is **\$210.00** x # of weeks _____ = \$ _____

Amount paid: _____ Method of payment: _____

* If you would like to send a SSAH Worker with your child, the fee will be reduced to \$105.00 per week.

Please fill in the name of your worker: _____

Amount paid is \$105.00 x # of weeks _____ = \$ _____

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 Summer camp programs and give consent for my child to participate.

Signature(s) _____

Dated: _____