



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
- 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 th	Swim	April 3 rd	Swim
October 11 th	Games	January 17 th	Games	April 10 th	Movie
October 18 th	Music	January 24 th	Movie	April 17 th	Music & Art
November 1 st	Swim	February 7 th	Swim	May 1 st	Swim
November 8 th	Games	February 14 th	Games	May 8 th	Games
November 15 th	Movies	February 21 st	Music	May 15 th	Hike and Bonfire at RRR
December 6 th	Swim	March 6 th	Swim		
December 13 th	Music	March 20 th	*Movie Night at Seaway Mall		
December 20 th	*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()

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

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 28th** 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: _____

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: _____

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 _____