



THE CORPORATION OF THE
City of Windsor
Parks & Recreation

CONFIDENTIAL

SPECIAL NEEDS REGISTRATION REQUEST FORM

Please indicate the category of camp, the location and the weeks/days that you are applying for. Please indicate your first choice with a number '1' and your second choice with a number '2'.

Day Camp	<input type="checkbox"/> Busy Bodies Ages 3 to 5	<input type="checkbox"/> Adventure Seekers Ages 6 to 13
Location	<input type="checkbox"/> Gino & Liz Marcus <input type="checkbox"/> Oakwood <input type="checkbox"/> Optimist	<input type="checkbox"/> Gino & Liz Marcus <input type="checkbox"/> Oakwood <input type="checkbox"/> Optimist
Weeks	<input type="checkbox"/> June 29 - July 3 <input type="checkbox"/> July 6 to 10 <input type="checkbox"/> July 13 to 17 <input type="checkbox"/> July 20 to 24 <input type="checkbox"/> July 27 to July 31 <input type="checkbox"/> August 4 to 7 <input type="checkbox"/> August 10 to 14 <input type="checkbox"/> August 17 to 21 <input type="checkbox"/> August 24 to 28 <input type="checkbox"/> August 31 to Sept 4	
Individual Days	Please list:	

Will your child be attending the off-site weekly day camp field trip? Yes No
 (Please consult individual locations for the mode of transportation to each field trip.)

Child Information

Child's Name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (Year/Month/Day):	Age:
Address:	
Phone Number:	OHIP #:
Primary Diagnosis:	
Secondary Diagnosis:	
Any Other Underlying Health Conditions:	
Family Doctor:	Phone #:
School Currently Attending:	
Does your child have an aide: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	

Parent/Guardian Information

	Name	Address	Phone # (H)	Phone # (W)	Phone # (C)
Mother					
Father					
Guardian					
Email					

Emergency Contacts

	Name/Address	Relationship	Phone #	Phone #
Contact # 1				
Address				
Contact# 2				
Address				

* Emergency contact information must be different from Parent/Guardian contact information

MEDICAL INFORMATION

Does your child have any allergies? Yes No

If yes, please specify: _____

Does your child require an Epipen? Yes No

Does your child wear hearing aids or ear plugs for water activities? Yes No
Right Ear Left Ear Both

Does your child wear glasses on a permanent basis? Yes No

Are there any medical protocols for your child's specific condition? _____

Please list any other medical information or present treatments that you feel that we should be aware of (recent operations, illnesses, skin rashes, etc.): _____

Does your child require medication on a regular basis? Yes No
Will your child require medication during the camp sessions? Yes No
If yes, will your child be able to take the medication at camp without assistance? Yes No

Name of Medication(s)*	Dose	Time Taken	Reason

* Please note that recreation staff do NOT administer medications.

SENSORY ISSUES

Please list any sound, smell, taste, touch and/or visual sensitivity, which your son/daughter may exhibit. What should staff avoid or do differently for him/her concerning the sensory issue?

FEARS / PHOBIAS / ANXIETIES

Please list any fear (s) your son/daughter may suffer from. What should staff avoid or what are your recommendations concerning this particular issue, should it ever occur?

OBSESSIONS:

Please list any "obsessions" that your daughter/son may have. What are your recommendations to staff concerning the latter?

COMMUNICATION

My child communicates with others using primarily (please check all that apply):

Complete Sentences 2-3 Word Phrases One-Word Phrases
 Gestures Sign Language Picture/Symbols

I communicate with my child using primarily (please check all that apply):

Complete Sentences 2-3 Word Phrases One-Word Phrases
 Gestures Sign Language Picture/Symbols

Is your child capable of forming sentences using pictures/symbols? Yes No

What specific pictures/symbols do they use? _____

If your child uses PECS what level do they use? _____

Is your child capable of:

Responding appropriately to supervision Yes No
 Being responsible for belongings Yes No
 Working with a group of peers Yes No
 Carrying out tasks when shown how Yes No
 Eating socially without help in a group setting Yes No
 Following simple instructions Yes No
 Signaling when they need to use the washroom Yes No

Please explain:

Activity/Attention Level (Check all that apply):

Has typical attention span for age Very short attention span
 Less active, needs motivation Overactive
 Requires constant one-to-one supervision at all times

Interacts better with: Male Staff Female Staff No Preference

BEHAVIOUR

Please describe all of your child's behaviour management problems and how you deal with these at home. (i.e. self-abuse, aggression, screaming, excessive crying etc.)

Behaviour	Usually Caused By (Triggers)	Strategies or Approaches Used At Home

Does your child wander or run away when not closely supervised? Yes No _____

Is your child aware of the dangers of traffic, fire, or water? Yes No _____

Can your child swim? Yes No

Does your child require a floatation device (water wings or life jacket): Yes No

Please describe abilities, i.e. floats, dog paddle, basic crawl, swims under water, etc.: _____

Favourite activities:

Least favourite activities:

Please highlight your child’s strengths and abilities:

CAMP ACTIVITIES

The information below will assist staff in developing the best possible camp activities for your child to enjoy.

	Independently	Needs assistance or prompts	Comments
Kicks ball			
Catches / throws ball			
Catches /throws Frisbee			
Parachute games			
Bean bag toss			
Simple Obstacle course			
Jumps			
Skips rope			
Runs			
Climbs stairs			
Swims			
Plays hide/ seek			
Plays catch			
Plays treasure hunt			
Cuts shapes			
Draws			
Traces stencils			
Glues			
Paints			

What are your goals for your child’s camp experience?

Additional Comments:

Please note anything else that would be helpful for us to know about your child, and/or additional tips for your child’s success at camp:



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City of Windsor's Department of Recreation & Culture is in partnership with Family Respite Services and John McGivney Children's Centre and Thames Valley Children's Centre-ABA Bases Services and Supports for programs in which children require special assistance. Family Respite Services may assist Windsor's Department of Recreation & Culture with some intake and/or assessment needs. We are asking your permission to share information on this form with Family Respite Services and/or John McGivney Children's Centre and/or Thames Valley Children's Centre-ABA Bases Services and Supports as the need arises.

Permission granted by _____ on _____
 Parent / Guardian's Signature Date

Upon completion of this form, please place in a sealed envelope and mail, drop off or forward via City of Windsor's interdepartmental mail to:

City of Windsor – Department of Recreation & Culture
Attn: Celia Southward
2450 McDougall St.
Windsor, ON N8X 3N6

Please mark confidential on the envelope.

FOR OFFICE USE ONLY

Assessment Notes:

Recommended for ___ placement in a City of Windsor Recreation Department program
 ___ support through Family Respite Services (fax copy of request to FRS)
 ___ support through Thames Valley Children's Centre (fax copy of request to FRS)

___ Not suitable for placement in our program

Child to be placed at _____ (facility)

Approved for the following dates _____

Approved by _____ Date _____

Entered onto SN Spreadsheet (date) _____