

Inclusion Services Request Form- Summer Camps 2010

***Please fill out the information below based on the **participant/child** requiring inclusion considerations**
We work in partnership with you the parent/guardian, as well as our community resources, to assist in determining a child's support needs in order to provide a fun and safe environment.*

Surname: _____	First Name: _____
Home Phone: _____ Alternate Phone: _____	Address: _____ _____ _____
D.O.B: _____	Gender: M F
Parent/Guardian: _____	Parent/Guardian Phone: _____

Did he/she attend this camp during the summer of 2009? Yes No **** Please fill out EITHER**

*Please indicate your choices with √ marks. **Costs do not include registration fees***

Orienteering (finding one's way) week- Limited Spaces. 1 Week of inclusion facilitator support at camp provided at no cost –would you like to be considered?

Please indicate in the space provided below the preferred week for your child to attend day camp:

1st choice: _____

2nd choice: _____

3rd choice: _____

AIR program –Trained Inclusion facilitator staff provided through Bradford West Gwillimbury Leisure Services Department at a cost:

█ 2:1 support: - Cost \$180.00 per week This is for children who can engage in supported independent play while at camp, but need assistance socially and to fully participate in activities. There will be 1 facilitator working with 2 children

█ 1:1 support - Cost \$360.00 per week
This is for children who need constant supervision for safety and behavioural concerns.

Please indicate your top choices for dates and fill in your preferred camps below.
We will make every attempt to accommodate you.

Week:	Camp
July 5 th -9 th inclusion availability to be confirmed	
July 12 th -16 th	
July 19 th - 23 rd	
July 26 th - July 30 th	
Aug 3 rd - Aug 6 th	
Aug 9 th - Aug 13 th	
Aug 16 th - Aug 20 th	
Aug 23 rd - Aug 27 th	

#3 Mediator support – Mediators are welcome to attend. For planning purposes, it is helpful to share info to ensure we provide an inclusive environment. All mediators are required to have a criminal reference check

Signature X _____

Date X _____