



SUMMER CAMPS 2010 INCLUSION SERVICES REQUEST FORM

Please fill out the information below based on the **participant/child requiring inclusion considerations. We will 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.

| CONTACT INFORMATION | | | |
|--|-------|----------------------|--|
| CHILD'S NAME: | First | Last | |
| CHILD'S DATE OF BIRTH: | | CHILD'S CURRENT AGE: | |
| ADDRESS: | | | |
| PARENT/GUARDIAN'S NAME | First | Last | |
| PARENT/GUARDIAN'S PHONE | Home: | Alternate: | |
| PARENT/GUARDIAN'S EMAIL | | | |
| Did this child attend the City of Orillia camp program during the summer of 2009? (Check one) Yes No | | | |

| 2010 CAMP DATES | | |
|---|---|---|
| Please note that there are <u>NO</u> inclusion services from July 5 – 9, 2010. | | |
| July 12 th -16 th | Aug 3 rd - Aug 6 th | Aug 23 rd - Aug 27 th |
| July 19 th -23 rd | Aug 9 th - Aug 13 th | Aug 30 th - Sep 3 rd |
| July 26 th - 30 th | Aug 16 th - Aug 20 th | |

Please note not all camps run every week. Please refer to the attached camp information for when each camp runs.

OPTION 1 - ORIENTEERING WEEK (FINDING ONE'S WAY)

This option provides 1 week at camp with inclusion facilitator support provided at **NO COST**. Please note: this does not include the cost of camper registration fees. Please indicate in the space provided below which week and which camp your child would like to attend. We will do our best to accommodate your first choice, however spaces are limited and camp placements will be made on a first come, first served basis. Some participants may not get their first choice.

| | NAME OF CAMP | DATES OF CAMP |
|------------------------|--------------|---------------|
| 1 ST CHOICE | | |
| 2 ND CHOICE | | |
| 3 RD CHOICE | | |

Support Level: Please check which level of support your child will require.

- 2:1 support** - This is for children who can engage in supported independent play but need assistance socially to fully participate in camp activities. There will be 1 facilitator working with 2 or 3 children.

OR

- 1:1 support** – This is for children who need constant supervision for safety and behavioural concerns.

OPTION 2 – AIR (ACCESSIBLE INCLUSIVE RECREATION) PROGRAM

This **pay-for-service** option matches your child with a trained inclusion facilitator staff (provided through Parks & Recreation), which would allow your child additional time at camp. Please note that with this option you are required to pay for both the cost of the inclusion facilitator and the camper registration fees.

Support Level: Please check which level of support your child will require.

- 2:1 support – Cost: \$180.00/wk.** This is for children who can engage in supported independent play but need assistance socially to fully participate in camp activities. There will be 1 facilitator working with 2 or 3 children.

OR

- 1:1 support – Cost: \$360.00/wk.** This is for children who need constant supervision for safety and behavioural concerns.

Now indicate your choice of camp and the preferred dates in the space below. We will do our best to accommodate your first choice, however spaces are limited and camp placements are made on a first come, first served basis.

| | NAME OF CAMP | DATES OF CAMP |
|------------------------|--------------|---------------|
| 1 ST CHOICE | | |
| 2 ND CHOICE | | |
| 3 RD CHOICE | | |
| 4 TH CHOICE | | |

OPTION 3 - MEDIATOR SUPPORT

Participant's mediators are welcome to attend camp. For planning purposes, it is helpful to share this information with Parks and Recreation to ensure that we can provide an inclusive environment for your child and their support worker. Please note that all mediators are required to provide a current criminal reference check.

Parent/Guardian Signature _____ Date _____