



AC STAR Summer Camps Registration 2017 (4yrs & up)

Camp Program hours 9:00am to 4:00pm

Before (7:00am - 9:00am) or after care (4:00pm-6:00pm) is available for \$20 per child or \$40 for both and must be purchased at the time of registration.

Camper Information:

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

Family Address: _____

City/Town: _____ Postal Code: _____

Home Phone: _____ Alternative Phone: _____

Email: _____ Health Card Number: _____

Medications Taken: _____

Accommodations Required: _____

Safe Pickup list: Only the names below will be allowed to leave the facility with camper.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Emergency Contact Information:

First Name: _____ Last Name: _____

Family Address: _____

City/Town: _____ Postal Code: _____

Home Phone: _____ Alternative Phone: _____

**** See "At -A-Glance Card" attached to help provide more information about your child****

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Parent & Camper Consent:

I hereby give permission for my child to eat the foods that may be provided by the camp. Note: please refrain from sending peanut/nut products.

I hereby give permission for my child to leave the Abilities Centre grounds on a camp fieldtrip (Community walks, Iroquois Sports Park, etc.), accompanied by Abilities Centre staff.

I hereby grant and release to Abilities Centre the right to use photographs, audio tapes and/or videotapes in which my child (children) appear in any information, promotional and/or marketing materials such as videos, films, recordings, still photographs, digital images, social media (Facebook, Twitter, You Tube, Flickr) or articles relating to Abilities Centre, its programs and services including but not limited to, membership brochures, newsletters, annual reports or our website, whether broadcast on television, radio or any other medium. In the event that these images are to be used for any other purpose by Abilities Centre that is inconsistent with the purposes outlined above, it is understood and agreed that my prior consent shall be obtained.

I hereby give permission for my child (12 years old+) to leave camp by themselves.

I fully understand that once my child leaves camp premises after the completion of the day they are no longer under the care of the Abilities Centre camp staff.

Parent/ Guardian Signature: _____

Registration forms can be dropped off & payment processed at Abilities Centre Membership Desk
(55 Gordon St. Whitby, Ontario L1N 0J2)

Fax to: (905) 665-8501 or Email to: camp@abilitiescentre.org

Camp Refund Policy:

Please note that refunds will not be provided with less than 24 hours' notice of cancellation. For cancellation within 2 weeks of camp start date we offer a 50% refund to all camp fees. Any camp enrollment/registration credit can be transferred to another date. For cancellation due to illness we offer full refund with a Doctor's note.

CAMP@ ABILITIES CENTRE
You Belong Here



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Please select the week(s) you are registering for including after care if needed:

	Date	Details	Pricing	Before & Aftercare		Cost (AC STAFF)
<input type="checkbox"/>	Jul 7 - Jul 11 FULL	Space is the Place	Member \$170 Non-member \$200			
<input type="checkbox"/>	Jul 10 - July 14 FULL	Sports Extravaganza	Member \$190 Non-member \$220			
<input type="checkbox"/>	Jul 17 - July 21 FULL	Wild West	Member \$190 Non-member \$220			
<input type="checkbox"/>	Jul 24 - July 28 FULL	Under the Sea	Member \$190 Non-member \$220			
<input type="checkbox"/>	July 31 - Aug. 4	Mad Science	Member \$190 Non-member \$220			
<input type="checkbox"/>	Aug. 8 - Aug. 11	Spy School	Member \$170 Non-member \$200			
<input type="checkbox"/>	Aug. 14 - Aug.18	Mighty Jungle	Member \$190 Non-member \$220			
<input type="checkbox"/>	Aug. 21 - Aug. 25	Amazing Race	Member \$190 Non-member \$220			

** If child is attending more than one week of camp, only one registration form is required to be completed per camper for the summer **

At-A-Glance-Card

Name:	Program:
Likes: (foods, objects, toys, activities, sensory)	Must haves:
Dislikes:	No Ways:
What Calms: (relaxation strategies, objects, toys)	Communication: (words, gestures, sounds) Expressive: - - Receptive
Personal Care Needs: (Ability to use the bath-room on their own, supervised but unattended.)	Diet: (special diets, feeding assistance, etc.)
Community Safety: (need extra assist, hold hands, safe on transit?)	Strengths, interests, abilities:
When in pain/discomfort participant will usually:	When anxious/upset participant will usually:
To help participant achieve goals, the camp staff can... : (first/then	Program Goals:
Allergies: <input type="checkbox"/> Epi-pen left at the Centre <input type="checkbox"/> Carries Epi-pen	