

***Application Form 2021***

***APPLICATION MUST BE FULLY READ, REVIEWED AND COMPLETED OR WILL NOT BE ACCEPTED***

***ANY RETURNING CAMPER IS NOT REQUIRED TO FILL OUT A NEW FORM***

#### Our Mailing Address:

#### PO Box 412, Charlottetown, PE C1A 7K7

(902) 569-2669

admin@campgencheff.com

Elysia Hickox (Executive Director)

#### 

**WELCOME TO SOCIAL CONNECTIONS PROGRAM**

**Created in partnership with The Autism Society of PEI and Camp Gencheff**

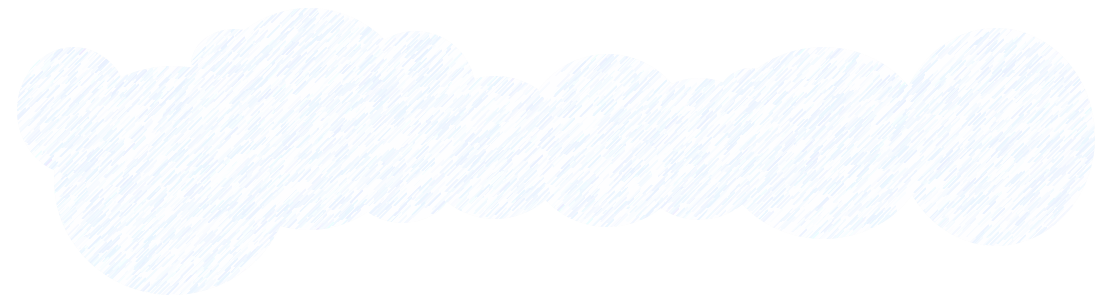
We are so thrilled to offer a program designed for children and teens who are diagnosed with ASD. One Saturday a month an activity is planned which is aimed at encouraging socialization, communication, and problem solving. The goal is to have each participant register for all events to help foster meaningful friendships and expand their social circle in hopes of creating long lasting memories and relationships.

Camp Gencheff provides a 3:1 ratio of clients to staff. If your child requires a one-to-one worker, it will be up to the family to provide the worker.

|  |  |
| --- | --- |
| **Social Connections**  **Dates and Times** |  |
| **Saturday May 1, 2021** | **Age Groups 6-11 (4:00-7:00) Ages 12-18 (6:00-9:00)** |
| **Saturday May 29, 2021** | **Age Groups 6-11 (4:00-7:00) Ages 12-18 (6:00-9:00)** |
| **Saturday June 19, 2021** | **Age Groups 6-11 (4:00-7:00) Ages 12-18 (6:00-9:00)** |
| **Saturday July 17, 2021** | **Age Groups 6-11 (4:00-7:00) Ages 12-18 (6:00-9:00)** |
|  |  |
|  |  |

**ABOUT THE FACILITY/RATIOS**

Camp Gencheff offers a 3:1 ratio of clients to staff. The facility is spacious and designed to be barrier-free for all abilities. If a client requires a one-to-one support worker, the family/guardian will be asked to provide the support worker. Group based activities are designed to accommodate all abilities usually which do not require a one-to-one support worker. Questions regarding support can be sent to the executive director Elysia Hickox.





**COVID-19 RESTRICTIONS/POLICIES**

* Masks must be worn at all times by all staff member. Campers are asked to wear a mask if they are able to tolerate one.
* No bathing or showering unless absolutely necessary
* Temperature checks on arrival
* Limited access in the facility to visitors, parents and volunteers
* Any staff or client showing symptoms of COVID-19 will not be able to attend any programs. If symptoms arise during programs, parents will be asked to pick up their child.
* Social distancing is encouraged and enforced as much as possible
* Hand sanitizing stations are available at several point through the facility.
* Sanitization of equipment and commonly used areas will be performed multiple times daily and a full disinfection of facility will occur at the end of each day.

**Mental Health Policy**

* Any camper who verbally or physically makes threats to one’s own personal safety such as suicidal ideation, threats of suicide, attempt of self-harm, will be required to leave the premises in the safe protection of a guardian or parent. If no one is available or cannot be reached camper will be sent to the QEH for a mental health assessment via Island Emergency Medical Services. Cost for transport with IEMS will be the responsibility of the parent or guardian. These measures are taken to protect the safety and well-being of the camper as well as safety of staff and other clients.

**ARRIVAL:**

* Parents and guardians are free to drop off and pick up between the designed times allotted for each age group.

**ACCIDENTS AT CAMP**

Every precaution is taken for the safety and good health of our campers, but in the event of an accident or sickness, the parent/guardian agree that the Camp, its staff, and the employees of facilities outside camp property are released from any liability.

**EMERGENCIES**

In the event that a camper requires special medication or treatment beyond what can be provided at the Camp, the parent/guardian will be notified immediately and will be charged with the additional expense of transportation and special care. The camp staff reserves the right to request an ambulance if they believe it is necessary. An adequate supply of prescription medications and personal care items must be brought to Camp with the camper. In the event that any purchase is necessary the parent/guardian will be invoiced by the pharmacy/supplier.

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male ( ) Female ( )

Birth Date (MM/DD/YEAR)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Resides with: Father ( ) Mother ( ) Both ( ) Other ( )

Parents/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Address, include civic number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Prov**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: (if different from above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email is necessary to communicate confirmations, cancellations and important notices. If you do not have an email, please make arrangements to have a family member or friend provide the email communications for you.

**EMERGENCY CONTACTS**

**Two emergency contacts are required for registration at Camp Gencheff. Persons listed as emergency contacts must be available and be within a reasonable driving distance to Camp Gencheff. This is so that in the event of an emergency where you are unavailable or cannot be reached, the camper will still be picked up within one hour, as per policy.**

Emergency Contact #1

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to camper:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: First number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: First number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the camper attend programs at Gencheff in the past? ( ) Yes ( ) No

**MEDICAL INFORMATION**

Camp Gencheff's first priority is to ensure the safety and well-being of our campers. In order to ensure In order to provide the proper level of care, we require detailed medical information. This information remains confidential and is not shared with anyone outside of the camp without your written permission. **Additional information, such as medical documentation (at your expense) may be required.**

Camper Diagnosed Disability (Autism Spectrum Disorder, Down’s Syndrome, Cerebral Palsy for example)/Other medical conditions (bipolar, anemia, celiac for example): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mental Health History/behavior (if applicable: hospitalization, behavior, agitation, triggers, trauma, attachment disorder etc.) Include more pages of details if necessary and attach to application): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Prince Edward Island Health Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application includes an authorization for Camp Gencheff Health Care Worker to contact the campers Doctor and/or pharmacist in the event that information is required and you are not available at the time to provide the necessary information. Please sign below for permission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the camper had any illnesses, injuries that have required Doctor’s consultation or hospitalization? Please provide full details, and if necessary attach pages to this application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Camper Code or No Code? :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Gencheff may use the following nonprescription products, please indicate if you do not wish to have any of the following given to your camper: Please place an “X” beside the products you do not wish to have given to your camper.

ALOE VERA LOTION SUNSCREEN SPF 30 STOP ITCH

CALAMINE LOTION “OFF” SPRAY LOTION PEPTO-BISMOL

HYDROGEN PEROXIDE POLYSPORIN TOPICAL ANTIBIOTIC MUSKOL SPRAY LOTION

TYLENOL/ADVIL COUGH SYRUP BENADRYL

**MEDICATIONS**

**Camper must bring All Prescribed Drugs and over the counter medications in the original containers. A camper cannot be accepted, without having an adequate supply of medications.** Please list all medications and over the counter medications that the camper is currently taking, you will be asked to update this at the time of arrival at camp. If necessary please attach a separate sheet of details, we will also accept a print out from your pharmacy.

\***Please indicate name of the drug, specific dosage, and specific times (not just AM and PM)**

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Strength: \_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Strength: \_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Strength: \_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Strength: \_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES: (please provide complete details and what would happen if in contact with allergen)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Seizures: (please provide complete details)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Shunt (please provide complete details)

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Dietary restrictions: (any special foods required must be provided)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DETAILED CAMPER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Living Skills** | **Independent** | | **Assistance required and/or tools used (bliss board/ wheelchair/glasses)** |
| **Yes** | **No** |
| Eating |  |  |  |
| Dressing |  |  |  |
| Toileting |  |  |  |
| Grooming  (Dentures:  Circle yes or  No) |  |  |  |
| Mobility |  |  |  |
| Vision |  |  |  |

**CONTINENCE (indicate yes if they DO NOT need assistance and NO if they do need assistance)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Concerning:** | **Yes** | **No** | **Comments** |
| Bowel Control |  |  |  |
| Bladder Control |  |  |  |
| Bed Wetting |  |  |  |
| Attends/Diapers |  |  |  |
| Catheter |  |  |  |
| Heat Sensitivity  (ex: water, sun. etc.) |  |  |  |
| Other Health  Concerns: |  |  |  |

**If you would like to provide us with additional information, medical or otherwise, please attach a separate sheet and include camper’s name, your signature and date signed.**

**CONDITIONS OF REGISTRATION:**

Camp Gencheff reserves the right to dismiss a camper who, in the opinion of staff, is a hazard to the safety and the rights of others. In the event that the parent/guardian or the emergency contact cannot be reached to pick up the camper in this instance, Camp Gencheff will contact the necessary authorities to make arrangements.

**The Board of Directors of Camp Gencheff want to remind you that Camp Gencheff has a zero tolerance for abuse of our staff by parents/caregivers. In the event of verbal abuse of our staff, the parent/caregiver will be asked to consider an alternative to Camp Gencheff. Our main aim is to ensure that all parties have a safe and enjoyable place to work and play.**

Every precaution is taken for the safety and good health of our campers, but in the event of an accident or sickness, the Camp, its staff and the employees of facilities outside of the camp property are hereby released from any liability.

In the event that a camper requires special medication or treatment beyond what can be provided at the Camp, the parent/guardian will be notified immediately and will be charged with the additional expense of transportation and special care. The camp staff reserves the right to request an ambulance if they believe it is necessary.

**SIGNATURES & AUTHORIZIATIONS:**

I have read and agree with the conditions of attendance at Camp Gencheff as outlined in this application, pages one through five inclusive. The information I have provided is accurate. By signing below, **‘I hereby release Camp Gencheff from all liability’.**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or authorized caregiver Date

**Camp Gencheff uses social media for advertisement and marketing (i.e. Facebook, Instagram and website By signing below, you are giving permission for your camper to have a picture and/or comments in the media:**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or authorized caregiver Date

**I have read and understood these conditions of registration and the details provided in the application for attendance at Camp Gencheff. I confirm that the information I have provided is correct and I agree to the terms set out by Camp Gencheff.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

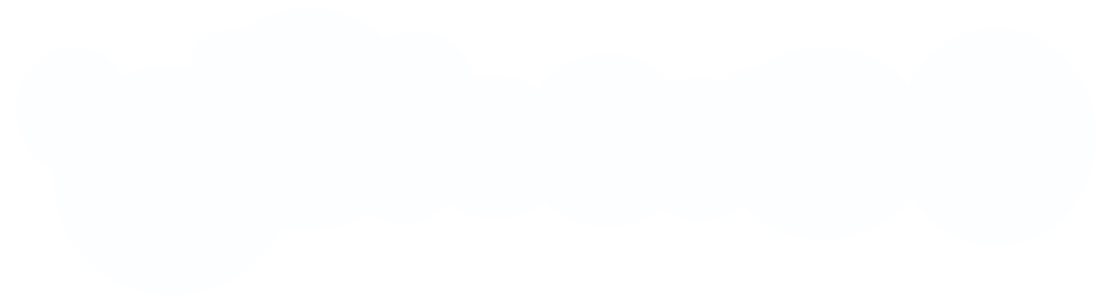
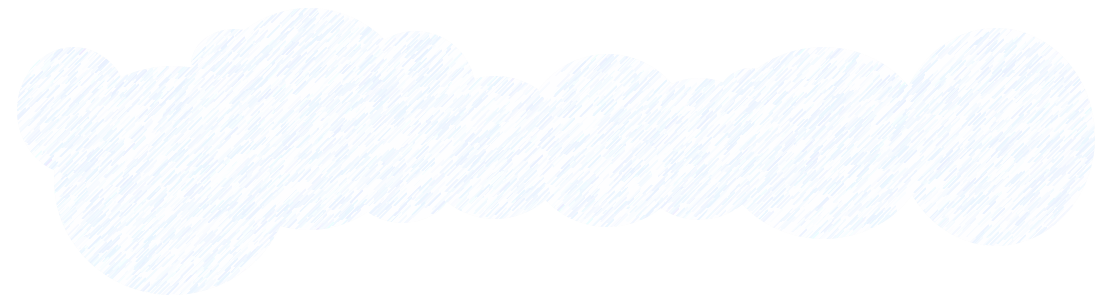
**PLEASE RETURN SIGNED AND FULLY COMPLETED APPLICATION, WAIVER, and RELEASE AND PAYMENT TO:**

**CAMP GENCHEFF, P.O. BOX 412, CHARLOTTETOWN, PEI C1A 7K7.**

If you have any questions, please contact Camp Gencheff by phone at 902-569-2669 or by e-mail at

admin@campgencheff.com

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