

This form will be submitted by email to registration@pickering.ca

**\* Required fields are identified by the red asterisk.**

### Request submitted by:

First and Last Name \*

Email Address \*

Phone Number \*

### Emergency Contacts:

Emergency Contact Name \*

Phone Number \*

2nd Emergency Contact Name \*

Phone Number \*

### Participant Profile

The Participant Profile is to be completed by Parent/Guardian for each City of Pickering program they are registering for.

Participant Name \*

Participant Age \*

Program of Choice \*

Activity Code \*

Ability Challenges \*

Child in Mainstream or Special Needs Class: \*

- Mainstream
- Special Needs

Support Provided \*

Do you have a specific goal for participation in City of Pickering's Program? \*

- Yes
- No

If yes, please specify:

## Participant Interests

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Select one or more interests: \*

- Sports
- Crafts
- Music
- Drama
- Cooking
- Technology
- Active Games
- Outdoor Activities
- Other Interests:

## Communication

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Select one or more methods of communication: \*

- Speaks in sentences
- Uses single words or short phrases
- Points to or gives pictures
- Uses hand signs or gestures

Other details?

## Comprehension

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Level of comprehension (select one or more): \*

- Understands and follows directions with ease
- Directions need to be repeated
- Directions must be accompanied with visual cues and gestures
- Understands multiple step direction
- Understands simple/1 step directions

What strategies help your child to follow directions?

## Social Skills

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Social (select one or more) \*

- Cooperates with Leader
- Readily participates in group settings
- Does not readily participate in group settings
- Prefers to be away from group settings
- Stays within confines of program space
- Has difficulty changing from one activity to the next
- Behaviours that may distract or disrupt the group

Other details?

Factors that will cause camper to become frustrated

Behaviours exhibited when frustrated

How staff should react to camper when frustrated

Everyone should be able to work in a safe and healthy workplace. The *Occupational Health and Safety Act* sets out roles and responsibilities of workplace parties with respect to workplace violence and workplace harassment, including developing and implementing policies and programs and providing information and instruction on these. The City of Pickering's Respect in the Workplace Policy adheres to this legislation. Therefore, if a participant exhibits inappropriate behaviours such as biting, hitting, kicking, hair pulling etc., this program may not be able to provide the level of care that participants and staff require to ensure a safe environment. Such inappropriate behaviours will result in the removal of the participant in the program.

## Health

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Seizures? \*

- Yes
- No

If yes, indicate frequency:

If yes, please describe:

Allergies? \*

- Yes
- No

If yes, please provide details:

## Physical

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Walks Independently \*

- Yes
- No

Uses a walker \*

- Yes
- No

Stairs \*

- Independent
- Requires Assistance

Additional information about physical supports:

## Hearing

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Challenges \*

- Yes  
 No

Wears Hearing Aid \*

- Yes  
 No

Additional information about hearing:

## Mental/Emotional

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Mental/Emotional:

## Personal Care

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Eating / Swallowing \*

- Yes  
 No

Requires Assistance \*

- Yes  
 No

Food allergies \*

- Yes  
 No

Toileting\*

- Independent
- Independent with supervision
- Requires reminding

Additional information about personal care:

## Vision

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Wears Glasses\*

- Yes
- No

Other visual challenges:

Declaration\*

- I/we agree that the information contained herein is accurate. I/we further agree that if there is a change in information and/or abilities of my child that I/we will inform City of Pickering Community Services Division promptly. I/we give permission for the City of Pickering to contact my child's school for further information, to determine the suitability of the Camp Program, as per the Occupational Health & Safety Act and City of Pickering's Respect in the Workplace Policy. Inappropriate behaviours, as determined solely by City staff, will result in the removal of the participant in the program.

Signature\*

Sign

Date Submitted

Date will be captured on form submission

Parent/Guardian Name\*

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Signature (for printed copies only)

## For Office Use Only

Status

- Able to locate available staff/volunteer.
- Unable to locate available staff/volunteer and parent/guardian notified.

Name of Staff/Volunteer

Name of Program

Program Support Start Date

Program Support End Date

Recommended Placement for Child

For more information about this request, please contact registration staff at 905.831.1711.

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected to provide feedback to the Community Services Division to ensure a positive, safe and successful camp experience for your child, as per the *Occupational Health & Safety Act* and City of Pickering's Respect in the Workplace Policy. Any questions about the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, T. 905.420.4611.

Alternate formats available upon request at 905.683.7575.

CSD 2301-06/20

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