



YMCA of Timmins Summer Day Camp Integration & Accessibility Camper Profile Form 2017

Please Note:

- A complete Camper Profile is required to meet the next step of the registration process. Upon completion of the profile and the registration form, the General Manager will then meet with you for the next step of the registration process.
- This information is confidential and will be kept on file with the Camp Program Supervisors, Administration and provided to the staff working directly with your child.
- The YMCA of Timmins offers resource programs that can help strengthen needed skills with individual programs provided by our resource worker who works under the guidance of community professionals. If your child requires one on one assistance, YMCA of Timmins Management will determine whether or not we can accommodate your child.

Camper Information

Last Name: _____

First Name: _____

Current Age: _____

Gender: Male Female

Has your child attended a YMCA Day Camp before? Yes No

Does your child have an Educational Assistant at school? Yes No

Does your child attend any sessions with a Child and youth Worker or outside agency? Yes No

Parent/Guardian 1

Last Name: _____

First Name: _____

Home Phone: _____

Cell Number: _____

E-mail: _____

Work Phone: _____

Diagnosis: Please check all that are applicable for your child.			
<input type="checkbox"/>	Autism Spectrum	<input type="checkbox"/>	Visual Impairment
<input type="checkbox"/>	PDD	<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Developmental Disability	<input type="checkbox"/>	Tourette's Syndrome
<input type="checkbox"/>	Down's Syndrome	<input type="checkbox"/>	ADD or ADHD
<input type="checkbox"/>	Spina Bifida	<input type="checkbox"/>	ODD
Other: (please indicate)			

Please provide a little more detail about your child's diagnosis:



Equipment: Please check all that are applicable to your child at camp.

<input type="checkbox"/>	Wheel Chair	<input type="checkbox"/>	Shunt
<input type="checkbox"/>	Walking sticks	<input type="checkbox"/>	Catheter
<input type="checkbox"/>	Walker	<input type="checkbox"/>	Jogger
<input type="checkbox"/>	Terra Trek	<input type="checkbox"/>	Orthotics
<input type="checkbox"/>	Hearing Aids	<input type="checkbox"/>	G-tube

Other: (please indicate)

Additional Information:

Fine and Gross Motor Movement: Please check all that are applicable to your child at camp.

<input type="checkbox"/>	Sits Independently	<input type="checkbox"/>	Climbs on/off bus independently
<input type="checkbox"/>	Stands Independently	<input type="checkbox"/>	Walks distance independently
<input type="checkbox"/>	Climbs stairs independently	<input type="checkbox"/>	Runs independently

Additional Information:

Personal Care: Please check the box that best describes your child's skills in the following areas.

	Dependent	Some Assistance	Independent
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child independently indicate the need to use the bathroom? Yes _____ No _____

Is there anything we should know about your child's toileting/bathroom routine?



Please describe the types of activities your child enjoys participating in while in school?

What goals and/or skills is your child working toward achieving while at school?

On a scale of 1 to 5, with 5 being the highest, how would you rate your child's integration into a group setting?

1 2 3 4 5

Please describe your child's integration into a group/social setting.

How does your child initiate play/social interactions with others?

Do you have any strategies that may be useful when helping your child integrate/socialize within a group?



Communication: Please check the box that best describes your child's communication skills.

Receptive Language (listening)		Expressive Language (Communicating)	
<input type="checkbox"/>	Understands grade level verbal instructions	<input type="checkbox"/>	Uses grade level language to express feelings, wants and needs.
<input type="checkbox"/>	Follows some verbal instructions	<input type="checkbox"/>	Uses some language to express feelings, wants and needs
<input type="checkbox"/>	Understands and responds to sign language	<input type="checkbox"/>	Uses sign language to express self
<input type="checkbox"/>	Follows a few simple verbal instructions, responds to visual cues (picture cards, visual schedules, etc.)	<input type="checkbox"/>	Express needs with some sounds/words, uses visual cues (picture cards, visual schedules, etc.)

Please list any signs/words, possible meaning of sounds used to communicate, visual/pictorial cards used, etc.

Behavioural Cues:

When my child is excited or happy, he/she will:
When my child is nervous or anxious, he/she will:
When my child is angry or frustrated he/she will:



When my child is upset or frightened he/she will:

Is there anything that may trigger behaviors (sensory, noises, feelings, events, transitions, etc.)?

What are some suggestions or strategies for working through behaviors if they arise?



Safety and Supervision:	Yes	No
Does your child require frequent reminders to stay with the group/adult?		
Does your child independently demonstrate safety for self and others (ex. Crossing the street, pool safety, acting aggressively to self or others)?		
Does your child ever wander away from adult supervision?		

<p>Are there times/situations that you feel your child requires more supervision or support? Please describe the events and level of supervision and support required.</p>
<p>Is there any other information that you would like to share about your child?</p>

**Thank you for taking the time to complete this profile.
The General Manager will meet with you to discuss your child's application.**