



Summer Camps

Inclusion Application

Please return completed application and supporting documents in person to the Canada Games Centre or e-mail to camps@canadagamescentre.ca.

PARENT/GUARDIAN INFORMATION

Name			
Address			
City, Postal Code			
Home Phone		Alternate Phone	
E-mail Address			
Birth Date			
Relationship to Participant			

PARTICIPANT INFORMATION

Name	
Birth Date	

CAMP SELECTION

Please list the total number of camp weeks you are hoping to receive throughout the summer. The number of weeks available to each participant is dependent on how many applications we receive for the program.

Please identify your preferred camps should support be available. We will make every effort to accommodate participant's requests based on available resources.

1st Choice	Week Dates	Camp Name	Cost
2nd Choice	Week Dates	Camp Name	Cost
3rd Choice	Week Dates	Camp Name	Cost
4th Choice	Week Dates	Camp Name	Cost
5th Choice	Week Dates	Camp Name	Cost

SUPPORTING DOCUMENTATION

Each application must be accompanied by a letter from a professional that works with your child (e.g., health care professional, teacher, education program assistant). This letter should outline your child's specific needs and limitations as related to attending a summer camp. Please be as detailed as possible as we want to do our best to include your child in as many activities as possible. If no supporting documentation is provided the application will be considered incomplete. All information received will be kept strictly confidential.

Please contact our summer camp office if you have any additional questions or concerns: 902-490-2934 or camps@canadagamescentre.ca.

Signature		Date	
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