

# Summer Camps

## Inclusion Application

Please return completed application and supporting documents **by May 2** either in person or via e-mail to [camps@canadagamescentre.ca](mailto: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 - Parent/Guardian Letter

Each application must be accompanied by a letter from a parent/guardian clearly outlining your child's specific needs and limitations in the context of 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.

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### SUPPORTING DOCUMENTATION - References

Each applicant must provide references to accompany their application. We will reach out directly with a reference form to be completed and sent back to us which is considered part of your application. Please encourage references to add "camps@canadagamescentre.ca" to their safe senders for the email address provided.

#### We require:

Classroom teacher - **mandatory** (\*if your child is not in school or does not have a classroom teacher, please let us know)

Educational Program Assistant - encouraged (if your child has an EPA)

Other Professional- optional (if your child works with other professionals)

#### Reference 1

Name	
E-mail Address	

#### Reference 2

Name	
E-mail Address	

Please contact our summer camp office if you have any additional questions or concerns:  
[camps@canadagamescentre.ca](mailto:camps@canadagamescentre.ca).

Signature	Date
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