

# REGISTRATION/HEALTH FORM

PLEIN SOLEIL DAY CAMP 2024



Please return the completed registration/health form and a photo of your child to the sports center reception desk.

## CHILD INFORMATION

Full Name:

## PARENT/GUARDIAN INFORMATION

*REMINDER: The RL-24 slip will be issued in the name of the payer in February 2025.*

To obtain 2 RL-24 slips: Complete 2 registration forms with the respective weeks for each parent. \*

PARENT #1

PARENT #2

Is the parent or legal guardian?

Is the parent or legal guardian?

Military  DND employee  Other

Military  DND employee  Other

Full Name:

Full Name:

Father  Mother  Guardian

Father  Mother  Guardian

SIN: *(mandatory for the purpose of issuing the RL-24 slip, 1 parent only) \**

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/ /

/ /

Address: *(main residence of the child)*

Address:  Same address as parent #1

Street No Apt. no Street

Street No Apt. no Street

City Province Postal code

City Province Postal code

E-mail address:

E-mail address:

Phone :

Mobile :

Phone :

Mobile :

## RIGHTS - ADVERTISING AND NEWSLETTER

I authorize the PSP to send me news, newsletters and other information concerning the services offered at the sports centre of the St-Jean garrison.

Yes  No

## PHOTOGRAPHY RIGHTS

I authorize the PSP to use pictures or videos in which my child appears at the PSP Day Camp, for publicity purposes, in brochures, magazines, newspapers or any other communication tools. All used materials will remain PSP property. *Please note that you will always be notified of any publication in which your child appears and that you may withdraw your consent at any time by notifying us by e-mail.* Yes  No

## CHOICE OF WEEKS

Select the weeks for which you wish to register your child.

- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Week 1: June 24 <sup>th</sup> to 28 <sup>th</sup>       | <input type="checkbox"/> Regular camp | <input type="checkbox"/> Sports and outdoor activities | <input type="checkbox"/> Arts and cultural activities |
| <input type="checkbox"/> Week 2: July 1 <sup>st</sup> to 5 <sup>th</sup>         | <input type="checkbox"/> Regular camp | <input type="checkbox"/> Sports and outdoor activities | <input type="checkbox"/> Arts and cultural activities |
| <input type="checkbox"/> Week 3: July 8 <sup>th</sup> to 12 <sup>th</sup>        | <input type="checkbox"/> Regular camp | <input type="checkbox"/> Sports and outdoor activities | <input type="checkbox"/> Arts and cultural activities |
| <input type="checkbox"/> Week 4: July 15 <sup>th</sup> to 19 <sup>th</sup>       | <input type="checkbox"/> Regular camp | <input type="checkbox"/> Sports and outdoor activities | <input type="checkbox"/> Arts and cultural activities |
| <input type="checkbox"/> Week 5: July 22 <sup>nd</sup> to 26 <sup>th</sup>       | <input type="checkbox"/> Regular camp | <input type="checkbox"/> Sports and outdoor activities | <input type="checkbox"/> Arts and cultural activities |
| <input type="checkbox"/> Week 6: July 29 <sup>th</sup> to August 2 <sup>nd</sup> | <input type="checkbox"/> Regular camp | <input type="checkbox"/> Sports and outdoor activities | <input type="checkbox"/> Arts and cultural activities |
| <input type="checkbox"/> Week 7: August 5 <sup>th</sup> to 9 <sup>th</sup>       | <input type="checkbox"/> Regular camp | <input type="checkbox"/> Sports and outdoor activities | <input type="checkbox"/> Arts and cultural activities |
| <input type="checkbox"/> Week 8: August 12 <sup>th</sup> to 16 <sup>th</sup>     | <input type="checkbox"/> Regular camp | <input type="checkbox"/> Sports and outdoor activities | <input type="checkbox"/> Arts and cultural activities |

## T-SHIRT

The T-shirt will be mandatory during outings. Please indicate your child's t-shirt size.

- Extra small junior
- Small junior
- Medium junior
- Large junior
- Extra large junior
- Extra small adult
- Small adult
- Medium adult
- Large adult

## RATES FOR SUMMER 2024

Rates for summer 2024 include all camp's activities from 7:00 a.m. to 5:30 p.m., a shirt, and special activities such as outings

Rates	Regular camp	Specialized camp (outdoor activities OR arts and cultural activities)
PSP members - individual or family 6 or 12 months (military, DND employee, citizen)	\$210 Special priority registration price: \$150 for the first week	\$250 Special priority registration price: \$170 for the first week
Non-PSP member (military, DND employee, citizen)	\$225	\$320

Total costs for 2024 season (reserved to administration of camp Plein Soleil)

Number of weeks <b>regular camp</b> :	_____	X rates per week _____	= _____	
+			+	
Number of weeks <b>specialized camp</b> :	_____	X rates per week _____	= _____	
+			+	
Number of extra <b>t-shirts</b> :	_____	X \$20 (1 free t-shirt)	= _____	
-			-	
Priority registration special price discount (-\$60 regular camp/-\$80 specialized camp) (PSP member only - Valid only on April 5 and 6, 2024)			- _____	
<b>Grand total:</b>			= _____	+tx
			= _____	

## CHILD INFORMATION

Full Name:	Gender: F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/>
Date of Birth (year/month/day) :        /        /	Health Insurance Number:
Child age on September 30th, 2024 : _____	Expiration date:
Grade completed in June 2024: _____	

## EMERGENCY CONTACTS

CONTACT #1	CONTACT #2
Name :	Name :
Phone Number :	Phone Number :
Mobile :	Mobile :
Relationship :	Relationship :
CONTACT #3	CONTACT #4
Name :	Name :
Phone Number :	Phone Number :
Mobile :	Mobile :
Relationship :	Relationship :

## DEPARTURE FROM DAY CAMP

For added security, please provide a confidential password for the exclusive use of the authorized persons listed below, to be given to a member of the animation team when your child leaves camp.

PASSWORD: \_\_\_\_\_

\*\*\* Important not to tell the password to your child or other parents \*\*\*

Please provide a list of persons authorized to pick up your child at all times, for the entire summer, other than parents/guardians (specify full name and relationship to child (e.g. Jean Tremblay, grandfather).

#1  
\_\_\_\_\_

#2  
\_\_\_\_\_

#3  
\_\_\_\_\_

My child is authorized to leave camp Plein Soleil alone (only when the camp day is over). \*The child is no longer under the responsibility of camp Plein Soleil as soon as he leaves the garrison site.

Yes  No

Parent's or legal guardian signature: \_\_\_\_\_

## MEDICATION

Does your child take medication? Yes  No

Drug(s) Name :

Dosage :

Administered by the child? Yes  No

Details :

If your child must take medication during camp hours, you must, upon arrival at day camp, complete a medication authorization form so that those in charge can distribute the prescribed medication to your child.

## ALLERGIES

Does your child suffer from the following allergies: Please specify

- None
- Insect bite/sting  \_\_\_\_\_
- Hay fever  \_\_\_\_\_
- Penicillin  \_\_\_\_\_
- Animals  \_\_\_\_\_
- Food  \_\_\_\_\_
- Other  \_\_\_\_\_

Does your child have a dose of adrenaline (Epipen, Ana-Kit) available to them for their allergies? Yes  No

Does your child have an inhaler available for asthma reasons? Yes  No

I hereby authorize the persons designated by Plein Soleil day camp to administer, in case of an allergic reaction, the dose of adrenalin required for my child.

Parent's or legal guardian signature:  \_\_\_\_\_

## HEALTH INFORMATION

Does your child have health problems or illnesses Yes  No

Details:

## NECESSARY NURSING CARE AND/OR AMBULANCE - HOSPITAL

Please initial to consent:

- I authorize the PSP Day Camp management to provide all necessary nursing care.  \_\_\_\_\_
- I authorize the camp management to send my child to the hospital by ambulance if deemed necessary.  \_\_\_\_\_
- I authorize the doctor chosen by the camp management to give my child all the medical care required by his condition, including the practice of surgery, injections, anesthesia, and hospitalization.  \_\_\_\_\_
- If changes to my child's health occur before the start or during the day camp period, I agree to send this information to the day camp management.  \_\_\_\_\_

Parent or Legal Guardian's Signature:  \_\_\_\_\_

## SUNSCREEN AND INSECT REPELLENT

I authorize the Plein Soleil day camp to apply sunscreen or insect repellent (if the child does not have one)      Yes     No

## INFECTIOUS AND/OR CONTAGIOUS DISEASES

To ensure everyone's safety, it is very important, in the event of symptoms of an infectious and/or contagious illness (covid, gastro, lice, chickenpox, pink eye, etc.) of the child, not to come to the camp and to notify the coordinator by phone or email of the possibility of contamination. Note that in no case will the identity of the individual suspected of being infected be revealed.

I have read the article and will make sure to keep my child at home if he shows symptoms of an infectious and/or contagious illness.

Parent or Legal Guardian's Signature:  \_\_\_\_\_

## AQUATIC CAPABILITIES

- |   |   |
|---|---|
| <input type="checkbox"/> Swimming alone with a life jacket<br><input type="checkbox"/> Swimming alone in shallow water<br><input type="checkbox"/> Swimming alone in deep water | <input type="checkbox"/> Doesn't know how to swim<br><input type="checkbox"/> Need for support with a life jacket<br><input type="checkbox"/> Must wear earplugs<br>* If the child has epilepsy, discuss with us the wearing of a life jacket |
|---|---|

## INTERESTS AND STRENGTHS

What are their interests and hobbies?	
What are the best ways to encourage/motivate them?	
What are their strengths?	

## RELATIONSHIP WITH OTHERS HOW DO THEY INTERACT WITH:

Peers	
Authority	
New people	

## OTHER HEALTH INFORMATION

Does your child has behavior disorder      Yes <input type="checkbox"/> No <input type="checkbox"/>	Details :
Has your child received a diagnosis such as attention deficit, ASD, etc.: Yes <input type="checkbox"/> No <input type="checkbox"/>	Details :
Does your child have special needs requiring specific attention, either a physical, intellectual, or neurological handicap, or attention or behavioral problems?  Yes <input type="checkbox"/> No <input type="checkbox"/>  If you answered yes, please complete the «INCLUSION SUPPORT SERVICE» section on the following pages.	Details :
Has your child ever undergone surgery, if yes, specify the approximate date and the reason? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details :
Does your child have special follow-up during the year (medical specialist, CLSC, CISSS, special education technician, psychoeducation, social worker, etc.)?      Yes <input type="checkbox"/> No <input type="checkbox"/>	Details :
Are there any activities that your child cannot participate in or only under certain conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details :
Is your child experiencing a particular situation (separation, bereavement, moving, etc.)      Yes <input type="checkbox"/> No <input type="checkbox"/>	Details :
Does the child live with ...(specify)? 2 parents <input type="checkbox"/> 2 parents with shared custody <input type="checkbox"/> Only the mother <input type="checkbox"/> Only the father <input type="checkbox"/> Host family <input type="checkbox"/> Other <input type="checkbox"/>	Details :
Special interests of the child (sports, arts, science, etc.)	Details :

**BEHAVIORS AND RESPONSES**  
Should we pay attention to certain behaviors?  
Check what is applicable

Behaviour	In what contexts do these behaviors tend to arise?	How do you suggest intervening?
<input type="checkbox"/> Verbal and/or physical aggression towards himself		
<input type="checkbox"/> Aggression towards others		
<input type="checkbox"/> Anxiety /Stress		
<input type="checkbox"/> Runaways		
<input type="checkbox"/> Opposition		
<input type="checkbox"/> Special habits or routine (Accepted or not)		
<input type="checkbox"/> Transition/unforeseen circumstances / routine		
<input type="checkbox"/> Others (physical sensitivity, sexual arousal, intolerance to noise, broken equipment, etc.)		
Tendency for breakdowns? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what are the warning signs (agitation, isolation, etc.)	What are the effective interventions to use during these breakdowns?
Do they have any phobias or fears? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, which ones and how should we intervene? (Ex: animals, water, vertigo, etc.)	

\*If your child has an intervention plan with behavioral goals at his school, we would like to have a copy. This document would allow us to offer stability in the interventions carried out with the child.

## LEARNING AND ADAPTATION

My child has difficulty to making new friends. Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
My child has difficulty expressing their feelings, asking for help, or starting a conversation. Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
My child has difficulty sleeping alone.                      Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
My child has difficulty being understood                      Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
My child has difficulty understanding others Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
My child understands basic concepts (color, size...) Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
My child is aware of basic needs (food, toilet, discomfort) Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
My child is able to ask for help Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
My child is able to read Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
My child adapts easily to new people, activities, and experiences?                      Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
My child can wait for their turn Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:

### Signature and authorization of the parent/guardian

I declare that the information provided in this form is accurate and complete.

I agree to inform the staff of any changes that may have an impact on my child's participation in the day camp.



\_\_\_\_\_

Parent's signature

\_\_\_\_\_

Date

*Thank you for your collaboration!*



# INCLUSION SUPPORT SERVICE

If your child has special needs requiring specific attention, such as a physical, intellectual or neurological disability, attention deficit disorder or behavioural disorder, and you answered YES to the question "Does your child have special needs requiring specific attention", please complete the following section.

The inclusion support service offers more personalized supervision to help the child participate in the various activities by pairing the child with an accompanier and integrating them into a group.

The program's eligibility criteria are as follows:

- A parent or guardian must be an active member of the regular forces or an employee of the Ministry of National Defence.
- The child requiring accompaniment must be between 5 and 12 years of age and have special needs (autism spectrum disorder, mental health problem, intellectual or physical disability, behavioral disorder, etc.).
- The child shows an interest in integrating into the group and can function in a medium-sized group with support.
- The child acts in a way that does not compromise their own safety or others.

## DIAGNOSIS AND SPECIAL NEEDS

What is the nature of the issue(s) motivating the request for support:

<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Severe Specify:
<input type="checkbox"/> Autism Spectrum Disorder (ASD)	Specify if formerly, Asperger's, PDD-NOS, or others:
<input type="checkbox"/> Motor impairment	Specify:
<input type="checkbox"/> Visual Impairment	Specify:
<input type="checkbox"/> Auditory Impairment	Specify:
<input type="checkbox"/> Language-speech disorder	<input type="checkbox"/> Expression <input type="checkbox"/> Comprehension <input type="checkbox"/> Mixed Specify:
<input type="checkbox"/> Attention deficit disorder (ADD/ADHD)	<input type="checkbox"/> with hyperactivity <input type="checkbox"/> without hyperactivity Specify:
<input type="checkbox"/> Mental health	<input type="checkbox"/> Anxiety <input type="checkbox"/> Attachment disorder <input type="checkbox"/> OCD <input type="checkbox"/> Depression <input type="checkbox"/> Other specify:
<input type="checkbox"/> Behavior disorder	<input type="checkbox"/> Opposition <input type="checkbox"/> Aggressiveness <input type="checkbox"/> Passivity <input type="checkbox"/> Other specify:
<input type="checkbox"/> Diabetes	Specify:
<input type="checkbox"/> Epilepsy	Specify:
<input type="checkbox"/> Other(s) (Down Syndrome, etc.)	Specify:

Other information about your child that you would like to share with us (ex: significant change in the family life, special concerns, etc.):

What is the recommended ratio for your kid this summer?

- 1 guide for 1 kid
- 1 guide for 2 kids
- 1 guide for 3 kids

### Signature and authorization of the parent/guardian

I declare that the information provided in this form is accurate and complete. I authorize the persons directly involved in the management of the support program to contact the people mentioned in this form and in the diagnosis, in order to obtain additional information.

I agree to inform the staff of any changes that may have an impact on my child's participation in the day camp.



\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

*Please attach the professional's report to this document.*

\* Your child's acceptance into the Inclusion Support Program will follow a meeting with staff, child and parents. A member of our team will contact you to make an appointment, and confirmation of enrolment will take place by May 6.

*Thank you for your collaboration!*