



2025 FORM

**Inclusion
support service**
for children
with special needs

Courcelette Day Camp



ELIGIBILITY CRITERIA

- The child requiring support must be between 5 and 12 years of age and have a recognized diagnosis, such as an autism spectrum disorder, a mental health problem, an intellectual or physical disability, a behavioural disorder or other.
- The child wishes to join a regular group and must be able to function in small and medium-sized groups with support.
- The child acts in a way that does not compromise his or her safety or that of others. See the appropriate warning system on the next page.
- The parent or guardian must submit, before the deadline, a document setting out an officially recognized diagnosis indicating the limitations and needs to be met. such as, for example, a child psychiatric evaluation, a neuropsychological evaluation, the IRDPQ form, etc.
- The accompanying application form must be **submitted by March 31, 2025**. Applications submitted after the deadline will not be eligible for 2025.
- A child's acceptance into this program is subject to an annual review and is not considered automatic for the following year.
- The Recreation Department will evaluate each child's request accompaniment according to the eligibility criteria by April 30, 2025. Accompaniment may be refused if the application does not meet the eligibility criteria or if the number of applications received exceeds our capacity.
- If the request for accompaniment is accepted, the person in charge of the day camp accompaniment program will contact the parent or guardian to set up a meeting to obtain more information about your child's needs.

How to submit your support request:

You must submit your application **before March 31, 2025**
by e-mail to: **CampJourCourcelette@sbmfc.com**

The person in charge of the Day Camp Inclusion Support Service will contact you by **April 30, 2025**, to keep you informed of our progress and acceptance of your request, if applicable.

RESPECT PROGRAM – SUMMER 2025

Children attending Camp de jour Courcelette must respect a code of conduct known as the “Respect Program”. Accompanied children must also respect this code:

Usual code of life: Children will have the chance to live in an environment where team spirit, respect and fun will be the order of the day. That said, educational and playful methods will be used to encourage good behaviour on the part of each and every one. Any child displaying **unacceptable gestures or behaviour** will be subject to the following procedure:

- 1st time: Written warning to the child with the parent’s signature and informed of the next steps in the warning system;
- 2nd time: Written warning to child with the parent’s signature. The child is banned from the day camp for one day, without a refund. An improvement plan may be put in place.
- 3rd time: Written warning to child with the parents’ signature. Child is banned from day camp for one week, without a refund.
- 4th time: Written warning to the child with the parent’s signature, the child is banned from day camp for the rest of the summer, without a refund.

Unacceptable gestures or behaviours include:

- Aggression, physical, verbal or psychological violence towards another child or a staff member;
- Repeated running away that puts the child’s life and that of the staff in danger;
- Intimidation, physical or verbal threats;
- Theft or extortion (taxing);
- Lack of respect (e.g. child does not listen to instructions), insults, vulgar or hurtful language;
- Repeated behavioural problems (e.g., child does not follow his group);
- Going into the forest without a special need facilitator or animator;
- Sexual gestures.

The steps are not automatically applied in order according to the seriousness of the child’s behaviour. For example, it is possible to go from warning 1 to warning 4 depending on the behaviour.

Important - Accompaniment: The warning system is the same for accompanied children. However, we give accompanied children more latitude and chances before applying disciplinary measures. In fact, we offer an accompaniment service to enable the child to receive help in managing his or her emotions and behaviours by creating a routine and avoiding outbursts.

By completing the inclusion support service form, the parent accepts this warning system.

Date: _____

Signature: _____

You must send us your request by e-mail
before March 31, 2025:
CampJourCourcelette@sbmfc.com

1. Child information

Name :	First name:		
Address:	Gender: Male	Female	Other
Date of birth :	PSP #:		

2. Information from parents or guardians

Name Parent #1 / guardian:	First name Parent #1 / guardian:		
Address:	Matricule #:		
E-mail:	Work unit:		
Telephone (home):	Telephone (other):		

Name Parent #2 / guardian:	First name Parent #2 / guardian:		
Address:	Matricule #:		
E-mail:	Work unit:		
Telephone (home):	Telephone (other):		

Please specify which parent to contact in case of emergency:
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3. Support needs

Select the weeks in which your child will need support this summer.

* Please note that the choice of camp programs will be determined following evaluation of the accompaniment. Twinning with another accompanied child if applicable is also considered in the choice of programs.

** Full registration and payment will be made upon acceptance of support request.

Week 1: June 30 to July 4

Week 2: July 7 to 11

Week 3: July 14 to 18

Week 4: July 21 to 25

Week 5: July 28 to August 1st

Week 6: August 4 to 8

Week 7: August 11 to 15

Week 8: Please note that no accompaniment is possible in week 8.



You do not need to register on the day camp registration night. Registration and payment will be made following acceptance of the support request.

4. Diagnosis and special needs

Check all that apply:

PLEASE ENCLOSE THE DIAGNOSTIC EVALUATION WITH THE FORM.

Intellectual disability	Light Medium Severe	Specify:
Autism Spectrum Disorder (ASD)	Verbal Non-verbal	Specify:
Motor, visual or hearing impairment	Motor Visual Auditory	Specify:
Language disorders	Expression Comprehension Mixed	Specify:
Attention deficit disorder (ADD or ADHD)	With hyperactivity Without hyperactivity	Specify:
Mental health	Anxiety Attachment disorder OCD Depression	Other, specify:
Behavioural disorders	Opposition Aggressiveness Passivity Other:	Specify:
Other(s) / Trisomy 21, etc...	Specify:	

5. External parties working with the child

In order to assist in the evaluation of my child's needs, I authorize Courcelette Day Camp to contact the following people:

YES

NO

Date: _____

Signature: _____

Organization	Name of speaker	Speaker function	Contact details (Telephone and/or e-mail)
School			
CSSS			
IDRC			
IRDPQ			
Youth Centre			
Psychosocial services			
Other			

If your child has an intervention plan with behavioural objectives at school, we would like to receive a copy.
This document would enable us to offer stability in the interventions carried out with the child.

6. Behaviours and interventions

Are there any behaviours to watch out for? Check those that apply:

Behaviour	In what context(s) do these behaviours tend to arise?	How do you suggest we intervene?
Verbal and/or physical aggression towards self		
Aggressive towards others		
Anxiety / Stress		
Running away / Leaving the group without authorization		
Specific habits or idiosyncrasies (accepted or not)		
Opposition		
Transition / Unexpected situation / Routine		

Behaviour	In what context(s) do these behaviours tend to arise?	How do you suggest we intervene?
Other (ex.: physical sensitivity, sexual arousal, noise intolerance, equipment breakage, self-mutilation, suicidal ideation, etc...)		
Does it tend having crises? YES NO	If so, what are the warning signs (agitation, isolation, etc...) 	What are the effective interventions to use during these crises?
Does he have any phobias and/or fears? YES NO	If so, which ones and how can you intervene? (ex.: animals, water, vertigo, etc...)	
Does he have trouble expressing his/her feelings, asking for help or starting a conversation?		YES NO
Does it adapt easily to new people, activities and experiences?		YES NO

7. Interests and strengths

What are [his/her] interests, hobbies and leisure activities?	
What are the best ways to encourage/motivate [him/her]?	
What are its strengths?	

8. Relationships with others

How it interacts with others

His peers	
Authority holders (leaders, guides, etc...)	
New people	

Other information to help us set up services
or measures to facilitate better participation
by the child?
(ex.: pictorial timetable, breaks, rest periods, etc...)

9. Aquatic capabilities

Autonomy water:

Swim alone in deep-water

Needs support

Swim alone in shallow water

Can't swim

Swim alone with PFD

Must wear ear plugs

Has he/her taken a swimming course?

YES

NO

If yes, last swimming level completed:

* If the child is epileptic, talk to the camp about wearing a PFD (Personal Flotation Device).

10. Degree of autonomy

		Constant help	Occasional help	Verbal supervision	Independent
Communication	Communication with others				
	Understanding instructions				
	Make oneself understood				
	Communication used: Pictograms Board Computer Quebec Sign Language (LSQ) Gestures Animated hands Other, please specify:				
Activities participation	Encouraging participation				
	Interaction with adults				
	Interaction with other children				
	Group operation				
	Fine motor activities (crafts, manipulations, insertions, etc...)				
	Gross motor activity (sports, psychomotor games, ball, etc...)				
Daily life	Clothing (ex.: getting dressed, tying shoes)				
	Personal hygiene				
	Specify (catheter, diapers, etc...):				
	Diet / Food				
	Manage personal belongings (e.g. lunch box, backpack, etc...)				
	Staying with the group				
	Avoid dangerous situations (danger awareness)				
	Taking medication				
	Specify: * A medication form must be filled out if the child must take medication during day camp hours.				
Mobility	Walking / moving long distances				
	Walking / moving on uneven terrain				
	Short trips / to camp (specify level autonomy)				
	Manual wheelchair Adapted stroller Walker Motorized wheelchair Cane(s) / crutches Independent (walking)				

Other information about your child you would like us to know?

(e.g.: recent major changes in family life, new medication, special concerns, separation/divorce, deployment, etc...)

What ratio do you recommend for your child this summer?

- 1 special need facilitator for 1 child
- 1 special need facilitator for every 2 children
- 1 special need facilitator for every 3 children

* The final decision rests with the Day Camp, based on the youth worker's analysis of the request.



Signature and authorization of parent or 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 contact persons mentioned on this form and in the diagnosis in order to obtain additional information.

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

Date: _____

Signature: _____

Please attach the professional's report to this document.

Thank you for your cooperation!