2026 FORM

Inclusion support service

for children with special needs

Courcelette Day Camp

CAMP DE JOUR COURCELETTE

ELIGIBILITY CRITERIA

- The child requiring assistance must be between 5 and 12 years of age on September 30 of the current year and have a recognized diagnosis., such 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, 2026**. Applications submitted after the deadline will not be eligible for 2026.
- 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, 2026. 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, 2026**
by e-mail to: **CampJourCourcelette@sbmfc.com**

The person in charge of the Day Camp Inclusion Support Service will contact you by **April 30, 2026**, to keep you informed of our progress and acceptance of your request, if applicable.

RESPECT PROGRAM – SUMMER 2026

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 are fortunate 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 conduct by each and every one.

Children who show **unacceptable gestures or behaviour** will be subject to the following procedure:

1st offence: Verbal warning to the child and signature of the parent and awareness of the next steps in the warning system;

2nd offence: Written warning to the child and signature of the parent and awareness of the next steps in the warning system;

3rd offence: One-day suspension from day camp without a refund, written warning to the child with signature of the parent. An intervention plan may be put in place.

4th offence: One-week suspension from day camp without a refund, written warning to the child with a parent's signature. An intervention plan may be put in place.

5th offence: Permanent expulsion from day camp without a refund, written warning to the child with a parent's signature.

*Unacceptable behaviour or actions include:

- Assault, physical, verbal, or psychological violence toward another child or staff member;
- Repeated running away, which puts the child's life and that of the staff at risk;
- Intimidation, physical or verbal threats;
- Theft or extortion (shakedown);
- Disrespect (e.g., the child does not listen to instructions), insults, vulgar or hurtful language;
- Repetitive behavioural problems (e.g., the child does not follow his or her group);
- Going into the forest without his or her counselor/chaperone;
- Engaging in sexual acts.

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

Important - Support: The warning system is the same for children who are accompanied. However, we allow more leeway and opportunities for accompanied children before applying disciplinary measures. We offer a support service to help children manage their emotions and behaviour by creating a routine and avoiding outbursts.

By completing the accompanying form, the parent accepts this warning system.

Date: _____ **Parent's signature:** _____

Children's names: _____ _____

_____ _____

You must send us your request by e-mail
before March 31, 2026:
CampJourCourcelette@sbmfc.com

1. Child information

Name:	**First name:**
Address:	
Date of birth:	**Gender:** Male ☐ Female ☐ Other ☐

2. Information from parents or guardians

Name Parent #1 / guardian:		**First name Parent #1 / guardian:**
☐ **Shannon resident** ☐ **Employee of the Department of National Defense (DND)**		**Matricule #:**
Address:		
E-mail:		**Work unit:**
Telephone #1:	**# ext:**	**Telephone #2:** **# ext:**

Name Parent #2 / guardian:		**First name Parent #2 / guardian:**
☐ **Shannon resident** ☐ **Employee of the Department of National Defense (DND)**		**# Matricule :**
Address:		
E-mail:		**Work unit:**
Telephone #1:	**# ext:**	**Telephone #2:** **# ext:**

Please specify which parent to contact in case of emergency:

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 29 to July 3
- ☐ **Week 2:** July 6 to 10
- ☐ **Week 3:** July 13 to 17
- ☐ **Week 4:** July 20 to 24
- ☐ **Week 5:** July 27 to 31
- ☐ **Week 6:** August 3 to 7
- ☐ **Week 7:** August 10 to 14

Week 8 (Great Journey): Please note that no support is available 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
- ☐ Swim alone in shallow water
- ☐ Swim alone with PFD
- ☐ Needs support
- ☐ Can't swim
- ☐ 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).

Children aged **5-6 years old** swim in the wading pool.
A life jacket is mandatory if swimming takes place in the large pool.

Children aged **7 years and older** swim in the large pool.
The test is mandatory for all children except:

- Children who have completed and passed Swimmer Level 4 (send proof by email to aquatiquevalcartier@cfmws.com);
- Children whose parents indicate that wearing a PFD is mandatory for swimming;
- Children who ask not to take the test and mention that they want to wear a PFD.

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!