ate and Time Received	



2023 Flying Colours Camp Application Form

Deadline to Apply: August 1, 2023

One application per student. Print clearly.

Answers will remain confidential and will be used to provide campers with the best supports possible.

Student Information		
First Name:	La:	st Name:
Birthdate MM/DD/YY:	P	ronouns:
Primary Diagnosis/Disability:		
Language spoken at Home:		
Student Health and I	Behavioural Questionnaire	
Please answer the fol safe and fun week at		ieve will help us ensure that the potential camper has a
	nsory processing difficulties or sensitivities the atte	
Please describe and dif	fficulties with body movement or coordination the a	attendee has, if any:
Has the attendee ever	deliberately run or wandered away from a group?	□ No □ Yes, please explain:
Is the attendee prone t	o emotional outbursts, temper tantrums, etc.? \Box	No Yes, please explain:
Is the attendee prone t	o seizures or have epilepsy?	
Epilepsy: Yes 🗖 No 🕻]	
If Yes - Type:	Frequency:	Date of last seizure:
Treatment Plan if appli	cable (attach additional sheet if required):	
Please list any allergies	s that the attendee has:	
Please list any medicat	ion that the attendee is currently taking:	
Name & dosage:		Time/s:
Name & dosage:		Time/s:
If more space is neede	d, please complete on a separate sheet.	

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Plance detail anything also (madical	thermical that you think we should know about the attended to help us provide the best	
Please detail anything else (medical or otherwise) that you think we should know about the attendee to help us provide the best supports possible for them:		
Parent or Guardian Information		
First Name:	Last Name:	
riist Name.	Last Name:	
Address:		
City:	Postal:	
Phone:	☐ Cell ☐ Home ☐ Work	
Email:		
·	person MUST be reachable the week of camp)	
Emergency Contact Information (t	person MOST be reachable the week of camp)	
Name:	Phone:	
Drop Off/Pick-Up Information		
Each day of the Flying Colours Camp at Place des Arts.	our child must be dropped off and picked up by an adult (Parent/Guardian listed above)	
	horized to pick up your child for the 2023 Camp:	
Name:	Phone:	
	THORE.	
Photo/Image Release	and video archives of the program. Your child's photograph or video may be included in	
	nd in reports for program sponsors and sponsor publications. Your child's image will not	
I give consent for Place des Arts to to		
child for promotional and archival p	oses during camp: Signature of Parent/Guardian	

Return completed form by August 1, 2023 to:

Place des Arts c/o Jessie Au, Sr. Fine and Performing Arts Programmer 1120 Brunette Ave., Coquitlam, BC V3K 1G2 604-664-1636 ext 33, jau@placedesarts.ca