## 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

$\qquad$ Last Name: $\qquad$
Birthdate MM/DD/YY: $\qquad$ Pronouns: $\qquad$
Primary
Diagnosis/Disability: $\qquad$

Language spoken at
Home:

## Student Health and Behavioural Questionnaire

Please answer the following questions and explain anything that you believe will help us ensure that the potential camper has a safe and fun week at camp.

Please describe any sensory processing difficulties or sensitivities the attendee has, if any:

Please describe and difficulties with body movement or coordination the attendee has, if any:

Has the attendee ever deliberately run or wandered away from a group? $\square$ No $\square$ Yes, please explain:

Is the attendee prone to emotional outbursts, temper tantrums, etc.? $\square$ No $\square$ Yes, please explain:

Is the attendee prone to seizures or have epilepsy?
Epilepsy: Yes $\square$ No $\square$
If Yes - Type: $\qquad$ Frequency: $\qquad$ Date of last seizure: $\qquad$
Treatment Plan if applicable (attach additional sheet if required):

Please list any allergies that the attendee has:

Please list any medication that the attendee is currently taking:
Name \& dosage: $\qquad$ Time/s: $\qquad$
Name \& dosage: $\qquad$ Time/s: $\qquad$
If more space is needed, please complete on a separate sheet.

Will the attendee require any assistance with using restroom facilities or eating? $\square$ No NoYes, please explain:

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: $\qquad$ Last Name: $\qquad$

First Name: $\qquad$ Last Name: $\qquad$

Address:
City: $\qquad$ Postal: $\qquad$

Phone: $\qquad$ $\square$ Cell $\square$ Home $\square$ Work

Email:

## Emergency Contact Information (this person MUST be reachable the week of camp)

Name: $\qquad$ Phone: $\qquad$

## Drop Off/Pick-Up Information

Each day of the Flying Colours Camp, your child must be dropped off and picked up by an adult (Parent/Guardian listed above) at Place des Arts.
Person other than Parent/Guardian authorized to pick up your child for the 2023 Camp:

Name:
Phone: $\qquad$

## Photo/Image Release

Place des Arts maintains photographic and video archives of the program. Your child's photograph or video may be included in Place des Arts promotional materials and in reports for program sponsors and sponsor publications. Your child's image will not be lent or sold to any outside party.

I give consent for Place des Arts to take photos of my child for promotional and archival purposes during camp:

## 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

