



REQUEST FOR PARTICIPATION PACKAGE
YMCAs OF QUÉBEC DAY CAMPS

Dear Families,

Inclusion means welcoming everyone regardless of who they are, where they come from and what their abilities are. Inclusion is one of the YMCAs of Québec's core values and this is strongly reflected in our day camps. We have adopted a process which allows our day camps to assess the possibility of a successful summer for your child with different needs/diverse abilities within our camp community.

To meet the needs of our campers, YMCAs of Québec Day Camps require that all families of children with different needs/diverse abilities submit a completed *Request for Participation* package and wait for approval. Please note that you should **ONLY complete an online registration for your child after having received approval** in order to ensure that we indeed have the resources available to support your child's needs.

The purpose of this is so that we are able to meet the needs of our campers and manage expectations. The YMCAs of Québec's day camps' programs believe in a child centered approach, which ensures that the child's needs remain the focal point of all interventions within our fun, dynamic and inclusive camp environment. Our camps provide a safe setting in which all children are given the opportunity for personal growth, the development of self-esteem and independence, all while being an active member of our camp community.

In order for the YMCAs of Québec Day Camps to assess each child's situation adequately, the two forms included in this package **must** be completed by the child's parents/guardians **and** by a professional who works closely with the child and has the capacity to assess them *in a group setting* (i.e. therapists, teacher/educator etc).

Please ensure that all of the necessary documentation is included and the forms are filled out appropriately before submitting your **Request for Participation** package:

- Parent Authorization** form completed by the parents/guardians;
- Needs Assessment** form completed by child's therapist or teacher/educator etc.;

Acceptance of your child into the program will be based on the information given about their behaviour and ability to adapt to a day camp environment; as well as the resources, companions and funding available to the YMCA Day Camps.

The documents must be **submitted by email** to the following email address: inclusioncamps@ymcaquebec.org. It is very important to ensure all mandatory fields in the request forms have been completed prior to submitting the documents. These fields are identified by an asterisk (*). The need and eligibility for a companion will only be assessed once all required documentation has been submitted and all mandatory fields have been completed.

Should any modifications need to be made to your child's registration during the registration process, or the course of the summer, please contact the administrative team as soon as possible to ensure that there is availability and that your child's needs will continue to be met. We would also request that, should at any point you decide to **cancel** your child's **registration**, you please give us **two weeks' notice** in order to provide us enough time to offer your child's reserved spot to a family on our waiting list. If your child will be missing a day of camp, please ensure to warn the camp management staff as soon as possible.

Please note: If during the course of the summer we encounter children with different needs/diverse abilities registered for camp without going through this process, and the YMCA no longer has the appropriate resources to meet the child's needs, we reserve the right to cancel the registration immediately.

All information provided will remain confidential. Once the documents have been completed, and sent, we will be in contact with you by e-mail.

Thank you for your collaboration,

The YMCA Day Camps Team
inclusioncamps@ymcaquebec.org
514-789-8001, ext. 1524



PARENT AUTHORIZATION FORM
YMCAS OF QUÉBEC DAY CAMPS

*PARENT/GUARDIAN: [Family name] [First name]

*E-mail: [E-mail] Tel.: [Tel.]

*CHILD: [Family name] [First name]

*Gender: [F] [M] [X] *Age (as of June 25): [Age]
Primary language used: [English] [French] [Other: [Other]]

*Diagnosis (if applicable) [Diagnosis]
Please note that we require this information for grant applications in order to fund our Inclusion Program

*YMCA day camps may include large groups, several visits to local parks, occasional outings and loud group activities. Knowing this, what form of support do you feel your child would require to safely participate in a YMCA Day Camp this summer:
[Can share a companion] [Requires their own companion] [Does not require a companion]

*Which YMCA Day Camp sites would you be able to send your child to:
[Westpark Elementary (West Island)] [Du Parc YMCA] [Pointe-Saint-Charles YMCA]
[Collège de Montréal (Downtown)] [Westmount YMCA] [YMCA – Concordia Fines Arts]
[Notre-Dame-de-Grâce YMCA] [Cartierville YMCA]

If you wish for your child to attend a specialty program, please indicate which one: _____

*Please indicate which weeks you would be interested in your child attending the YMCA day camp should there be availability (from Monday to Friday, 9:00AM to 4:00 PM).

- [Week 1: June 23 to June 26] [Week 2: June 29 to July 3] [Week 3: July 6 to July 10]
[Week 4: July 13 to July 17] [Week 5: July 20 to July 24] [Week 6: July 27 to July 31]
[Week 7: August 3 to August 7] [Week 8: August 10 to August 14] [Week 9: August 17 to August 21]

*Are you interested in having your child attend our extended care services? If so, please select which services you will require: (Please note, hours vary depending on location and support required)

- [Pre-camp: Supervision before 9AM] [Post-camp: Supervision after 4PM]

Would you require the selected extended care services for all weeks of camp which you are requesting?

- [Yes] [No, I require extended care only for weeks, circle: 1 2 3 4 5 6 7 8 9]

Our extended care services include various activity stations which vary in structure and intensity. At this time all age groups are placed together in the same location and groups are supervised at an increased ratio. Knowing this, what form of support do you feel your child would require to safely participate during extended care:

- [Can share a companion] [Requires their own companion] [Does not require a companion]

Does your child like to swim? [No] [Yes]

*Does your child know how to swim? [No] [Yes]

*Has your child attended outings without a parent/guardian present? [No] [Yes]

*Please indicate either how these outings have gone, or what concerns you would have regarding your child attending outings without you present:

[Blank lines for text input]

Has your child taken medication(s) over the course of the last year?

No Yes, specify: _____

*Is your child presently taking medication(s)?

No Yes, specify: _____

*Does your child have any physical limitations or does your child require any medical assistance? No Yes

If yes, please specify:

*Has your child begun puberty? No Yes

If so, please indicate if they require any form of assistance or if there is any specific intervention which needs to be done:

Please list your child's strengths, as well as the best way for us to ensure that we are focusing on them while your child is at camp:

Please indicate one goal you would like us to focus on with your child this summer (e.g. making friends, sharing, using their words, etc.):

PLEASE NOTE: The registration process will only be completed once the request has been approved. The week(s) selected by the parent/guardian will be evaluated upon availability. **We cannot guarantee the week(s) selected by the parent/guardian.** More weeks may be offered to the same child if there is availability. **If it is the child's first summer, we suggest that they begin with a two week registration.**

YMCAs of Quebec Day Camps reserves the right to dismiss, or refuse, a child with different needs/diverse abilities from day camp under the following conditions (when this occurs, reimbursement is prorated accordingly).

- The day camp does not have the resources to meet the needs of the child (funding, companion, building logistics etc...);
- The child demonstrates violence, aggression and/or any other behavior deemed harmful to the child, other campers, members or Y employees;
- The parents/guardians do not provide the day camp team with sufficient information regarding their child's needs or behaviors when asked for additional information to best support the camper and/or are being noncompliant towards the camp staff.

*Have you been referred to our services by a professional or organization (i.e. social worker, CIUSSS etc.)? No Yes

If so, please indicate their contact information:

Name: _____ E-mail: _____ Tel.: _____

Name of Organization: _____

Partners:

Please indicate other professional partners who work with your child, including the professional who will be completing the Needs Assessment portion of this application*. The YMCA values working with other professional partners in order to ensure the best possible experience for the campers in our inclusion program. These partners will only be contacted should we require more information regarding a specific behaviour or intervention, or should we require additional support throughout the summer to ensure your child's successful participation.

Professional's Name	Professional Title	E-mail and/or phone number
*		

*I, the undersigned, _____, being the parent guardian of _____

(name in print)

_____, authorize the professional(s) indicated above to communicate and release information

(name of child)

to **YMCAs of Québec Day Camps** that is necessary to the completion of the **Request for Participation** package, and the **support** of my child within camp. This authorization form is only valid for the day camp season following the date this document is signed.

Parent/Guardian's signature

Date

Thank you for your collaboration!



NEEDS ASSESSMENT
YMCAS OF QUÉBEC DAY CAMPS

PLEASE NOTE: THE NEEDS ASSESSMENT IS TO BE COMPLETED BY A PROFESSIONAL WHO WORKS WITH YOUR CHILD

*MANDATORY FIELDS

*CHILD:		
	Family name	First name

School:		Grade (if applicable):
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- Specialized school
 Specialized class
 Integration Aid
 Integrated into a class with no aid

*Name of Professional completing Needs Assessment :	Profession:
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*E-mail:	Tel.:
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Communication:

*Can the child express their needs? Yes No

*How does the child communicate?

- Verbally
 Gestures
 Pictograms
 Sign language
 Other:

Activities:

*What are the child's likes and dislikes?

Likes:	Dislikes:
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*How can we best support the child during transitions from one activity to another?

*How long does the child remain engaged in an activity?

- 5 mins
 10 mins
 20 mins
 30 mins
 45+ mins

Behavior and Safety:

*How can we best support the child when a stressful situation is encountered?

*Does the child display any problematic behavior? (ie. Running away, hiding, hitting, aggression etc...) Yes No

If yes, please specify and indicate any triggers, as well as the best way to support the child when this occurs:

*Is the child sensitive to noise? Yes, specify: _____ No

*Does the child have any fears? Yes, specify: _____ No

*Does the child have any obsessions/rituals that could interfere with participation?
 Yes, specify: _____ No

*Does the child understand the concept of danger? Yes No, specify: _____

Autonomy :

*Can the child eat and drink independently? Yes No, specify: _____

*Can the child change and dress themselves? Yes No, specify: _____

*Does the child require assistance when going from one place to the other?
 Yes, specify: _____ No

*Does the child require assistance for toileting?
 Yes, specify: _____ No

*Can the child be responsible for their personal belongings?
 Yes No, specify: _____

Recommendation:

*YMCA day camps may include large groups, several visits to local parks, occasional outings and loud group activities. Knowing this, in your professional opinion what form of support do you feel the child would require to safely participate in a YMCA Day Camp this summer:

Can share a companion Requires their own companion Does not require a companion

Knowing the nature of our camp environment, is there any additional information you wish to share with us regarding the child? (ie. Additional interventions, concerns, possible unmentioned behaviours etc...):

*I, _____, in the capacity of _____ attest that the above information
(name of professional) (professional's title)

provides an accurate representation of the needs and behavior of _____.
(child's name)

I understand that YMCAs of Québec Day Camps request this information so that they may assess the possibility of a successful day camp experience for this child.

Professional's Signature

Date

Please note: The parent/guardian of the child must agree to the disclosure of the *Needs Assessment* to the YMCA Day Camps by completing and signing the designated portion included in the *Parent Authorization*.