



YMCAs of Québec Day Camps – Companion Program Participation Package

Dear Families,

Thank you for your interest in the YMCA Day Camps! **At our camps, we strongly value inclusion.** To us this means providing spaces where everyone feels welcome and safe, and where continuous effort is made to provide accessible programming and services to all members of our communities.

Our Companion program is one way to help us facilitate inclusion. It consists in providing the help of adults, known as companions, for children with different needs and diverse abilities, allowing them to fully enjoy the camp experience.

A slightly different registration process

To provide the best possible camp experience for campers with different needs and diverse abilities, we require that **the forms below be completed before registering online.** This will allow us to properly assess the needs and required/available support for each camper.

Confirmation for your camper's registration to this program will be based on the information given about their behaviour and needs; our ability to adapt our interventions and structure to your camper within the camp environment; as well as the resources, companions and funding available to the YMCA Day Camps.

Request for Participation Package

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 await confirmation from our team. Please note that you should **ONLY complete an online registration for your camper after having received confirmation of support.** With this, we will be able to ensure that we have the resources available to support your camper's needs.

For us to assess each camper's situation adequately, the two forms included in this package **must** be completed by the camper's parents/guardians **and** by a professional who works closely with the camper and has the capacity to assess them *in a group setting* (i.e. therapists, teacher/educator etc.).

Note – If your camper does not currently have access to a professional resource, and if your camper has not socialized with peers in the last 3 months, please let us know. We will follow up with you regarding how to proceed.

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

- Family Authorization** form completed by the parents/guardians (See page 3)
- Needs Assessment** form completed by camper's therapist or teacher/educator etc. (See page 7)

The documents must be **submitted by email** to the following email address: **inclusioncamps@ymcaquebec.org**. It is very important to ensure all mandatory fields (identified by an asterisk [*]) in the request forms have been completed prior to submitting the documents.



Modifications to the request

Should any modifications need to be made to your camper's registration during the registration process, or the course of the summer, please contact our team as soon as possible to ensure that there is availability, and that your camper's needs will continue to be met.

Cancelling the request

We would also request that, should you decide to **cancel** your camper's **registration** at any time, you give us **two weeks' notice** to provide us with enough time to offer your camper's reserved spot to a family on our waiting list.

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 we no longer have the appropriate resources to meet the camper's needs, we reserve the right to cancel the registration immediately.

All information provided will remain confidential, and will only be shared with those directly working with your camper. Once the documents have been completed, and sent, we will be in contact with you by e-mail.

Thank you for your collaboration,



CS Scanned with CamScanner

inclusioncamps@ymcaquebec.org
514-789-8001, ext. 1517



FAMILY AUTHORIZATION FORM

*PARENT/GUARDIAN:		
	Family name	First name

*E-mail:		Tel.:	
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*CHILD:		
	Family name	First name

*Gender: F M X *Age (as of June 25):

*Primary language used: English French Other:

Diagnosis (if applicable)		*Postal Code	
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*YMCA day camps may include large groups, several visits to local parks, possible outings, and loud group activities. Knowing this, what form of support do you feel your camper 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

*Where in Montréal would you like your camper to attend camp?

Note: Your camper will only be considered for the areas you check. Please indicate your order of preference (i.e. 1, 2, 3) next to the areas selected.

- Pierrefonds-Roxboro _____ Westmount _____ NDG _____
- Ahuntsic-Cartierville _____ Ville-Marie _____ Mile-End _____
- Pointe-Saint-Charles (your request will be forwarded to the local team)

Would you like your camper to attend a specialty program? Please indicate which one:

_____ Specialty program options can be found on our webpage

*Please indicate which weeks you would like your camper to attend the YMCA day camp should there be availability (from Monday to Friday, 9:00 A.M. to 4:00 P.M.).

- Week 1: June 27 to July 1 Week 2: July 4 to July 8 Week 3: July 11 to July 15
- Week 4: July 18 to July 22 Week 5: July 25 to July 29 Week 6: August 1 to August 5
- Week 7: August 8 to August 12 Week 8: August 15 to August 19 Week 9: August 22 to August 26 ^Δ
- ^Δ Only available at select locations

*Do you wish to register your camper for extended childcare? Yes No

If yes, which services would you require: Pre-care (before 9:00 A.M.) Post-care (after 4:00 P.M.)

Please circle the weeks you wish for your camper to attend extended childcare services:

1 2 3 4 5 6 7 8 9 3



Does your camper like to swim? No Yes

*Does your camper know how to swim? No Yes

*Has your camper 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 camper attending outings without you present:

*Is your camper presently taking medication(s)?

No Yes, please specify:

*Does your camper have any physical limitations or do they require any medical assistance? No Yes

If yes, please specify:

*Has your camper 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:

*Does your camper easily partake in suggested hygiene etiquette (i.e. handwashing, wearing a face covering or mask, social distancing)?

Yes No, please specify:

*Does your camper need any specific support which requires an adult to frequently be within 2 meters of them?

Yes, please specify: No

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

Please indicate one goal you would like us to focus on with your camper 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 camper's first summer, we suggest that they begin with a two-week registration.**

YMCAs of Québec Day Camps reserves the right to dismiss children 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 camper (funding, companion, building logistics etc.);
- The camper demonstrates violence, aggression and/or any other behaviour deemed harmful, or high risk, toward themselves, other campers, members or Y employees;
- The parents/guardians do not provide the day camp team with sufficient information regarding their camper's needs or behaviours 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 of Organization:	
Contact Name:	
E-mail:	Tel.:

Partners:

Please indicate other professional partners who work with your camper, including the professional who will be completing the Needs Assessment portion of this application*.

Note: The YMCA values working with other professional partners to ensure the best possible experience for the campers in our companion 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 camper'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 _____ (name of child) information to YMCAs of Québec Day Camps that is necessary to the completion of the Request for Participation package, and the support of my camper within camp. This authorization form is valid until the end of December 2022.

Parent/Guardian's signature

Date

Thank you for your collaboration!



ADDITIONAL COMMENTS OR NOTES:



NEEDS ASSESSMENT

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?

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

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

Behaviour and Safety:

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

*Does the child display any unexpected behaviour (i.e. 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, please specify: _____ No

*Does the child understand the concept of danger?

Yes No, please specify: _____

Autonomy:

*Can the child eat and drink independently?

Yes No, please specify: _____



*Can the child change and dress themselves?

Yes No, please specify: _____

*Does the child require assistance when going from one place to the other?

Yes, please specify: _____ No

*Can the child be responsible for their personal belongings?

Yes No, please specify: _____

Hygiene:

*Does the child require assistance for toileting?

Yes, please specify: _____ No

*Does the child easily partake in suggested hygiene etiquette (i.e. handwashing, wearing a face covering or mask, social distancing)?

Yes No, please specify: _____

*Does the child require any specific support which requires an adult to frequently be within 2 meters of the child?

Yes, please specify: _____ No

Recommendation:

*YMCA day camps may include large groups, several visits to local parks, possible 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 (i.e. additional interventions, concerns, possible unmentioned behaviours etc.)?

*I, _____, in the capacity of _____ attest that the above information provides an accurate representation of the needs and behaviour of _____.

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 *Family Authorization*.



ADDITIONAL COMMENTS OR NOTES: