# 2021 CPKF Camp in a Box Registration

Please fill out this form, save, and return via email to katie@calgarycp.org

## Age Selection

- Youngsters (ages 3-7) ☐
- Juniors (ages 8-12) ☐
- Teens (ages 13-18) ☐

## Week Selection

| | | |
|---|---|---|
| • July 5th – July 9th | $50 | ☐ |
| • July 12th – July 16th | $50 | ☐ |
| • July 19th – July 23rd | $50 | ☐ |
| • July 26th – July 30th | $50 | ☐ |
| • August 3rd – August 6th | $50 | ☐ |
| • August 9th – August 13th | $50 | ☐ |
| • August 16th – August 20th | $50 | ☐ |

*multiple week registrations are eligible for a $5 per week discount

Due to the nature of the COVID-19 pandemic and current health orders in place, we require that each child is accompanied by an aide/caregiver for our camp in a box programming. This ensures optimal program delivery and that the individual needs of each child are being met.

Contact Katie, katie@calgarycp.org for assistance with aide support.

Name of aide/caregiver: _____

## Personal and Contact Information

Child's Name: _____

DOB (yyyy/mm/dd): _____ Age (Years): _____

Primary Diagnosis: _____

_____

_____

Allergies: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Parent/Guardian(s) Name: _____

Phone: _____ Email: _____

Emergency Contact: _____

Primary Phone: _____ Secondary Phone: _____

**The following information allows Camp In A Box's**

**facilitators to interact well with your child.**

How would you describe your child's mobility?: _____

_____

How would you describe your child's vision?: _____

_____

How would you describe your child's hearing?: _____

_____

Please describe your child's communication skills:

_____

_____

Please list all regularly used communication devices:

_____

_____

_____

Please describe your child's behaviours: _____

_____

_____

What is your child's level of awareness of others and environment?:

_____

_____

Please list your child's favourite activities:

_____

Please list your child's *least* favourite activities:

_____

Name(s) of sibling(s)/pet(s), people of significance in your child's life, or favourite colour, animal, etc., to help us engage in conversation with your child: _____

_____

_____

Please provide any additional information about your child that you would like CKPF's Summer Staff to know:

_____

_____

_____

_____

| _____ | _____ | _____ |
|---|---|---|
| Parent/Guardian Name | Parent/ Guardian Signature | Date |
| _____ | _____ | _____ |
| Program Administrator Name | Program Administrator Signature | Date |