Cerebral Palsy
KIDS AND FAMILIES
Providing Support, Resources and Opportunities
Operating under the Calgary Cerebral Palsy Association

2021 CPKF Summer Kids Camp Registration

Please fill out this form, save, and return via email to katie@calgarycp.org or via fax 403-253-8236

Week Selection

☐	July 5 - July 9	Youngsters (Ages 3-7)	$ 900.00
☐	July 12 – July 16	Juniors (Ages 7 -12)	$ 900.00
☐	July 19 – July 23	Teens (Ages 13-17)	$ 900.00
☐	July 26 – July 30	Juniors (Ages 7-12)	$ 900.00
☐	August 3 – August 6	Youngsters (Ages 3-7)	$ 720.00
☐	August 9 - August 13	Juniors (Ages 7 -12)	$ 900.00
☐	August 16 – August 20	Teens (Ages 13-17)	$ 900.00

Will your child be accompanied by an aide? ☐ Yes ☐ No
If yes, your child will be entitled to a $25/a day discount.

Name of aide: _____

Personal and Contact Information

Child's Name: _____

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

Alberta Health Care Number: _____

Allergies: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Parent/Guardian(s) Name: _____

Phone: _____ Email: _____

Emergency Contact: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Medical Procedure

Medical Emergency Protocols (ex. Seizure protocol, allergic reaction, etc.): _____

_____

_____

Medication(s): _____

_____

_____

Medical Information

Primary Diagnosis: _____

_____

_____

Additional Medical Information (ex. Epilepsy, Asthma, G-Tube, etc.): _____

_____

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 list all regularly used equipment and any specific instructions (ex. AFO's, Walkers, Standing Frames, Arm/Leg Gaiters, etc.):

_____

_____

Please describe your child's communication skills:

_____

_____

Please list all regularly used communication devices and any specific instructions:

_____

_____

_____

Please describe your child's behaviours: _____

_____

_____

Please list some strategies *you* would like our Camp Staff to implement for these behaviours:_____

_____

_____

Personal Information

Please describe your child's personal care needs (toileting level, specific mealtime instructions, etc): _____

_____

_____

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: _____

_____

_____

Does your child have a bike that can be brought to camp? Yes ☐ No ☐

Please provide any additional information about your child that the Summer Camp Staff should know?

_____

_____

_____

_____

I understand this registration is not valid without a signed waiver and release. Parents/guardians must complete waiver and release on first day of camp. Payment for camp must be completed prior to the camp start date.

_____	_____	_____
Parent/Guardian Name	Parent/ Guardian Signature	Date
_____	_____	_____
Camp Coordinator Name	Camp Coordinator Signature	Date