



# Registration Form 2017

Requested Camp:	<input type="checkbox"/> July 17 - 21 (Ages 5 - 7)	<input type="checkbox"/> July 31 - Aug 4 (Ages 6 - 8)
Requested Half Day Camp:	<input type="checkbox"/> July 24 - Aug 28 (Ages 3-4)	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> both

## Personal Information

Child's Full Name:		Preferred Name:	
Child's Age as of July 1, 2017 :		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Child's Birthday	Day:	Month:	Year:
Parent's Full Name(s):			
Home Address:			
City:		Province:	Postal Code:
Home Phone:		Cell Phone:	
Email:			

## Emergency Contact Information

Name:	
Home Phone:	Cell Phone:

## Medical Information

Child's Healthcare Number:	
Immunizations up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have any allergies? List Here:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Camp Fees

Calgary Apraxia Parents Exchange understands that families affected by CAS have substantial therapy costs already, so we have strived to keep our camp fees to a minimum. At this time the camp costs are expected to be \$150/child for full day and \$100/child for half day. If our fundraising goals are exceeded, some or all of these costs could be refunded.

## Family BBQ the last afternoon of Camp

How many adults do you anticipate coming?	
How many children do you anticipate coming?	
Are you able to volunteer to assist with our family BBQ? (We require help with setting up, food prep, and cleanup.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

[www.CalgaryApraxiaParentsExchange.ca](http://www.CalgaryApraxiaParentsExchange.ca)



Calgary Apraxia  
Parents Exchange



# Questionnaire Form 2017

Child's Full Name:

Child's Age as of July 1, 2017:

### Additional Information

In the space below, please feel free to share any information about your child's needs, behaviours, personality, abilities/limitations, treatment plans and current speech focus that you feel may assist the instructor in getting to know and help your child.





# Waiver Form 2017

Requested Day Camp:  July 17 - 21 (Ages 5 - 7)  July 31 - Aug 4 (Ages 6 - 8)

Requested Half Day Camp:  July 24 - 28 (Ages 3 - 4)  am  pm  both

### First Aid Policy

I (Parent/Guardian's name) \_\_\_\_\_  
DO  DO NOT  give permission for staff of Camp ChAOS to administer first aid treatment to  
(child's name) \_\_\_\_\_ as required.

Signed:

Date:

### Off Site Permission

I (Parent/Guardian's name) \_\_\_\_\_ hereby give my  
consent to allow (child's name) \_\_\_\_\_ to go off site with  
supervision (eg. Gymnasium, playground, neighborhood walk, bus trip to zoo).

Signed:

Date:

### Alternative Pickup Arrangments

I (Parent/Guardian's name) \_\_\_\_\_ hereby give permission  
for Camp ChAOS to release (child's name) \_\_\_\_\_ to the following list  
of people; (Please list full name and phone number of others picking up your child during the week of  
camp).

Name & Phone Number of Alternate #1:

Name & Phone Number of Alternate #2:

Signed:

Date:

