



Alison Neighbourhood  
community centre

**Inclusion Services**  
Alison Neighbourhood Community Centre  
127 Eglin St. N  
Cambridge ON N1R 5H6  
519-620-1867

[ashley@alisonneighbourhood.org](mailto:ashley@alisonneighbourhood.org)  
[alisonneighbourhood.org](http://alisonneighbourhood.org)

## Participant Information Form

Alison Neighbourhood is committed to making our programs and leisure activities available and accessible. Please help us by completing the following information. The information you provide will be shared with our staff/volunteer team to provide support to your child within the program setting. It is our goal to make your child's time with us a positive experience!

### Child's Information:

Does your child have a disability or special need? Yes  No

Disability/Diagnosis: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Equipment : walker:  manual wheelchair:  power wheelchair:  canes/crutches:

head phones:  AFO's  Other: \_\_\_\_\_

Is your child verbal? Yes  No  **If no, please fill out participant non-verbal form**

Does your child require assistance with toileting? Yes  No

Does your child wear diapers? Yes  No  Pull Ups? Yes  No

Bladder Control? Always  Usually  Sometimes  Never

Bowel Control? Always  Usually  Sometimes  Never

Please rate your child's physical skills by circling the appropriate number:

	Difficulty	Somewhat Difficult	Somewhat Easy	Easy/Strong
Balance	1	2	3	4
Coordination	1	2	3	4
Learning new skills	1	2	3	4

	Difficulty	Somewhat Difficult	Somewhat Easy	Easy/Strong
Fine motor tasks	1	2	3	4

Does your child have hearing difficulty?      Yes  No

If yes, please describe difficulties, and strategies we can use to help your child:

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Does your child have vision difficulty?      Yes  No

If yes, please describe difficulties, and strategies we can use to help your child:

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Please rate your child's skill level by circling the appropriate number:

	Dependent	Assistance Required	Independent
Eating/Drinking	1	2	3
Dressing	1	2	3
Mobility	1	2	3
Transfers	1	2	3

Is your child comfortable in a group environment?      Yes  No

Does your child attend school:

In a regular class  Regular class with EA  In a special Ed class  Other

Does your child communicate with:

Words  Sentences  Gestures/hand leading  Signs  Other: \_\_\_\_\_

Does your child find transitions:      Easy  Sometimes Challenging  Challenging

**Behaviour Information:**

Please indicate if your child exhibits any of the following behaviours and their triggers:

Anxiety  Triggers: \_\_\_\_\_ Biting  Triggers: \_\_\_\_\_

Aggression  Triggers: \_\_\_\_\_ Hitting  Triggers: \_\_\_\_\_

Wandering  Triggers: \_\_\_\_\_ Kicking  Triggers: \_\_\_\_\_

Running  Triggers: \_\_\_\_\_ Pinching  Triggers: \_\_\_\_\_

Pulling Hair  Triggers: \_\_\_\_\_ Spitting  Triggers: \_\_\_\_\_

Refusal to participate  Triggers: \_\_\_\_\_

Tantrums/meltdown  Triggers: \_\_\_\_\_

Please indicate any strategies/techniques that you find useful in managing your child's behaviour

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Please describe your child's behaviour in terms of activity level, attention span, impulsiveness, etc.

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Are there any circumstances in which your child may react or behave physically?

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Does your child display self-injurious behaviour? Yes  No

If yes, please describe and identify any strategies we can use to help your child:

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**Medical Information: Please list all medications, even if not taking at camp**

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s): \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s): \_\_\_\_\_

Reaction and Treatment Protocol: \_\_\_\_\_

Is medication required during program activities? Yes  No

If yes, please provide details: \_\_\_\_\_

How is medication administered? \_\_\_\_\_

Please indicate if your child has any of the following health and safety alerts?

Asthma  Does your child carry a puffer? Yes  No

Seizures  Last seizure? \_\_\_\_\_

Allergies  Please identify: \_\_\_\_\_

Does your child carry an EPI-Pen? Yes  No  ANA-Kit? Yes  No

**If yes, please complete Consent for Administration of Epi-Pen Form**

**Program Activity Information:**

Please indicate any assistance/strategies that might benefit your child to participate in each activity:

Outdoor Play \_\_\_\_\_

Field Trips \_\_\_\_\_

Indoor Play \_\_\_\_\_

Games \_\_\_\_\_

Arts/Crafts \_\_\_\_\_

**Program Information:**

Please indicate what site you have registered at, program date and time:

Program Name	Weeks	Times	Location

- To be eligible for support, a child must be willing and able to participate (with assistance) in at least 50% of the program activities.
- Staff will assist in selecting an appropriate program for your child with 1:1 Support in a Community Program setting.

- Children should not be accessing both specialized programs and 1:1 support through
- If your summer plans change, please contact Courtney Didier at 519-620-1867 or by email [ancc@alisonneighbourhood.org](mailto:ancc@alisonneighbourhood.org).

Personal information collected on this form (and in any subsequent interview) will be used to evaluate and assist in placing participants to an appropriate Inclusion staff. It will be shared with the volunteers and staff when need be.

**Permission for Photographing and Videotaping:**

I, (name of parent/guardian), \_\_\_\_\_, give consent for the photographing and videotaping of my son/daughter (child's name) \_\_\_\_\_ by Alison Neighbourhood, including staff and volunteers. I understand that these photographs and videotapes may be used for publicity, archival, and research purposes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission and Consent :**

In order to maximize the benefits and enjoyment derived from this program and to offer the best support possible, I understand that it is important for the staff to have a clear idea of the capabilities of the program participants. The above information is true, accurate and includes as complete a description as possible. I hereby, authorize Alison Neighbourhood staff to obtain/release information on my child who will be participating in the program. The purpose of the information is to enable the staff, instructors and volunteers to plan the sessions to meet the needs of the participants. I permit,

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

to participate in the program. I understand that this information is to be used by the recipient for the purpose of program planning, development and accommodation/support.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Behaviour Expectation:**

The Alison Neighbourhood summer program staff are dedicated to providing your child with a safe, creative and innovative program that will peak their interest and keep them enthused. We have fun, play fair, and

show respect for ourselves and for others.

**The rules of program participation will be clearly outlined to participants**

- (1) Keep your hands and feet to yourself
- (2) Speak nicely to each other
- (3) Touch only what belongs to you
- (4) Stay within the activity area
- (5) Listen to your leaders/staff

It is the intention of staff to provide a fun and safe program environment for your child. Summer program staff have been trained in a variety of behaviour management techniques to encourage positive behaviour and self-discipline. Keep in mind this is a camp/playground environment with no therapists on site. Playground staff and Inclusion Facilitators will not use physical restraint. **Personal care** such as toileting, diapers, lifts and transfers will be the primary responsibility of the family - agency support may be arranged through Inclusion Services when necessary.

**Program Expectation:**

To ensure the best use of resources and the success of our programs, we ask the following program expectations be reviewed;

- Ensure drop off and pick up times are followed
- Inform staff when participant is sick prior to program start time
- Inform Inclusion Coordinator if child is being withdrawn from program
- Ensure staff are aware if a support worker or therapist will be on site during program

**Contact Information:**

For information on support and accommodation contact:

Ashley Lawniczak

519-620-1867

ashley@alisonneighbourhood.org

Personal information contained on this form is collected pursuant to the Municipal Act and will be used for the purpose of support and accommodation only.