



CAMP KIRK

Dear Parent/Guardian,

Thank you so much for your interest in Camp Kirk. We certainly encourage you to download our camper application package. Please note that, while Camp Kirk welcomes children with learning disabilities, AD(H)D, incontinence and bedwetting difficulties, it does not offer a clinical setting and therefore, we cannot accept children who require primarily one-on-one supervision or have a history of aggressive, violent or abusive behaviour. Like most similar organizations, we do adhere to a **very strict low tolerance policy** when it comes to those types of conduct. We should point out that a high number of our campers return each year therefore space is limited and we urge you to apply as early as possible.

Please complete all of the enclosed forms, assisting your child in completing the "Camper Questionnaire" portion if necessary. We are also enclosing and a "Release of School Information Form" to be completed and submitted to your child's Principal together with the "Confidential Teacher Questionnaire" provided.

A deposit of \$400 in Canadian funds is required with each application and should be made payable to Camp Kirk by cheque, Visa or Mastercard. See the back of the Application Form for payment information, and the enclosed "Fees and Dates Schedule" for camp fees. **Applications are only processed when accompanied by the required deposit and all forms duly completed.**

As stated on our "Fees and Dates Schedule", every camper benefits from a substantial subsidy as our fees don't come close to covering our cost of operation. For that reason, **additional subsidies from Camp Kirk are not available at this time. However, if you require additional funding, we urge you to source out possibilities on your own through service clubs, private organizations, agencies, churches etc....**

After we receive your child's application, we will contact you to arrange for a personal visit if we feel it is necessary. The purpose of this visit would be for us to gain a clearer understanding of your child's needs and to assess Camp Kirk's ability to meet them. With confirmation of your child's acceptance, additional information will be sent to you.

We look forward to the prospect of meeting you and of having your child with us this summer. In the mean time, if you have any questions or concerns, please don't hesitate to contact me at your convenience.

Sincerely,


Henri Audet
Executive Director

Tel: (416) 782-3310
Toll Free: 1-866-982-3310
Fax: (416) 782-3239
Summer Tel: (705) 438-1353

"Since 1993"
115 Howden Road, Toronto, Ontario, M1R 3C7
e-mail: campkirk@campkirk.com
website: www.campkirk.com
CHARITABLE #13655-2643-RR0001





"DARE TO DREAM"

CAMP KIRK

"Since 1993"



ATTACH
1-1/2" X 1-3/4"
PHOTO
HERE

2010 CAMPER APPLICATION

I wish to make an application for admission to Camp Kirk for the season 2010 on behalf of my: **son** **daughter**

Name: _____
CAMPER'S FIRST OR GIVEN NAME LAST OR FAMILY NAME

Date of Birth of Camper: ____ / ____ / ____ **Age as of June 1, 2010:** _____
M D Y

Present School Grade: _____ School Name: _____

PLEASE INDICATE YOUR PREFERRED CHOICE OF SESSION(S) IN PRIORITY (1 TO 4)

<input type="checkbox"/> Session #1	Co-Ed	Thursday, July 1, 2010 to Saturday, July 10, 2010	\$1,755
<input type="checkbox"/> Session #2	Co-Ed	Tuesday, July 13, 2010 to Monday, July 26, 2010	\$2,340
<input type="checkbox"/> Session #3	Co-Ed	Friday, July 30, 2010 to Thursday, August 12, 2010	\$2,340
<input type="checkbox"/> Session #4	Co-Ed	Sunday, August 15, 2010 to Tuesday, August 24, 2010	\$1,755

Mother's Name: _____ Tel: (____) _____

Present Address: _____ Bus: (____) _____

City: _____ Prov: _____ Postal Code: _____

Father's Name: _____ Tel: (____) _____

Present Address: _____ Bus: (____) _____

City: _____ Prov: _____ Postal Code: _____

Guardian's Name: _____ Tel: (____) _____

Present Address: _____ Bus: (____) _____

City: _____ Prov: _____ Postal Code: _____

All camp business correspondence should be addressed to:

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Your e-mail: _____ Your child's e-mail: _____

Summer Telephone: (eg. cottage)

Tel: (____) _____ **Dates of Stay:** From _____ to _____

Please turn over for additional information.

METHOD OF PAYMENT (For camp fees, please see the 2010 Fees and Dates Schedule)

- Please find enclosed my cheque or money order in the amount of \$ _____
- I would like the amount of \$ _____ to be charged to my credit card: VISA MasterCard
- Card number: _____ Exp. date: _____
- Name and initials on card: _____ # Code: _____

If you wish to include a donation to Camp Kirk, in addition to the camp fees, please enter amount of donation.
An official charitable tax receipt for that amount will be sent to you by mail. \$ _____

I AGREE TO PAY THE BALANCE OF FEES IN FULL BY APRIL 1, 2010

Do you wish to have the balance owed taken from your credit card on April 1, 2010? Yes No

CONSENT

I hereby give consent to _____ to attend Camp Kirk and
PRINT CAMPER'S FULL NAME

declare that his/her health is suitable for all camp activities, and hereby release the Friends of The Learning Disabled, Camp Kirk and the Lions Clubs Camp Kirk Foundation of any and all responsibility in the event of an accident related to an undeclared health condition. **By signing this application form, you confirm the consent of you, your camper and your other family members to the collection, use and disclosure of this and other personal information including camper photographs in accordance with the Camp Kirk Privacy Policy. If you have any questions or concerns regarding our use of personal information, please contact the camp Director.**

SIGNATURE OF PARENT OR GUARDIAN

_____ 20 ____
TODAY'S DATE

CONDITIONS

The Director will try and fulfill the wishes of the applicants under the following conditions:

1. A formal acceptance is mailed to the parent/guardian for each camper enrolled upon receipt of an original signed Camper Application Form with a recent passport size (approx. 1-1/2" x 1-3/4") photograph, the required deposit, a completed Camper and Family Questionnaire, Camper Health Form and Confidential Teacher Questionnaire and, following a personal visit **if required by the Director. All camp fees must be paid by no later than April 1, 2010.**
2. If this application is not accepted, you will be reimbursed in full. Enrollment may be cancelled on or before April 1, 2010 and fee will be refunded in full. **ANY CANCELLATION AFTER April 1, 2010 will be subject to a \$400 processing fee.**
3. **After June 1, 2010, fees will be retained upon cancellation of enrolment.**
4. Any deviation from the foregoing will be a the Executive Director's discretion.
5. **No refund or reduction of fees will be given for campers arriving late, leaving early or expelled from camp.**

VERY IMPORTANT

While Camp Kirk welcomes children with special needs, it does not offer a clinical setting. We adhere to a very strict "LOW TOLERANCE" policy when it comes to violent or aggressive behaviour. Therefore, if a camper's conduct is deemed to be unsafe, harmful to self or others, inappropriate or unmanageable, he/she may be asked to return home prematurely.



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2010 CAMP KIRK FEES AND DATES SCHEDULE

DEPOSIT

A deposit of \$400 in Canadian Funds must accompany each camper application form. This deposit will apply towards camp fees and will be refunded in full in the event that this application is not accepted. See conditions listed on the back of the Camper Application Form.

2010 FEES AND DATES

Session #1 and #4

Your camp fees owing for 2010: \$1,755

Based on a full enrolment, our operating cost per camper is \$3,370

Amount of subsidy already allocated to each child from Camp Kirk: \$1,615

Session #2 and #3

Your camp fees owing for 2010: \$2,340

Based on a full enrolment, our operating cost per camper is \$3,370

Amount of subsidy already allocated to each child from Camp Kirk: \$1,030

Session #1	Co-Ed	Thursday, July 1, 2010 to Saturday, July 10, 2010
Session #2	Co-Ed	Tuesday, July 13, 2010 to Monday, July 26, 2010
Session #3	Co-Ed	Friday, July 30, 2010 to Thursday, August 12, 2010
Session #4	Co-Ed	Sunday, August 15, 2010 to Tuesday, August 24, 2010

2010 CAMPER ADDITIONAL SUBSIDY FUNDING OPTION

Camp Kirk has always partially covered the total operating cost per camper through fund raising. Because of the need for a high staff/camper ratio at Camp Kirk, and the small total camper enrolment capacity compared to other main-stream overnight camps, our operating cost per camper is much higher than one might expect.

We would therefore like to ask families, if they feel comfortable doing so, to consider making a donation to the camp to help us cover the subsidy portion of camp fees allocated to each camper.

A charitable tax receipt will be issued in the amount of the portion exceeding the total amount of the **2010 camper fees listed above**. Your generosity, no matter the amount, will serve to help Camp Kirk continue to thrive as we grow and continue to offer our campers the experience of a life time. All donations are confidential. We hope that you will give this option your kind consideration.

With sincere thanks,
Henri Audet, Executive Director

Was your child assessed as having a learning disability? Yes No

If so, when and by whom? _____

What is the nature of your child's learning disability? _____

Is your child aware of his/her learning disability? Yes No If YES, how does your child deal with the fact that he/she has a learning disability? _____

Was your child ever assessed as having **ADD** or **AD(H)D**? Yes No

Is your child on any medication for behaviour modification? Yes No

If YES, indicate which medication(s) he/she is on: _____

Was your child ever assessed as having any other exceptionality? Yes No

If YES, please describe: _____

NOTE: We accept children who have bladder and/or bowel control difficulties and/or bed-wetting, but would appreciate the following information in order to insure proper care.

Does your child wet or soil during the day? Yes No

Does your child wet or soil at night? Yes No

Do you use Pull-Ups, Goodnight, diapers, etc., at home? Yes No

If YES, please describe: _____

IMPORTANT: Children who are incontinent or enuretic (bedwetters) must be informed and accept that, for health and sanitary reasons, protective undergarments are supplied at camp and their use is required and are a must. If applicable, was your child informed? Yes No

What is your main concern with your child at this time? _____

What are your child's main interests? _____

What are your child's strengths? _____

Please describe any behaviour difficulties: _____

What tends to precipitate/cause this behaviour? _____

How are these situations best resolved: _____

Does your child recognize his/her role/part in situations? Yes No

Please explain: _____

Does your child ever exhibit aggressive, abusive or violent behaviour towards self or other? If so, please explain:

Does your child have behaviour issues, difficulty paying attention or concentrating in any of the following situations? If so, please circle YES, and then circle a number beside that situation that describes how severe these attentional difficulties are. If not, simply circle NO and go on to the next situation.

Situations:	Yes	No	Mild			How Severe			Severe		
While playing alone	Yes	No	1	2	3	4	5	6	7	8	9
While playing with other children	Yes	No	1	2	3	4	5	6	7	8	9
At meal times	Yes	No	1	2	3	4	5	6	7	8	9
Getting dressed in the morning	Yes	No	1	2	3	4	5	6	7	8	9
While watching television	Yes	No	1	2	3	4	5	6	7	8	9
When visitors are in your home	Yes	No	1	2	3	4	5	6	7	8	9
When you are visiting someone else	Yes	No	1	2	3	4	5	6	7	8	9
In public places (eg. restaurants, stores)	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do chores at home	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do school homework	Yes	No	1	2	3	4	5	6	7	8	9
During conversations with others	Yes	No	1	2	3	4	5	6	7	8	9
While in the car	Yes	No	1	2	3	4	5	6	7	8	9

What frustrates your child the most? _____

VERY IMPORTANT:

Have you been involved with a **Child & Family clinic, a mental health or child welfare agency or other similar services** in an effort to help your child? Yes No If YES, please complete the following:

1. Name of Agency: _____
 Contact Name: _____
 Date of involvement: M / D / Y Tel: () _____
 Type of involvement: (eg. behaviour management therapy, residential treatment, social skills development):

2. Name of Agency: _____
 Contact Name: _____
 Date of involvement: M / D / Y Tel: () _____
 Type of involvement: (eg. behaviour management therapy, residential treatment, social skills development):

Please provide us with any additional information which could assist us to better understand your child and meet his/her needs while at Camp Kirk:

Names(s) of persons completing this questionnaire:

I hereby give consent and authorize the Director of Camp Kirk to share the foregoing information with any appropriate Camp personnel.

 SIGNATURE OF PARENT OR GUARDIAN

 SIGNATURE OF PARENT OR GUARDIAN

Today's Date: _____ 20 _____

CAMPER QUESTIONNAIRE

CAMPER'S FULL NAME (please print): _____

NOTE TO PARENT/GUARDIAN:

Please help your child answer the following questions as he/she understand them at the time and without interference. You might explain to your child that these are only to help us offer him/her the best possible camp experience. Thank you.

(Please print)

Generally, do you prefer to be with children:

older than yourself? younger than yourself? the same age as yourself? or with adults?

Is there a "**nickname**" you would like to be called at camp? _____

Who is your favourite hero or idol? _____

Why? _____

What embarrasses you the most? _____

What is your biggest fear? _____

What makes you really angry? _____

What do you do when you are angry? _____

What is your favourite sport? _____

What is your favourite type of music? _____

What foods do you like the most? _____

What foods do you dislike the most? _____

What is your favourite family occasion/holiday? _____

What would you like to be when you grow up? _____

What do you own that you love the most? _____

What person **outside your family** have you admired the most?: _____

Why? _____

What was your biggest upset ever? _____

How do you feel about coming to Camp Kirk? _____

What scares you the most about coming to Camp Kirk? _____

What are you looking forward to the most at camp? _____

THANK YOU AND WE LOOK FORWARD TO MEETING YOU!



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"Since 1993"



2010 RELEASE OF SCHOOL INFORMATION FORM

ATTN: PARENTS/GUARDIANS

This "Release of School Information Form" is to be **completed, signed** and **sent by yourself** directly to the school Principal, together with the "**Confidential Teacher Questionnaire**". Once completed, both documents should be returned directly to you or to our office.

Thank you.

Principal's Name: _____
PLEASE PRINT

Teacher(s) Name(s): _____

School Name: _____

School Address: _____ City: _____

Prov: _____ Postal Code: _____ School Tel: (_____) _____

Student's Full Name: _____

Date of Birth: ____ / ____ / ____ Present Age: ____ years old
M D Y

ATTN: The Principal

Application for enrolment for Camp Kirk, a residential camp for children with learning disabilities and/or attention deficit disorders has been made on behalf of the child named above.

Duly signed, this form authorizes you to provide the Executive Director of Camp Kirk with the information requested on the enclosed "**Confidential Teacher Questionnaire**" and any other information that may assist him in developing a comprehensive understanding of this child, in accordance with the Camp Kirk Privacy Policy.

SIGNATURE OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

N.B. The completed "**Confidential Teacher Questionnaire**" should be returned at your earliest convenience directly to the parents/guardians of this student or to Camp Kirk's office.

Thank you for your kind consideration and co-operation.

Henri Audet
Executive Director

We are trying to better understand this child's learning needs and would appreciate your observations. Does this student have any behaviour issues in any of the following situations? If so, please indicate how severe they are.

Situations:	Yes	No	Mild ← How Severe → Severe								
During individual desk work	Yes	No	1	2	3	4	5	6	7	8	9
During small group activities	Yes	No	1	2	3	4	5	6	7	8	9
During free play time in class	Yes	No	1	2	3	4	5	6	7	8	9
During lectures in the class	Yes	No	1	2	3	4	5	6	7	8	9
At recess	Yes	No	1	2	3	4	5	6	7	8	9
At lunch	Yes	No	1	2	3	4	5	6	7	8	9
In the hallways (in transit)	Yes	No	1	2	3	4	5	6	7	8	9
In the bathroom	Yes	No	1	2	3	4	5	6	7	8	9
On field trips	Yes	No	1	2	3	4	5	6	7	8	9
During special assemblies	Yes	No	1	2	3	4	5	6	7	8	9

What tends to precipitate behavioural difficulties? _____

What is most helpful in resolving these difficulties? _____

Is this child able to perceive his/her role in those situations? Yes No
 Please explain: _____

How does he/she deal with the fact that he/she has a learning disability? _____

Can he/she describe his/her learning disability? _____

To your knowledge, has this student been assessed as having any other exceptionality?
(eg. Obsessive-Compulsive Disorder, Oppositional-Defiant Disorder, Fetal Alcohol Syndrome, Aspergers Syndrome)? Yes No

If **“Yes”** please specify: _____

In your opinion, does this child require one-on-one supervision in order to maintain control of his/her behaviour? Yes No
 If **“Yes”**, why? _____

Please feel free to offer any further comments you feel would assist us in trying to provide this child with a positive and successful residential camping experience: _____

Thank you for your kind co-operation.

Henri Audet
 Executive Director



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2010 CAMPER HEALTH FORM

PLEASE PRINT

Name: _____ Male Female
CAMPER'S FIRST OR GIVEN NAME LAST OR FAMILY NAME

Date of Birth of Camper: ____ / ____ / ____ Height: _____ in. Weight: _____
lbs. M D Y

Attending Camp Sessions(s): #1 #2 #3 #4

TO BE COMPLETED BY PARENT/GUARDIAN)

Ontario Health Card # (or equivalent): _____

In case of medical emergency or illness, notify:

Name: _____ Tel: (____) _____

Address: _____ Bus: (____) _____

City: _____ Prov: _____ Postal Code: _____

HEALTH HISTORY

Please check off anything camper has or has had:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles, Red | <input type="checkbox"/> Measles, German |
| <input type="checkbox"/> Epilepsy (convulsions) | <input type="checkbox"/> Sun sensitivity | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Mumps | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Severe stomach aches |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> heart condition |
| <input type="checkbox"/> Bladder ___ bowel control problems (daytime) | <input type="checkbox"/> Enuresis (bed-wetting) | <input type="checkbox"/> Fears | |
| <input type="checkbox"/> Severe contact disorder | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Sleep walking | |

Has girl menstruated? Yes No If not, has she been told about menstruation? Yes No

State any operations and/or recent (last 2 years) illnesses, injuries, hospitalizations or special medical needs camper has and give details: _____

PLEASE BE SPECIFIC IN ANSWERING THE FOLLOWING (please print)

Does this child suffer from any allergic reactions to:

- Penicillin Other drugs Bee or wasp sting Foods

Please specify **which drugs** he/she is allergic to: _____

Please specify **which foods** he/she is allergic to: _____

Is the allergic reaction anaphylactic: Yes No

Please turn over.

State any **physical or emotional abnormalities** or other information of use to the camp: _____

Describe any **treatments** or **injections** required by camper **while at camp**: _____

List any and all medications required by camper while at camp, reasons for use and **current daily schedule for medications**: _____

IN CASE OF EMERGENCY

Your child's physician's full name: _____

Address: _____ Tel: (____) _____

_____ Bus: (____) _____

City: _____ Prov: _____ Postal Code: _____

IMPORTANT – PLEASE NOTE!

We prefer that this medical form be signed by your child's physician. However, because of the added expense incurred in having your child (children) seen by a physician for a medial examination, we do not require parents and /or guardians to have this form signed by a physician. We do reserve the right to require a physician's signature in the case of a serious medical condition listed on this medical form. We also require a parent/guardian's signature below.

To the best of my knowledge, the child named above is in good health and physically and mentally able to participate in all camp activities and programmes, except as previously noted. I will notify the camp if this child is exposed to any infectious disease during the 3 weeks prior to his/her arrival at the camp. In case of a medial emergency, I hereby give permission to the physician selected by the Camp Director or his/her appointed representative to hospitalize, secure proper treatment, order injections, anaesthesia or surgery for the child named above.

PARENT/GUARDIAN'S SIGNATURE

_____ 20 ____
TODAY'S DATE

PHYSICIAN'S SIGNATURE

_____ 20 ____
TODAY'S DATE

Camp Kirk Privacy Policy

Camp Kirk is committed to maintaining and protecting the privacy of its campers and their families, and its goal is to treat the personal information provided to it with the utmost respect and discretion. This privacy policy explains how Camp Kirk may collect, use and disclose personal information about its campers and their families.

What information is collected and how it is used

Camp Kirk collects personal information about its campers and their families in order to assess a camper's application, to place a camper within the camp, to design and administer camp programs, to properly care for each camper and to provide reports to campers' parents or guardians. The amount of information collected is limited to what is required for these purposes.

Camp Kirk, through its Camper Application and Health Forms, collects personal contact information, age, medical history, medication, and information on the camper's learning and behavioural characteristics, social skills, personal hygiene, and discipline arrangements. The camp also requires that a photo of the camper be submitted for identification purposes. Camper information is only disclosed to third parties if required or permitted by law or if required in the course of medical examination or treatment. Information is not disclosed to the camper's school or physician [**except if required for medical treatment**].

Information collected to assess the camper's home circumstances includes:

- information about the camper's home, the people with whom the camper normally resides and any other parent or guardian; and
- information about any third-party agencies with which the camper has had past contact, including the period and type of involvement the camper had with the agency.

Information collected to prepare for the camper attending camp includes:

- information about the camper's learning disability, including an assessment of the disability, and any medications taken;
- information provided by the camper's school, including the camper's teachers' views regarding the camper's learning disability; and any behavioural difficulties manifested at school;
- a description of the camper's behavioural difficulties, solutions for resolving them, and an assessment of the camper's ability to recognize his or her responsibility in such situations; and
- other relevant medical or health-related information.

Information collected to place the camper within the camp includes:

- information on the camper's main interests, athletic ability and association preferences;
- the child's and the parents' or guardians' expectations;
- information about any past experiences the camper has had at other camps;
- information respecting occurrences that may cause upset.

Security

All camper information is kept secure and confidential using appropriate physical, technological and administrative measures. Camper information is accessible only by the senior camp administrative staff and the camper's counsellors.

Retention policy

Camp Kirk retains all information contained in the camper file while he or she is eligible to attend camp. Unless legal or medical circumstances require a longer retention of personal information, the camper's file is destroyed upon the expiration of the six-month period following the end of the camper's eligibility to attend camp.

Access

Any written camper information may be reviewed, upon request and with reasonable notice, by a camper's parent or legally authorized guardian.

Consent

By submitting an application a camper's parent or guardian confirms his or her consent and the consent of other family members including the camper to the collection, use and disclosure of their personal information as set out in this Privacy Policy. This consent is required for a camper to attend Camp Kirk.

Camp Kirk may use photographs of campers taken by staff or other authorized persons for the purposes of promoting the activities of the Camp, the Friends of the Learning Disabled and the Lions Club Camp Kirk Foundation.

Photographs taken at the Camp and testimonials submitted by parents, guardians and campers may be posted to the Camp Kirk website for the purpose of publicizing the Camp's programs. If you or your camper do not agree with having the camper's photograph or a testimonial used for any of these purposes please advise the Camp Director.

Contact information

Any questions or concerns relating to Camp Kirk's privacy policy may be directed to Henri Audet, Camp Director, as follows:

From September to June:

115 Howden Road, Toronto, ON M1R 3C7

Phone: 416.782.3310

Fax: 416.782.3239

Email: campkirk@campkirk.com

During the summer months

(approximately June 15th to the end of August):

1083 Portage Road

Kirkfield, ON, K0M 2B0

Phone: 705.438.1353