

If you are interested in registering your child for 1:1 support, please complete the form below:

Please note, we will do our best to accommodate your requested weeks. However, due to a two-week limit and high demand for 1:1 support we may not be able to accommodate your first choice. Spaces are limited and filled on a first-come-first-served basis. E-mail the completed form to rosiely@oakville.ymca.ca

Information required on registration form:

Participant Name:	Parent Name:			
*Inclusion campers must be 17 years and younger	Parent Contact information: Phone: Email:			
Preferred Camp:				
Preferred Location:				
Preferred Weeks:				
*Please indicate top 2 weeks and list an additional 2 weeks in the event we are unable to accommodate.				
1. Medical conditions				
Please identify:				

Physical or cognitive disabilities/behaviours:						
* Physical disability:						
* Cognitive disability:						
Diagnosis:						
Please explain behaviours and need for additional support:						
Helpful information:						
Is extra support required in school?		Yes		No		
Is extra support required for basic care?		Yes		No		
Is a child aware of safety (road, water, fire etc.)?		Yes		No		
Strategies for 1:1 staff to support children:						
Plagra note a member of our inclusion team will be in tous	h to co	mulata	ragistr	ration		
Please note, a member of our Inclusion team will be in touch to complete registration. This process will include completing a "Participant Profile" which will allow us to gather more in-depth information on how to support the needs of your child and their success at camp. E-mail the completed form to rosiely@oakville.ymca.ca						



