

Inclusion Support Application Form – Summer Camp 2018

First Name:	Last Name:
Address:	
Home Phone:	
Alternate Phone:	
Email Address:	
Date of Birth (mm.dd.yy):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Parent/Guardian Name:	

Please indicate your top choices for dates and fill in your preferred camp. We will make every attempt to accommodate your choice.

Please note this application does not guarantee an inclusion support. Support is based on availability. A maximum of 2 weeks support will be approved.

Camp Week	Camp Location	Camp Name (Speciality or Quest)	Rate Your Top 3 Choices
July 3-6			
July 9-13			
July 16-20			
July 23-27			
July 30-Aug 3			
Aug. 7-10			
Aug. 20--24			

Inclusion Options	
Up to 2 weeks with Springwater Inclusion Staff	Springwater Township's Inclusion Staff are provided on a first come/first serve basis for up to 2 weeks of support at NO additional cost for the support staff.
Mediator Support	Family provides support worker to accompany the camper. Springwater Township requires a copy of the support workers Criminal Record Check with a Vulnerable Sector Screening.

Signature: _____
Parent/Guardian

Date: _____

Please email all volunteer application to Briana.Dean@springwater.ca

Your personal information is being collected under the authority of the Municipal Act under section 8(1). Your personal information is necessary for the safety and well-being of the participant. The use of your personal information will be restricted to the purposes described or for any consistent purpose. If you have any questions please contact the Clerk for the Township of Springwater, 2231 Nursery Rd., Minesing, ON, L9X 1A8, (705) 728-4784.