

MOORELANDS CAMPER INFORMATION



Child's First Name: _____ Child's Last Name: _____

For each child applying to Moorelands Camp, complete a Moorelands Information Form
Please tell us about your child. Check your answer and where applicable provide details.

Swim lessons are mandatory for all non-swimmers and weak swimmers. Your child's swimming ability will be assessed the first day of camp. Please explain this to your child.

Tell us about your child's swimming ability:

- Non-Swimmer
- Beginner
- Shallow End Swimmer
- Deep End Swimmer

Can your child swim 50 metres (2 lengths)?

- YES NO

For campers aged 10 and older the camp program may include an overnight camping experience in a tent. Please explain this to your child.

Has your child been camping and slept in a tent?

- YES NO

If YES did your child enjoy it?

- YES NO

There is a lot of walking and exercise at camp. Please explain this to your child.

Is there anything we should know about your child's ability to walk, hike or participate in physical activities?

- YES NO If YES please explain:

Has your child ever spent an overnight alone away from home without you?

- YES NO

If YES how long?

- Overnight Weekend
- Week Longer than a week

How did your child cope?

- Called Home Had a Great Time
- Was Homesick Left Early

If homesick, what physical symptoms did you see?

How does your child feel about going to camp?

- Enthusiastic Interested
- Nervous Has some concerns

Who lives at home with your child?

- Mother Father Step-Parent
- Sister(s) Brother(s) Grandparent(s)
- Other _____

of Sisters _____ # of Brothers _____

of Step-siblings _____

Is your child experiencing stressful or difficult life situations? (i.e separation, divorce, death, violence, illness, employment changes)?

- YES NO If YES please explain in space provided or attach a separate note if needed.

Describe your child: (please circle all that apply)

Energetic	Responsible	Sensitive	Cooperative	Likes to be alone	Has few friends
Lazy	Walks in sleep	Quiet	Argumentative	A leader	Compassionate
Nervous	Afraid of the dark	Easy going	Hyper	A follower	Temper
Happy	Has close friends	Moody	Homesick	Tells the truth	Slow eater
Compliant	Anxious	Defiant	Shy	Low self esteem	Makes friends easily
Rude	Uses Bad Language	Runs Away	Respectful	Trustworthy	Stays with group
Has Nightmares	Bossy	Strong willed	Talkative	Sad/Depressed	Sometimes dishonest
Rises early	Fussy eater	Has Difficulty settling at night	Prefers to sleep in	Angry	Physically aggressive

Your child easily relates to:

- Own age Younger age Older age Adults Authority

Your child's friends tend to be:

- Same age Older Younger Mix of ages

Are there any behavioural problems at school?

- YES NO **At home?** YES NO

If YES please explain: _____

Please tell us about services or supports that your child currently accesses or has accessed. (Circle all that apply)

Anger Management Program	Specialized Classroom	IEP or IPRC
One-on-One Supervision	Behavioural &/ Emotional Counselling	Social Skills Programs
SNAP	EA SNA OR CYW	Children's Mental Health Services

Has your child been expelled or suspended from school or any other camp?

- YES NO

If YES please explain: _____

Camp is designed for group participation and interaction. Does your child:

- Enjoy working in a group Need coaxing
- Easily follow directions Refuses to try
- Prefer working alone or one-on-one new things
- Need instructions repeated
- Have difficulty staying on task
- Find working in groups difficult

In a new setting does your child have difficulty adjusting

- YES NO

Would they need extra time to adjust YES NO

Comments: _____

Does your child have asthma?

- YES NO

If YES does your child have an Asthma Action Plan?

- YES NO

Does your child have:

- ADD/ADHD Learning Disabilities Autism Spectrum Disorder(PDD) Epilepsy Diabetes ODD Other

Does your child have life threatening allergies?

- YES NO If YES list please allergies:

Does your child carry an Epi-Pen?

- YES NO

If YES does your child know how to use an Epi-Pen?

- YES NO

Does your child have any food restrictions?

- YES NO If YES please list:

List medications your child is currently taking:

Does your child wet the bed?

- YES NO SOMETIMES

If YES/SOMETIMES please share how this is handled at home.

Is your child afraid of spiders bugs water thunderstorms other _____

Does your child play any team sport(s)?

- YES NO If YES please list sport(s) played.

Will this be your child's first time attending Moorelands Camp?

YES NO If YES please tell us how you heard about Moorelands Camp.

- Family Friends Big Brothers/Big Sisters
- Toronto Community Housing Internet School
- Moorelands After-school or Leadership Programs
- Social Services other _____

Send completed application, proof of income (Child Tax Benefit Notice) and \$25.00 deposit to:
Moorelands Camp 250 Merton Street Suite 501 Toronto ON M4S 1B1
Only completed applications will be processed.