





5. Has your child ever required more than 1:1 support? Y N

If yes, describe circumstances where this happens. (Please provide examples)

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6. List strategies used to mitigate behaviours:

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7. Does your child run away? Y N

If yes, under what circumstances? (examples and strategies used are helpful)

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8. Reaction to Strangers / Crowds / Loud Environments:

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9. Fears:

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10. Describe any unusual Routines your child has:

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**Life Skills and Personality Traits**

Traffic Awareness Y N

Water Safety (i.e. swimming) Swims independently needs life jacket/floaties cannot swim

Does your child have a support dog? Y N





Is your child afraid of dogs?                      Y                      N

Toileting.                      Independent                      needs some assistance                      needs complete support

Please explain what your child’s bathroom routine might involve (ex. Prompting, daily schedule, etc.):

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*Describe what toileting looks like for your child. An example of independent toileting would be a child who can go into a washroom stall on their own, wipe independently, pull up and down their pants without help, and can clean themselves appropriately after a bowel movement without assistance from anyone else. Please be as specific as possible so we can help your child in the most supportive way, especially in public.*

Dressing                      Independent                      needs some assistance                      needs complete support

Eating                      Independent                      needs some assistance                      needs complete support

Does your child need helpful Prompts / Strategies/Favorites (ex. First and then, Use assertive tone, etc) for life skills, please describe:

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How will your child arrive to program and leave program, example driven by whom, public transit, walk etc?

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Describe your child’s personality, in as much detail as possible.

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List one preferred activity and one activity your child does not like:

1. Preferred/Favourite \_\_\_\_\_
2. Non Preferred/Dislike \_\_\_\_\_

Is there anything else you’d like to tell us about your child?

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Which **one** main life skills goal do you want your child to work on this summer? (If you would like more information on life skills goals please refer to our website <https://deltalifeskills.net/about-us/goals/>)

- Money Skills
- Meal Preparation and Clean up/Domestic type skills
- Using public transit
- Social Skills – interpersonal skills and friendship

Describe what you want this to look like for your child:

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*For example, if you selected money; indicate whether your child can count money, do they pay for items at stores regularly, are they only able to recognize the value of coins/bills? For transit; describe if your child can read timetables/schedules, if your child is independent in using their compass card or plan trips. For cooking; can your child use the oven, cut/spread with a knife, measure and mix? Does your child need supervision in the kitchen? For domestic skills; Can your child fold clothes? Can they set the table? Can they wash dishes?*

What **two** secondary life skills goals do you wish your child to work on?

- Street safety/stranger danger
- Turn Taking
- Personal hygiene
- Behaviour management/communication
- Time Management

Describe how this would look for your child.

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In order of preference, select the **2 charter bus outings from below that would make your child's summer experience complete**. If you select other please indicate in the box below.

First Choice

Second Choice

Other: \_\_\_\_\_

Please indicate any trips from the list above you do not wish your child to attend:

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In order of preference, select **2 transit bus outings from below that would make your child's summer experience complete**. If you select other please indicate in the box below.

First Choice

Second Choice

Other: \_\_\_\_\_

Please indicate any trips from the list above you do not wish your child to attend:

\_\_\_\_\_

To help plan for your child on in-days when at camp please indicate your child's preferences: (we would like to identify items to have on hand which they are familiar with and enjoy). **Select the top 3 items only for each category.**

### Toys

- |   |  |
|---|--|
| <input type="checkbox"/> Blocks – wood                            | <input type="checkbox"/> Imaginary play like Mr. PotatoHead      |
| <input type="checkbox"/> Dress-up                                 | <input type="checkbox"/> Trains                                  |
| <input type="checkbox"/> Musical toys                             | <input type="checkbox"/> Books: Please list type/level_____      |
| <input type="checkbox"/> Building, i.e. Duplo, K'nex, Magnaformer | <input type="checkbox"/> Board puzzles (simple puzzles)          |
| <input type="checkbox"/> Nerf guns                                | <input type="checkbox"/> Puzzles: identify number of pieces_____ |
|   | <input type="checkbox"/> Other:_____                             |

Please indicate any toys you prefer your child does not play with:

\_\_\_\_\_

### Games

- Deck of card games like Go Fish, Crazy 8's, War
- Turn taking games like frustration, sorry, snakes and ladders
- Find the item games like spot it
- Specific card games like Uno, Skip-Bo
- More complicated games like Monopoly
- Drawing/manipulative-use games like Pictionary
- Physical games like Twister
- Other:\_\_\_\_\_

Please indicate any games you prefer your child does not play with:

\_\_\_\_\_





**Crafts**

- Colouring books
- painting
- sensory – playdough, sand, slime
- Perler beads
- Cutting and pasting
- Closed-ended crafts like making a mask, necklace, card
- Bring home items like tie-dye, fabric painting an item
- Using fat markers
- Using thin markers
- Using pencil crayons
- Using crayons
- Other: \_\_\_\_\_

Please indicate any crafts you prefer your child does not do:

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Are there any sports your child likes to play?

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Are there any sports you prefer your child not play?

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**Consent and Acknowledgments**

I/We hereby give Delta Life Skills Society my/our full consent and permission to allow my/our child to participate in any and all supervised field trips or outings of any nature or kind during the period that my/our child is under the care of Delta Life Skills Society.

As members of Delta Life Skill Society, I/we agree to support and participate in at least 3 fundraising efforts initiated by the Board of Directors, otherwise, I/we agree that additional fees will apply.

I/We believe that I/we have given as accurate a profile of my child as possible and have disclosed **all** pertinent information that could affect my/our child's experience at Summer Fun. If I/we have failed to disclose any information that could affect the staff, other children, or my/our child, it is understood that this lack of information could result in my/our child being suspended from the program at the sole discretion of Delta Life Skills Society.

Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Name \_\_\_\_\_

By signing this form, I am in agreement with the previously stated terms and conditions contained within this application and agreement (which includes by reference, all of those terms and conditions set forth in the attached schedule

Please ensure you have reviewed the [Schedule "A" form](#). Initials \_\_\_\_\_

Please ensure you have reviewed the Parent Handbook. Initials \_\_\_\_\_

