

L'Arche Antigonish Summer Camp 2023

Camper Application Form

Please return to Kristofer Woods, Community Support Assistant 63 Highland Dr., Antigonish, NS B2G 1P3 | office@larcheantigonish.ca | Fax: 902-863-8224

Camper'	s Name:		D.O.B.:		
Parent(s)/Guardian(s):				
Home A	ddress:				
Phone N	lumber(s): #1	#2	#3		
E-Mail Address:					
Which days of the week is the Camper available to attend? Monday Tuesday Wednesday Thursday Friday					
Would the Camper be missing any of their regularly schedule days from July 4 th to August 25 th ? Yes					
	If so, which dates would the Camper bo	e absent?			
Please n	ote, camp will not be open on Monday	v, August 7 th for (Civic Holiday		



Personal Information

Type of Disability:
Does the Camper have any specific behaviours we should be aware of?
If you answered yes above, what are some successful intervention methods or helpful tools for us to know?
Are there any physical or mental health related information we should be aware of?
Does the Camper have any significant likes or dislikes?



Health Information / Emergency Contact Information

This information is kept by counsellors at the camp

Name of Camper:	
Healthcard Number & Expiry:	
Family Doctor:	_ Contact Info:
Allergies & Sensitivities:	
Medications and Time of Administration:	
Emergency Contact #1:	Relationship to Camper:
Phone Number(s):	
Emergency Contact #2:	Relationship to Camper:
Phone Number(s):	
Are there any other persons (besides the parent authorized to pick up the Camper?	t(s)/guardian(s)/emergency contacts above) who are
authorized to pick up the camper:	
Is there any other helpful information to have?	
is there any other helpful information to have.	