



Application Form 2022

**APPLICATION MUST BE FULLY READ,
REVIEWED AND COMPLETED OR WILL
NOT BE ACCEPTED**

**ANY RETURNING CAMPER IS NOT
REQUIRED TO FILL OUT A NEW FORM**

Our Mailing Address:

PO Box 412, Charlottetown, PE C1A 7K7
(902) 569-2669

admin@campgencheff.com

Jeff Hughes - Interim Executive
Director

programs@campgencheff.com

Gillian Barbrick/Lila Willdey - Program
Managers

WELCOME TO CAMP GENCHEFF

Adult Day Program (Monday - Friday 9am - 5pm) - Provides vocational and life skill building to adults with intellectual and physical disabilities.

Summer Day Camp (Monday - Friday 8am - 5pm) - Provides school aged children with intellectual and physical disabilities an exciting, engaging experience. Our location allows us to provide programs that utilize our beautiful beachfront property and spacious backyard facility.

PD Day & Holiday Camps - Offered on all Public School Board Professional Development days & some holidays (8am - 5pm) - Provides PD Day / Holiday care for school-aged children with intellectual and physical disabilities an exciting and engaging experience.

After School Program - (Monday - Friday 2:30pm - 5:30pm) - Provides after school care for school-aged children with intellectual and physical disabilities. Committed to nurturing interactive play, imagination and creativity.

Weekend Respite - Provided to give each client a unique opportunity to socialize and bond with other individuals whilst parents and caregivers receive a much-needed break.

Adult Day Program	Runs Year Round
Summer Day Camp	Began: Wednesday June 29th Ends: Friday September 2nd
PD Days & Holiday Camps	Sept 30, Oct 7, Oct 21, Nov 3&4, Nov 25(goes right into Respite), Dec 21-23 & Dec 27-30, Feb 2 (high school only), Feb 21-Mar 3, Mar 24, Apr 21, May 5, May 19
After School Program	First Day of School Sept 7, Last Day of School June 28
Kids Respite	Oct 14-16, Nov 25-27, Dec 16-18, Jan 13-15, Mar 10-12, April 14-16, May 12-14, June 9-11
Adult Respite	Oct 28-30, Nov 18-20, Dec 9-11, Jan 27-29, Feb 10-12, Mar 24-26, Apr 28-30, May 26-28

ABOUT THE FACILITY/RATIOS

Clients enjoy staying at our comfortable and spacious facility and surrounding waterfront property. Meals are provided for Respite Weekends. All other programs we ask parents/guardians to provide snack and lunch. Fun activities are scheduled throughout the day. For Respite the sleeping quarters are dorm-style (upper and lower bunk beds). Beds are assigned by staff based on the needs of the campers in attendance. We serve people with both intellectual and/or physical disabilities. New campers must be assessed by staff prior to being accepted into camp. Questionnaire will be sent to parents/guardians interested in camp prior to staff meet and greet.



DRESS CODE AND CLOTHING RECOMMENDATIONS:

The camp strives to promote an atmosphere of respect and equality. Clients and staff are expected to wear appropriate clothing that shows respect for self and others. For Respite there must be enough clothing brought for the length of camp and with extra underwear, pants and shirts in case of accidents. Sleeping bag, blankets, toiletries, towel, face cloth, pillow should be provided (camp has towels, linens, and pillows if needed). Proper shoes and weather appropriate clothing (parents must monitor weather before Respite begin so they know what is best for the client to bring).

POLICIES

- o Smoking is **not** permitted on Camp Gencheff property. (please speak to Director about this)
- o For the privacy and safety of our clients, *only* staff and clients are allowed to enter the dorms.
- o Clients **MUST** leave cell phones and electronics at home (some exceptions may apply and this can be discussed with Program Managers prior to camp ex: form of communication device, needed for quiet time to help get through the week. Etc.)
- o There is a zero tolerance on drugs and/or alcohol. Clients will be sent home immediately.
- o Clients are not allowed to bring inappropriate books and/or magazines.
- o During Respite there are separate dorms for male clients and female clients. Camp Gencheff operates on a 3 to 1 ratio (3 clients to 1 staff). *In the event a one-to-one worker is required for a client,* it is the responsibility of the parent/guardian to arrange for 24-hour care and pay the salary of the one-to-one worker(s). Please contact Program Managers programs@campgencheff.com or 902 569 2669 if one to one is required.

COVID-19 RESTRICTIONS/POLICIES

- Camp Gencheff will follow anything required from the Chief Public Health Office (CPHO) of Prince Edward Island

Mental Health Policy

Any client who verbally or physically makes threats to one's own personal safety such as suicidal ideation, threats of suicide, attempt of self-harm, will be required to leave the premises in the safe protection of a guardian or parent. (If no one is available or cannot be reached, the client will be sent to the QEH for a mental health assessment via Island Emergency Medical Services.) Cost for transport with IEMS will be the responsibility of the parent or guardian. These measures are taken to protect the safety and well-being of the client as well as safety of staff and other clients.

FOR YOUR INFORMATION

Respite Clients are asked to bring the following items:

Clothing and footwear for hot, cold or rainy weather, a sleeping bag, pajamas, soap, toothbrush, toothpaste, shampoo, bug spray, sun lotion, plus **all personal care items** and/or **medications** needed for the duration of camp. Please include a laundry bag or pillowcase for dirty laundry.

LOST CLOTHING continues to be an issue for both the clients and staff. To alleviate this situation, we request that you have all the client's belongings **MARKED/TAGGED** and provide a list of all the items you are bringing to the camp. **Clients are responsible for items lost, stolen or damaged. It is strongly suggested that expensive items be left at home.** Please **do not bring** treats such as **candy, chips, and pop.**

ARRIVAL:

Drop off time of first day of regular scheduled weekend respite: Friday evening at 6:00 pm.

PD Day Programs: Drop off at 8:00am (earlier drop off must be pre arranged with Program Managers)

ARRIVAL AND HEALTH CARE:

At time of drop off on the first day of Respite please ensure you allow adequate time to meet with our staff in charge of medications for the duration of the program. Clients are welcome to arrive later in the day, please let Program Managers know before camp begins.

PICK-UP TIME

Respite pick up anytime before: Sunday at 2:00 pm.

PD Day Program pick up: Friday at 5:00pm (unless client is staying for scheduled respite to follow)

ACCIDENTS AT CAMP

Every precaution is taken for the safety and good health of our clients, but in the event of an accident or sickness, the parent/guardian agrees that the Camp, its staff, and the employees of facilities outside camp property are released from any liability.

EMERGENCIES

In the event that a client requires special medication or treatment beyond what can be provided at the Camp, the parent/guardian will be notified immediately and will be charged with the additional expense of transportation and special care. The camp staff reserves the right to request an ambulance if they believe it is necessary. An adequate supply of prescription medications and personal care items must be brought to Camp with the client. In the event that any purchase is necessary the parent/guardian will be invoiced by the pharmacy/supplier.

APPLICATION GUIDELINES (please read application carefully):

- **Only fully completed applications are accepted.** Returning Clients are NOT required to fill out a new application form. Updates on any changes are required prior to or at drop off time. Information must be given to a Program Manager or Site Supervisors Only. Changes may include; new medical concerns, medication changes, behavioral concerns, allergies, injuries, address change, updated emergency contact etc.
- **Applications will be reviewed for approval by Program Managers, must be completed, scanned as a PDF, and submitted to programs@campgencheff.com for approval.**
- **Client Fees:** Client fees are to be paid in full prior to arrival at camp. If Disability Support is to be invoiced for payment of the fee please provide information prior to the client's arrival. Parents and Guardians must find out who their current support worker is prior to coming to camp. If the fee is not covered, payment must be made by parent/guardian.
- **Cancellation:** If the client cancels less than 48 hours before the camp start date, this will result in complete forfeiture of the camp fee (all payments are non-refundable and non-transferable). If a client cancels within two weeks prior to the start of a program, a refund will be offered less a \$25 service fee. In case of a client's withdrawal during camp on the advice of a physician, a prorated refund will be made for the unexpired term. No refunds will be given for dismissals due to disciplinary problems, late arrivals or early departures.

Client Name: _____ Male () Female ()

Birth Date (MM/DD/YEAR) _____ Resides with: Father () Mother () Both ()
Other () please specify: _____

Parents/Guardian Name: _____

Residence Address, include civic number _____
City _____ Prov. _____ Postal Code _____

Mailing Address: (if different from above) _____

Home Phone _____ Work Phone _____ Other Phone _____

E-mail: _____ email is necessary to communicate confirmations, cancellations and important notices. If you do not have an email, please make arrangements to have a family member or friend provide the email communications for you.

EMERGENCY CONTACTS

Two emergency contacts are required for registration at Camp Gencheff. Persons listed as emergency contacts must be available and be within a reasonable driving distance to Camp Gencheff. This is so that in the event of an emergency where you are unavailable or cannot be reached, the client will still be picked up within one hour, as per policy.

Emergency Contact #1

Name: _____ Relationship to client: _____

Contact Phone: First number: _____ Second: _____

Emergency Contact #2

Name: _____ Relationship to client: _____

Contact Phone: First number: _____ Second: _____

Has the client attended programs at Gencheff in the past? () Yes () No

PAYMENT

Fees are due Monthly for all programs. Payments can be made at Camp Gencheff via cheque or cash. If you need an invoice please let CG management know. If Disability Support is to be invoiced for payment of the fee, please provide the following:

Name of Disability Support Worker: _____

Contact Phone Number: _____

Email: _____

In order to provide the proper level of care, we require detailed medical information. This information remains confidential and is not shared with anyone outside of the camp without your written permission. **Additional information, such as medical documentation (at your expense) may be required.**

Client Diagnosed Disability (Autism Spectrum Disorder, Down's Syndrome, Cerebral Palsy for example)/Other medical conditions (bipolar, anemia, celiac for example):

Mental Health History/behavior (if applicable: hospitalization, behavior, agitation, triggers, trauma, attachment disorder etc.) Include more pages of details if necessary and attach to application):

Prince Edward Island Health Card Number _____ Date Issued: _____

Client's Physician: _____ Phone: _____

Address: _____

This application includes an authorization for Camp Gencheff Health Care Worker to contact the clients Doctor and/or pharmacist in the event that information is required and you are not available at the time to provide the necessary information. Please sign below for permission.

Has the client had any illnesses, injuries that have required Doctor's consultation or hospitalization? Please provide full details, and if necessary attach pages to this application:

Client Code or No Code? : _____

Camp Gencheff may use the following nonprescription products, please indicate if you do not wish to have any of the following given to your client: Please place an "X" beside the products you do not wish to have given to your client.

ALOE VERA LOTION

SUNSCREEN SPF 60

STOP ITCH + AFTER BITE

CALAMINE LOTION

"OFF" SPRAY LOTION BUG SPRAY

PEPTO-BISMOL + TUMS

HYDROGEN PEROXIDE

POLYSPORIN TOPICAL ANTIBIOTIC

MUSKOL SPRAY LOTION

TYLENOL/ADVIL

COUGH SYRUP

BENADRYL

MEDICATIONS

Clients must bring All Prescribed Drugs and over the counter medications, which are to be in original containers! Dossetts are also requested. A client cannot be accepted, without having an adequate supply of medications. Please list all medications and over the counter medications that the client is currently taking, you will be asked to update this at the time of arrival at camp. If necessary please attach a separate sheet of details, we will also accept a print out from your pharmacy.

***Please indicate name of the drug, specific dosage, and specific times (not just AM and PM)**

Name of Medication: _____ Strength: _____ Dosage: _____

Name of Medication: _____ Strength: _____ Dosage: _____

Name of Medication: _____ Strength: _____ Dosage: _____

Name of Medication: _____ Strength: _____ Dosage: _____

ALLERGIES: (please provide complete details and what would happen if in contact with allergen)

Seizures: (please provide complete details)

Shunt (please provide complete details)

Dietary restrictions: (any special foods required must be provided)

DETAILED Client INFORMATION

Living Skills	Independent		Assistance required and/or tools used (bliss board/ wheelchair/glasses)
	Yes	No	
Eating			
Dressing			
Toileting			
Grooming (Dentures: Circle yes or No)			
Mobility			
Vision			

CONTINENCE (indicate yes if they DO NOT need assistance and NO if they do need assistance)

Concerning:	Yes	No	Comments
Bowel Control			
Bladder Control			
Bed Wetting			
Attends/Diapers			
Catheter			
Heat Sensitivity (ex: water, sun. etc.)			
Other Health			

Concerns:			
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If you would like to provide us with additional information, medical or otherwise, please attach a separate sheet and include the client's name, your signature and date signed.

CONDITIONS OF REGISTRATION:

Camp Gencheff reserves the right to dismiss a client who, in the opinion of staff, is a hazard to the safety and the rights of others. In the event that the parent/guardian or the emergency contact cannot be reached to pick up the client in this instance, Camp Gencheff will contact the necessary authorities to make arrangements.

The Board of Directors of Camp Gencheff want to remind you that Camp Gencheff has a zero tolerance for abuse of our staff by parents/caregivers. It is unfortunate however over the past year our staff has experienced an increase of incidents of verbal abuse. The great majority of parents/caregivers and our staff have a mutual respect for each other and we sincerely thank you for being one of those. In the event of verbal abuse of our staff, the parent/caregiver will be asked to consider an alternative to Camp Gencheff. Our main aim is to ensure that all parties have a safe and enjoyable place to work and play.

Every precaution is taken for the safety and good health of our clients, but in the event of an accident or sickness, the Camp, its staff and the employees of facilities outside of the camp property are hereby released from any liability.

In the event that a client requires special medication or treatment beyond what can be provided at the Camp, the parent/guardian will be notified immediately and will be charged with the additional expense of transportation and special care. The camp staff reserves the right to request an ambulance if they believe it is necessary.

SIGNATURES & AUTHORIZATIONS:

I have read and agree with the conditions of attendance at Camp Gencheff as outlined in this application, pages one through five inclusive. The information I have provided is accurate. By signing below, **'I hereby release Camp Gencheff from all liability'**.

X _____
Signature of parent or authorized caregiver

Date

From time to time, Camp Gencheff adds pictures for our social media pages (Twitter, Facebook and Instagram). By signing below, you are giving permission for your client to have a picture and/or comments in the media:

X _____
Signature of parent or authorized caregiver

Date

AUTHORIZATION TO PHYSICIAN, PHARMACY OR CARE PROVIDER TO RELEASE INFORMATION TO CAMP GENCHEFF

Please consider this as my authorization to you to provide Camp Gencheff designated staff information regarding:

(Name of client) _____

This information is necessary for Camp Gencheff to provide health care services to the client. This signed authorization will be provided by either email or fax to the Physician, Pharmacist or care provider. An original of this authorization will be maintained on file in the office at Camp Gencheff.

X _____

Signature of Client's Parent or Authorized Caregiver

_____ Date

Please Print Name of parent or authorized caregiver

In case of a medical emergency, you are giving permission, by way of your signature on this application, to the physician selected by the Camp to hospitalize, secure proper treatment for, and to order an injection, anesthesia or surgery for the client as named below. In the event of a medical emergency the camp staff will call an ambulance for transportation to the hospital.

I have read and understood these conditions of registration and the details provided in the application for attendance at Camp Gencheff. I confirm that the information I have provided is correct and I agree to the terms set out by Camp Gencheff.

Signature: _____ Please print name: _____

Name of Client: _____

Relationship to Client: _____ Date: _____

PLEASE RETURN SIGNED AND FULLY COMPLETED APPLICATION, WAIVER, and RELEASE AND PAYMENT TO:
programs@campgencheff.com or drop off
CAMP GENCHEFF, 38 Gencheff Camp Road, Stratford, PE

If you have any questions, please contact Camp Gencheff by phone at 902-569-2669 or by e-mail at programs@campgencheff.com



Additional Information (use back of page for writing out answers)

1. Can the client be a 3:1 ratio (1 counselor per 3 clients)?
2. Are there any behavior concerns your client needs to be aware of?
3. What are some specific interests of your client?
4. Are there any triggers in behavior (light, sounds, group work etc.)
5. At this camp, our staff will strive to make sure transitions will happen between each activity. Are there any other areas that Camp Gencheff needs to be aware of to help the client participate in activities? What kind of transitions would benefit your client? Visuals? Verbal warnings? Reminders? Please explain:
6. At camp, we have a quiet room that we allow clients to go into from time to time to enjoy some time to themselves. Is this something that may benefit your client? How many times a day would this be needed?
7. What kind of coping strategies does the client have? If client behavior escalates, what are de-escalation strategies?
8. Does your client have a history of aggression (can be overstimulated in situations)?

