



## **Client Application Form**

**Contact Information:**

Please return Application form to Gillian Barbrick  
at [support@campgencheff.com](mailto:support@campgencheff.com)

Or by Mail to  
PO Box 412 , Charlottetown, PE, C1A 7K7

Director of Operations/ Interim Executive Director: Jeff Hughes  
[admin@campgencheff.com](mailto:admin@campgencheff.com)

Camp Manager (All programs): Gillian Barbrick  
[support@campgencheff.com](mailto:support@campgencheff.com)

Respite Coordinator: Maria MacKenzie  
[respite.campgencheff@gmail.com](mailto:respite.campgencheff@gmail.com)

Physical Address:  
38 Gencheff Camp Rd.  
Stratford, PE, C1B 2N2

**PLEASE READ ALL OF THE APPLICATION THOROUGHLY AND MAKE SURE  
ALL AREAS ARE COMPLETED IN FULL**

**Please be as detailed as possible. Any incomplete applications will not be accepted, and  
will be returned for full completion before being reviewed.**

# WELCOME TO CAMP GENCHEFF

## ABOUT THE FACILITY

Camp Gencheff is located on the shores of the Keppoch beach in Stratford PEI. The facility is a barrier free design which allows for space to promote opportunities of all abilities. Camp Gencheff is equipped with a dorm style sleeping area that allows for 26 clients to attend the respite program. A large commercial kitchen allows for all meal accommodations for the programs as well as space for cooking classes and other programs. An accessible private beach is a main feature of the summer programs at Camp Gencheff. Equipped with accessible beach chairs, ramps and water supplies allows for all clients of various abilities to enjoy the beach safely. Camp Gencheff is open year round and offers a variety of programs such as an adult day program, weekend respite program, after school program, summer day camp, and various camps throughout the year during school breaks/closures.

## APPLICATION GUIDELINES (please read carefully):

- Only fully completed applications are accepted. Returning clients are NOT required to fill out a new application form. A refined form will be provided to caregivers for yearly renewal of registration. Updates on any changes are required prior to or at drop-off time. The information must be given to the Camp Manager ONLY. Changes may include: new medical concerns, medication changes, behavioral concerns, allergies, injuries, address changes, updated emergency contact, etc.
- Applications will be reviewed for approval by Program Managers, must be completed, scanned as a PDF, and submitted to support@campgencheff.com for approval. If this cannot be done, please email to set up a time to complete the forms in person.
- **Client fees** are to be paid in full prior to arrival at the camp via cash, cheque, or e-transfer. Please explain payment in notes for e-transfer
- If AccessAbility Support is to be invoiced for payment/fees, please provide information before coming to the camp. All fees must be approved by AAS caseworkers before approval of registration. This process is completed by Program Manager and AAS with service proposals and approvals provided by Camp Gencheff for approval.
  - **Cancellations** less than 48 hours before the respite start date will result in complete forfeiture of the camp fee (all payments are non-refundable and non-transferrable). If a client cancels within two weeks prior to the program's start, a refund will be offered less the \$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.
- **Cancellation or discontinuing services** of Day Program, or After school Program requires a minimum of 2 weeks notice. All days absent within the 2 week period will be charged.

*(Please Check All That Apply)*

**Adult Day Program** (Monday - Friday, 8:00 am - 5:00 pm) - Provides vocational and life skill building for adults including community based programming, fitness and much more.

**Summer Day Camp** (Monday - Friday, 8:00 am - 5:00 pm) - Provides school-aged children with exciting and engaging activities all summer long. Our location allows us to provide programs that utilize our beautiful beachfront property and spacious backyard facility as well as field trips and community based activities.

**PD Day & Holiday Camps** - Offered on all Public School Board Professional Development days & some holidays (8:00 am - 5:00 pm) - Provides PD Day / Holiday care for school-aged children an exciting and engaging experience.

**After School Program** - (Monday - Friday 2:30 pm - 5:30 pm) - Provides after-school care for school-aged children. This program is committed to nurturing interactive play, imagination and creativity.

**Weekend Respite** - Weekends. Operates from Friday at 6:00pm- Sunday at 2:00pm. Separate weekends for Children, Teens, and Adults are scheduled each month. It is provided to give each client a unique opportunity to socialize and bond with other individuals while parents offering caregivers receive a much-needed break.

<b>Adult Day Program</b>	<b>Operates Year Round</b>
<b>Summer Day Camp</b>	<b>Begins: Friday June 27th, 2025 Ends: August 29th, 2025</b>
<b>PD Days &amp; Holiday Camps</b>	<b>November 1, 7, 8, 22 2024</b> <b>December 23, 27, 30, 2024</b> <b>January 2, 3, 31 2025</b> <b>February 3, 2025</b> <b>March 7, 17, 18, 19, 20, 21 2025</b> <b>April 11, 2025</b> <b>May 2, 2025</b>
<b>After School Program</b>	<b>First Day of School :Sept 5 2024</b> <b>Last Day of School : June 26, 2024</b>
<b>Kids Respite</b>	<b>September 27-29, 2024</b> <b>October 18-20, 2024</b> <b>November 29-December 1, 2024</b> <b>January 10-12, 2025</b> <b>February 14-16 2025</b> <b>March 7-9 2025</b> <b>April 25-27 2025</b> <b>May 30-June 1 2025</b>
<b>Teen Respite</b>	<b>October 4-6 2024</b> <b>November 1-3 2024</b>

	<b>December 20-22 2024</b> <b>January 24-26 2025</b> <b>February 21-23 2025</b> <b>March 28-30 2025</b> <b>April 11-13 2025</b> <b>May 9-11 2025</b>
<b>Adult Respite</b>	<b>September 5-9 2024</b> <b>October 25-27 2024</b> <b>November 15-17 2024</b> <b>December 13-15 2024</b> <b>January 31-February 2 2025</b> <b>March 14-16 2025</b> <b>April 4-6 2025</b> <b>May 23-25 2025</b> <b>June week long dates TBD</b>

**CAMP GENCHEFF WILL BE CLOSED ON THE FOLLOWING DATES:**

September 2, 3, 4, 30 2024  
October 14, 2024  
November 11, 2024  
December 24-26, 31 2024  
January 1, 2025  
February 17, 2025  
April 18, 21, 2025  
May 19, 2025  
July 1, 2025

**FUNDING AND PAYMENTS**

Before registration is completed and approved, funding must be secured by either entering into a payment agreement/plan with Camp Gencheff or by the process of approval through Accessibilities Support Program, Early years Autism Funding, Jordan’s Principle or other sources of funding. Approval must be provided to the Program Manager, in writing from the caseworker of the funding program. A service proposal and breakdown of cost will be provided to the worker and family for approval. If funding is rejected based on overages in ceiling capacity, families must sign a contract with scheduled payments for the amount owing. If payments are not received on time the services will be discontinued after a two week period. Permissions and exceptions can be made with the Executive Director. Parents or guardians will be notified of the missed payment and will have two weeks to provide full payment before services are discontinued. Renewal of funding for Summer Program, After School Program, PD Days, March Break and Christmas Break must be approved each year. All dates of the programs are provided on this form. You may choose to register for all programs scheduled for the year at one time or sign up monthly for programs. Priority given to clients who are signed up for the entire year. Any dates that are missed due to absenteeism will be charged.

**PAYMENT**

**Fees are due monthly for all programs.** Payments can be made at Camp Gencheff via e-transfer, cheque, or cash. If you need an invoice, please let management know. If Accessibility Services is to be invoiced for payment of the fee, please provide the following:

Name of Support or  
AccessAbility Worker: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**REGISTRATION OPTIONS**

**FULL TIME ( )**

- Summer Day Program 5 days per week Monday to Friday for the duration of the summer.
- After School Program- Monday to Friday for all academic school days
- PD Day Programs- All scheduled academic closures (see schedule above) March Break - 5 days Monday-Friday for schedule March break (dates fluctuate) Christmas Camp- All days scheduled that align with the academic school calendar. (dates fluctuate each year)
- Adult Day Program - Monday to Friday for all scheduled days minus holidays
- Respite- One per month- September to June (dates provided for entire year)

**PART TIME ( )**

By registering Part Time you run the risk of having to go on a waitlist or not there not being space available for your desired dates.

- Summer Day Program- Set days each week- Less than 5 per week
- After School Program- Set days each week- Less than 5 days per week
- PD Day Program- Register each month
- March Break - Registered for less than 5 days
- Christmas Camp- Registered for less than 5 days
- Adult Day Program- Registered for set days- less than 5 per week
- Respite- Register per month

**DRESS CODE AND CLOTHING RECOMMENDATIONS:**

The camp strives to promote an atmosphere of respect and equality. Please come prepared with weather and activity appropriate clothing according to the programming scheduled for that day.

## **POLICIES**

- Smoking, vaping, alcohol, or marijuana use are **NOT** permitted on Camp Gencheff property
- For the privacy and safety of the clients, only staff and clients are permitted to enter the dorms. Guardians and visitors are not permitted outside of the foyer.
- Clients **MUST** leave cell phones and electronics at home (some exceptions may apply, and this can be discussed with Managers/Directors before camp begins).
- There is zero tolerance for drugs and/or alcohol. Clients will be sent home immediately.
- No inappropriate materials including magazines, videos, clothing, materials etc. are permitted.
- Camp Gencheff operates on a 3:1 ratio (three clients to one staff). *In the event a one-to-one worker is required it is the responsibility of a parent/guardian to arrange for 24-hour care and pay the salary of the worker(s). We do not permit privately hired workers, however in the event a family has a private respite worker, they will be requested to pass their resume in to the Camp for job/hiring purposes as per our organization policies.* Please contact [support@campgencheff.com](mailto:support@campgencheff.com) or call (902) 569-2669 if a one-to-one is required.
- Camp Gencheff has zero tolerance for verbal or physical harassment by any parent, guardian or caregiver including service workers on or offsite.

## **MENTAL HEALTH POLICY**

Any client who verbally or physically making threats to one's own personal safety, such as suicidal ideation, threats of suicide, or attempts of self-harm, will be required to leave the premises in the safe protection of a parent/guardian. 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 (IEMS). The cost of transport with IEMS **will be the responsibility of the parent/guardian.** These measures are taken to protect the safety and well-being of the client, staff, and other clients.

## **STORM/WEATHER CLOSURES**

Camp Gencheff operates on the same guidelines as the *provincial government.* Please check our Facebook page, or call (902) 569-2669 for updates.

## **LOST CLOTHING**

This continues to be an issue for both the clients and staff. To alleviate this problem, we ask that all clients' belongings be marked/tagged with their names. **Camp Gencheff is NOT 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 unless privately requested and discussed with management. If things have been left in the lost and found for longer than one month, all items will be donated.

## **RESPITE INFORMATION**

### **ARRIVAL**

Drop off time for weekend respites is **Friday evening at 6:00 pm**. At drop off, please ensure you allow adequate time to meet with the staff in charge of medications for the respite. If a client is attending the after school program or day program they are able to stay for the duration without leaving to return for the respite.

### **PICK-UP TIME**

Respite pick-up time is anytime before 2:00 pm on Sunday.

*Clients are asked to bring the following items:*

*Clients are required to bring a sleeping bag or blanket. Camp will NOT provide one for any client.*

- Clothing and footwear for the appropriate weather and duration of stay
- A sleeping bag, blanket, and pillow
- Toothbrush and toothpaste
- shampoo/conditioner/body wash and other shower items as necessary
- Bug spray and sunscreen during spring/summer
- Any personal care items needed including; attends, wipes, pericare items etc.
- Any medications needed **in original bottles/packaging with proper labels**
- Bag for dirty laundry

### **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.** Camp Gencheff staff reserves the right to request an ambulance if they believe it is necessary. If parents or guardians are able to transport clients in a non emergency situation they will be notified before an ambulance is called. All medication must be up to date and in original packaging for accurate reporting and information for medical professionals in case of an emergency.

Client Name: \_\_\_\_\_

Male ( ) Female ( ) Other: ( ) (please specify): \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_

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 arrange 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 of 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 able to be picked up within one hour, as per policy.**

**Emergency Contact #1**

Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Contact Phone: First Number: \_\_\_\_\_

Second Number: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Contact Phone: First number: \_\_\_\_\_

Second Number: \_\_\_\_\_

**Has the client attended programs at Gencheff in the past? ( ) Yes ( ) No** Camp Gencheff's first priority is to ensure the safety and well-being of our campers. 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, ADHD, ODD, for example)/Other medical conditions (bipolar, anemia, celiac for example):

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

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Prince Edward Island Health Card Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Client's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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This application includes an authorization for Camp Gencheff Health Care Worker to contact the client's 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.

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

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## CODES/EMERGENCY SITUATIONS

A DNR Order means if a patient/client's breathing stops or heart stops beating, cardiopulmonary resuscitation (CPR) **WILL NOT** be performed. If you wish for CPR to be performed (if need be) by medical professionals or trained staff, please check **NO**. By checking **NO**, this means you are authorizing that your child **DOES NOT** have a DNR Order and CPR **WILL** be performed for life saving purposes. Please check a box and sign your name below.

DNR Order ( ) Yes ( ) No:

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Camp Gencheff may use the following nonprescription products, 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" BUG SPRAY	( ) PEPTO-BISMOL + TUMS
( ) HYDROGEN PEROXIDE/SALINE SOLUTION/ALCOHOL WIPES	( ) POLYSPORIN TOPICAL ANTIBIOTIC	( ) TYLENOL/ADVIL
( ) BENADRYL	( ) PEDIALYTE FOR DEHYDRATION	( ) COUGH SYRUP

## MEDICATIONS

**Clients must bring all prescribed drugs and over the counter medications, which are to be in original containers. Staff will not accept any medication that is not in the original packaging. 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 printout 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)

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Seizures: (please provide complete details)

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Shunt: (please provide complete details)

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Dietary restrictions (celiac, dairy-free, vegan, etc.): (any special foods required must be provided)

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**DETAILED CLIENT INFORMATION**

Living Skills	Independent		Assistance required and/or tools used  (PECS/Wheelchair/Glasses etc)
	Yes	No	
Eating			
Dressing			
Toileting			
Grooming (Dentures: Circle Yes or No)			
Mobility (Walker, Wheelchair, etc.)			
Vision (Glasses or Contacts)			

**CONTINENCE (indicate YES if they DO need assistance and NO if they DO NOT need assistance)**

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

**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 the date signed.**

**CONDITIONS OF REGISTRATION:**

Camp Gencheff reserves the right to dismiss a client who, in the opinion of the staff, is a hazard to the safety and the rights of others or themselves. 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 wants to remind you that Camp Gencheff has zero tolerance for abuse of our staff by parents/caregivers. It is unfortunate that in the past, our staff has experienced an increase in incidents of verbal abuse. The great majority of parents/caregivers and our staff have 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.

**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

**Camp Gencheff used pictures of clients and staff while enjoying activities and events for our social media pages as promotional material. (Twitter, Facebook and Instagram). By signing below, you are giving permission for your child's picture to be used in social media posts or promotional material:**

X \_\_\_\_\_

Signature of parent or authorized caregiver

Date

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

(Name of Pharmacy) \_\_\_\_\_

(Pharmacy Address) \_\_\_\_\_

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 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: [support@campgencheff.com](mailto:support@campgencheff.com) or drop off to  
CAMP GENCHEFF, 38 Gencheff Camp Road, Stratford, PE  
Or by Mail at PO BOX 412 Charlottetown, PE C1A 7K7**

If you have any questions, please contact Camp Gencheff by phone at 902-569-2669 or by e-mail  
to [support@campgencheff.com](mailto:support@campgencheff.com) or [admin@campgencheff.com](mailto:admin@campgencheff.com)

**\*\*\*Please See last page and ensure it is filled out in full- Non completed applications will  
not be considered and will be returned for further information.\*\*\***



**Additional Information (use back page for writing out answers) Please sign details on each question.**

1. Can the client be a 3:1 ratio (1 staff per 3 clients)?
2. Are there any behaviour concerns our staff needs to be aware of?
3. What are some specific interests of your client?
4. Are there any triggers in behaviour (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 behaviour escalates, what are de-escalation strategies?
8. Does your client have a history of aggression, harmful behaviour toward staff, family or Self harm? (can be overstimulated in situations)? (Please explain).



