



## Application Form 2023

**APPLICATION MUST BE FULLY READ,  
REVIEWED, AND COMPLETED, OR IT  
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

**E-mail:**  
admin@campgencheff.com  
Jeff Hughes - Interim Executive Director

programs@campgencheff.com  
Gillian Barbrick/Andrea Burns - Program Managers

### WELCOME TO CAMP GENCHEFF

*(Please Check All That Apply)*

- Adult Day Program** (Monday - Friday, 9 am - 5 pm) - Provides vocational and life skill building for adults.
- Summer Day Camp** (Monday - Friday, 8 am - 5 pm) - Provides school-aged children with 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 (8 am - 5 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** - Children and adults alternate weekends. It is provided to give each client a unique opportunity to socialize and bond with other individuals whilst parents and caregivers receive a much-needed break.

<b>Adult Day Program</b>	<b>Runs Year Round</b>
<b>Summer Day Camp</b>	<b>Begins: Thursday, June 29th, 2023 Ends: Friday, September 1st, 2023</b>
<b>PD Days &amp; Holiday Camps</b>	<b>Sept 30, Oct 7, Oct 21, Nov 3&amp;4, Nov 25(goes right into Respite), Dec 21-23 &amp; Dec 27-30, Feb 2 (high school only), Feb 21-Mar 3, Mar 24, Apr 21, May 5, May 19</b>

After School Program	First Day of School Sept 7, 2022, Last Day of School June 28, 2023
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**

Clients enjoy staying at our comfortable and spacious facility and surrounding waterfront property. Meals are provided for respite weekends. For all other programs, we ask that parents/guardians provide snacks and lunch. Fun activities are scheduled throughout the day for clients to participate in. For respites, the sleeping quarters are dorm-style (upper and lower bunk beds). Staff members assign beds based on the needs of the clients in attendance. There are separate dorms for male and female clients. We serve people with intellectual or physical disabilities, as well as those in foster care and group homes. New clients must be assessed by staff before being accepted into the camp. An intake process and trial day with the program managers will be decided upon reviewing the application/registration forms.

**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 themselves and others. For respites, there must be enough clothing brought for the length of the respite, including extra clothing in case of accidents. We ask the clients to bring proper shoes, weather-appropriate clothing, their sleeping bag, blanket, pillow, and toiletries (linens and pillows can be provided if needed).

**POLICIES**

- Smoking, vaping, or marijuana use is **NOT** permitted on Camp Gencheff (please speak to the Director about this).
- For the privacy and safety of the clients, only staff and clients are permitted to enter the dorms.
- Clients **MUST** leave cell phones and electronics at home (some exceptions may apply, and this can be discussed with Program Managers before camp).
- There is zero tolerance for drugs and/or alcohol. Clients will be sent home immediately.
- Clients are not allowed to bring inappropriate books or magazines.
- Camp Gencheff operates on a three-to-one 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). Please contact Program Managers programs@campgencheff.com or (902) 569-2669 if a one-to-one is required.

### **MENTAL HEALTH POLICY**

Any client who verbally or physically makes 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.

### **FOR YOUR INFORMATION**

***Respite clients are asked to bring the following items:***

- Clothing and footwear for the appropriate weather
- A sleeping bag, blanket, and pillow
- Toothbrush and toothpaste
- Bug spray and sunscreen during spring/summer
- Any personal care items needed
- Any medications needed **in original bottles/packaging**
- Bag for dirty laundry

### **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. **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 the first day of the regular scheduled weekend respite 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. Drop off time for PD day programs is 8:00 am (earlier or later drop off must be pre-arranged with program managers).

### **PICK-UP TIME**

Respite pick-up time is anytime before 2:00 pm on Sunday. PD day program pick-up is 5:00 pm (unless it is a Friday and there is a following respite that the client is staying for).

### **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. If any purchase is necessary, the parent/guardian will be invoiced by the pharmacy/supplier.

### **APPLICATION GUIDELINES (please read 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. The information must be given to a Program Manager or Site Supervisors only. Changes may include: new medical concerns, medication changes, behavioural concerns, allergies, injuries, address changes, updates 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](mailto:programs@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. If Accessibility Services is to be invoiced for payment/fees, please provide information before coming to the camp. If the fee is not covered, payment must be made by a parent/guardian.
- **Cancellations** less than 48 hours before the camp 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.

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)

\_\_\_\_\_

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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

**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 Worker: \_\_\_\_\_

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

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

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, 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. 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<br>60              | (    ) STOP ITCH + AFTER<br>BITE |
| (    ) CALAMINE LOTION      | (    ) "OFF" BUG SPRAY                  | (    ) PEPTO-BISMOL +<br>TUMS    |
| (    ) HYDROGEN<br>PEROXIDE | (    ) POLYSPORIN<br>TOPICAL ANTIBIOTIC | (    ) TYLENOL/ADVIL             |
| (    ) BENADRYL             |   | (    ) COUGH SYRUP               |

## **MEDICATIONS**

**Clients must bring all prescribed drugs and over the counter medications, which are to be in original containers! Doses 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 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: \_\_\_\_\_

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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.

If 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**

(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: [programs@campgencheff.com](mailto: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](mailto:programs@campgencheff.com)



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

1. Can the client be a 3:1 ratio (1 counsellor 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 (can be overstimulated in situations)? (Please explain).