

2022 Genesis Place Day Camp Ability Form

Social, Physical, and Learning Needs

Participant's Name: _____

1. Please provide any information on any social, physical or learning requirements we should be aware of throughout the program?

2. Does the participant have an aide coming with them? Yes___ No___

3. Behaviours/concerns particular to this child:

4. Is the registrant taking any medications? If yes, a "Medical Form" must be completed. Yes___ No___

5. Additional comments

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CURRENT AND ACCURATE TO THE BEST OF MY ABILITY.

Parent/Guardian Name (Print) Parent/Guardian Signature Date (mm/dd/yyyy)

The information on this form is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (the "Act") and will be used solely for the purposes of administering the Day Camp Program at Genesis Place. It will be treated in accordance with the privacy protection provisions of Part 2 of the Act.

Questions concerning collection of this information can be directed to the Preschool, Children's and Youth Programmer for Genesis Place at 800 East Lake Boulevard NE, Airdrie, Alberta T4A 2K9 or 403.948.8804 Ext. 5510.



For information contact 403.948.8804 ext. 5550 or visit genesisplace.ca