



Sunshine Day Camp 2025 Application Form

To edit electronically, go to File > Make a Copy

Child's full name:

Child's Pronouns:

Has the child attended Sunshine Day Camp in the past?

YES

NO

Child's date of birth:

Age (as of July 1, 2025):

Gender:

Please indicate the session you would like to register the child for:

Session 1: July 7-18, 2025

Session 2: July 21-Aug 1, 2025

Session 3: August 5-15, 2025*

I would be interested in an additional session!

Session 1: July 7-18, 2025

Session 2: July 21-Aug 1, 2025

Session 3: August 5-15, 2025*

* Please note that due to federal holidays, Session 3 will be offered at a pro-rated cost of \$878.

Registration Fees and Payment Method

Session 1: \$975 incl. HST

Session 2: \$975 incl. HST

Session 3: \$878 incl. HST

- Upon confirmation of registration, you will be invoiced via email. Payment can be accepted online and through e-transfer.

Please indicate your extended care needs, if applicable.

The regular camp day runs from 9:00 am to 3:30 pm

Pre-care: 8:30 to 9:00 am at a cost of \$50 per week* **Extended care costs will be added*

After care: 3:30 to 4:30 pm at a cost of \$50 per week* *on to your registration fee**

** Session 3 extended care will be offered at a pro-rated cost of \$40/week due to a federal holiday.*

Late Pick-Up Fees (please check the box to show your agreement)

- ☐ I agree to pick up at the agreed upon times and to not be late as this impacts the staff and potentially, other campers. A late charge will apply in the amount of \$20.00/half hour (rounded up).

Camper T-Shirts

This year we are offering the option to purchase Sunshine Day Camp Shirts for Campers. The t-shirts will be white and resemble the staff shirts; with the Sunshine Day Camp logo on the front. Shirts are available for an additional \$25/shirt.

If you would like to purchase a t-shirt please indicate the number _____ and size: EXTRA SMALL/SMALL/MEDIUM/LARGE _____

Price: (# of t-shirts) _____ x \$25.00
= \$ _____

The outstanding invoiced amount is due by April 30th, 2025

In the case where an application is received after April 30th, full payment is due upon the child being accepted and an invoice issued.

Reminder: Camp Fees are non-refundable

Primary Contact/Caregiver's name:

Phone #:

Email address:

Relationship to child:

Emergency Contact's name:

Phone #:

Email address:

Relationship to child:

Child's Home Address:

City:

Postal Code:

Any Allergies? Epi-pen Required? YES NO

Backup Epi-Pens are encouraged and welcomed at camp and will be held in the office.

Swimming Ability:

OHIP #:

Will the child require medication during the camp day? YES NO

If so, please indicate the medication name, dosage and time for administration.

Medication notes (if applicable):

Has **the child** been **diagnosed** with a **learning disability AND/OR ADHD?**

YES

NO

**If yes, please indicate any relevant diagnoses, and provide clarification if necessary.
*For an ASD diagnosis, please indicate the level (e.g., 1, 2, 3) or severity.***

What are the child's strengths and interests?

Please indicate and describe any challenges, needs or behaviours we should be aware of.

Please list any behavioural or coping strategies that are helpful for the child.

Does the child exhibit aggressive **or** unsafe behavior towards themselves, property, or others? If so, please describe this behavior, **and indicate when they LAST exhibited it.**

Does the child require 1:1 behavioral or educational support at school? YES NO	Has the child participated in other LDAO-C programs? <i>If so, what program(s)?</i>
Additional notes, if needed?	
How did you find out about our camp?	

***Please note that more detail will be gathered during the required phone interview.**



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Sunshine Day Camp 2025 Waiver Form

I/We permit (child's name _____) to take part in the Sunshine Day Camp program(s) and agree to waive any claims upon the Learning Disabilities Association of Ottawa-Carleton (LDAO-C) including Directors, Officers, or Employees in the event of any injury, loss or damage however caused that may be sustained by the above mentioned participant while taking part in the camp program(s).

For my child to participate in the Sunshine Day Camp, I agree to be bound by the following conditions:

☒ The Director at her/his sole discretion reserves the right to dismiss a child from the program when **they** deem this to be in the best interest of either the child or the program.

☒ Camp fees are non-refundable.

☒ Submission of application does not guarantee a spot in the camp. A phone assessment must be completed with LDAO-C to deem appropriateness of this camp program for the camper.

☒ I agree to the payment of \$20.00/half-hour (rounded-up) in the situation of a late pick up.

Check the following:

☒ Medication: If applicable, I give permission to the staff of LDAO-C to dispense the prescribed dosage of medication to my child.

☒ Severe Allergies: It is the responsibility of the participant or caregiver of the participant to identify themselves or their camper if they have a severe allergy and require an EpiPen®.

LDAO-C attempts to ensure the safety and well-being of all participants with allergen-safe zones and practices.

I understand that Sunshine Day Camp is not equipped to provide one-on-one counselling to my child. Actions such as phone calls home, conversations with parents and dismissal from camp will be taken if a child exhibits continual behavior that is unsafe towards themselves or others. We endeavor to do everything to maintain a child's spot in the camp prior to this.

Signature of Caregiver/Guardian

Date



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SUNSHINE DAY CAMP PHOTO CONSENT FORM

CAMPER'S NAME: _____

☐ I give consent for the child to be photographed or videotaped during camp activities, and to be used in future promotional material.

☐ I do not give my consent for the child to be photographed or videotaped during camp activities and to be used in future promotional material.

Name of Caregiver: _____

Caregiver Signature: _____

Date: _____



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Sunshine Day Camp Application Checklist

Fill out and send with Camper Forms

Please ensure that the application package for the Sunshine Day Camp is complete by following the checklist below:

Completed Application form

Completed Child Care form

Signed Waiver Form & Terms **and** Conditions

Photo **Consent** Form

To register, please email the completed forms to
sunshinedaycamp@ldaottawa.com