



2017 Summer Refugee Program Application

Family Contact Information
Family Name (Mother):
Family Name (Father):
Family Name (Legal Guardian):
Relationship of Legal Guardian:
If other, please clarify:
Address:
Phone Number:
E-mail:
Sponsor
Sponsor Name:
Sponsor Address:
Sponsor Phone Number:
Sponsor E-mail:
Children's Information
<u>First Child</u>
Name:
Age:
Gender:

Second Child

Name:

Age:

Gender:

Third Child

Name:

Age:

Gender:

Fourth Child

Name:

Age:

Gender:

Year Arrived in Canada

What year did you come to Canada?

2014

2015

2016

2017

Day or Overnight Camp

Do you want a day or overnight camp?

Day

Overnight

Both

Special Needs

Does your child have special needs?

Yes

No

If you answered yes to the previous question, please check the applicable box(es) below:

- Attention Deficit Disorder
- Autism Spectrum Disorder
- Cancer
- Developmental Disabilities
- Diabetes
- Emotional/Behavioural Concerns
- Hearing Loss
- Learning Disabilities
- Physical Disabilities
- Tourette Syndrome
- Vision Loss
- Other

If other, please explain:

Child's Name and Age:

Religious Practices

Are there religious practices that your child(ren) participate in that camps need to be aware of?

Camp Requests

Please list the camps that you would like to have the contact information for or to know anything about. To see a list of participating camps, please go to http://refugeesummer.ca/search_for_camps.php.

First Choice:

Second Choice:

Third Choice:

Please email your completed form to refugeesummer@ontariocamps.ca. We will contact you once the form has been received. We look forward to seeing your child(ren) at camp!