

# SHADOW LAKE CENTRE SUMMER PROGRAM APPLICATION AND GUEST PROFILE

**GUEST INFORMATION**

NAME: \_\_\_\_\_ MALE / FEMALE D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT / APT # \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE NUMBER: ( ) \_\_\_\_\_ CELL NUMBER: ( ) \_\_\_\_\_

Emergency Contact Person other than person listed above (relative, worker, neighbour, etc...)

CONTACT NAME: \_\_\_\_\_

Relationship to guest: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ HOME PHONE NUMBER: ( ) \_\_\_\_\_

CELL NUMBER: ( ) \_\_\_\_\_ E MAIL: \_\_\_\_\_

DATES OF SESSIONS (Please circle the session(S) that you are applying for)

1    2    3    4    5    6    7    8    9    10

ALTERNATIVE SESSION(S) IF THE ABOVE ARE NOT AVAILABLE (Please circle where appropriate)

1    2    3    4    5    6    7    8    9    10

I REQUIRE A BOTTOM BUNK \_\_\_\_\_ TOP BUNK \_\_\_\_\_ DOESN'T MATTER \_\_\_\_\_

IN THE EVENT A BOTTOM BUNK IS NOT AVAILABLE, PLEASE

\_\_\_\_\_ PLACE ME IN A TOP BUNK

\_\_\_\_\_ CANCEL MY APPLICATION

\_\_\_\_\_ GIVE ME AN ALTERNATIVE DATE WHERE A BOTTOM BUNK IS AVAILABLE

**TRANSPORTATION**

A bus service is available departing from Harold Lawson Residence (1712 Ellesmere Road in Scarborough) on Sunday morning at 10:00 am and returning to the same location on Saturday afternoon at 3:00 pm. Return trip is \$20.00 per person. Please plan to arrive at least 15-30 minutes early to register.

I would like bus service: Both Ways ( )    One Way Only ( )    To Camp ( )    From Camp ( )    No bus required ( )

**SOUVENIRS**

Shadow Lake Centre has souvenir hats and t-shirts available for purchase at a cost of \$20.00 each. Both are quality items supplied by a reliable supplier. Each year we strive to provide a different colour and style!

I would like to purchase an Adult size T-shirt:

( ) small    ( ) medium    ( ) large    ( ) x-large    ( ) 2x

I would like to purchase a Shadow Lake Centre hat: ( ) yes    ( ) no

*For Office use only:*

Guest name: _____	Guest to Staff Supervision: 1:1	2:1	3:1	4:1
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Please  where appropriate:

- Uses Wheelchair                      Specify: \_\_\_\_\_
- Visual Impairment                      Specify: \_\_\_\_\_
- Hearing Impairment                      Specify: \_\_\_\_\_
- Physical Disability                      Specify: \_\_\_\_\_
- Other    Specify: \_\_\_\_\_

**MEAL TIME**

Preferred foods (please list) \_\_\_\_\_

Dislikes (please list) \_\_\_\_\_

Please  where appropriate:

- Independent in feeding                      \_\_\_\_\_
- Semi-independent                      \_\_\_\_\_
- Needs total assistance                      \_\_\_\_\_
- Needs assistance cutting food                      \_\_\_\_\_

Comments:

Additional comments (routines, special instructions) \_\_\_\_\_

**DRESSING**

- Independent                      \_\_\_\_\_
- Completely dependent                      \_\_\_\_\_
- Requires some assistance                      \_\_\_\_\_

Comments:

**TOILETING**

Please  where appropriate:

- Independent                      \_\_\_\_\_
- Semi-independent                      \_\_\_\_\_
- Needs total assistance                      \_\_\_\_\_
- Diapers ( day / night / both )                      \_\_\_\_\_
- Occasional accidents                      \_\_\_\_\_
- Toileted through the night / frequency                      \_\_\_\_\_
- Other    \_\_\_\_\_

Comments:

How does he/she indicate the need to go to the bathroom? \_\_\_\_\_

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**PERSONAL HYGIENE:**

AREA	NEES TOTAL CARE	MODERATE (hand over hand)	MINIMAL (prompting)	NO ASSISTANCE NEEDED
Showering				
Bathing				
Washing / Brushing Hair				
Brushing Teeth				
Shaving				
Menstruation				

Please provide our staff with suggestions regarding performing activities of daily living:

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**BEDTIME / SLEEP:**

Please indicate if the guest has a bedtime routine that should be followed while at Shadow Lake for an easier adjustment:

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Please comment on the staff response if the guest was to wake during the night:

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**RECREATION ACTIVITIES:** (Please list – games, songs, music, interests)

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Does he/she like to swim? YES NO Has he/she ever swam in a lake? YES NO Don't Know

Is he/she able to swim in: Shallow Area Deep Area Is a lifejacket required? YES NO Comments: \_\_\_\_\_

What are his/her favorite activity / pastime? \_\_\_\_\_

**COMMUNICATION:** Please  where appropriate:

- Understands complex instructions \_\_\_\_\_
- Non-verbal, uses sounds only \_\_\_\_\_
- Uses words \_\_\_\_\_
- Able to follow simple directions \_\_\_\_\_
- Uses sign language \_\_\_\_\_
- Uses pictures \_\_\_\_\_

COMMENTS (please list signs/words, possible meaning of sounds used to communicate): \_\_\_\_\_ (attach additional sheets if necessary)

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**SUPERVISION:**

Does he / she ever wander or elope? (Please circle)      YES                      NO

If yes, under what circumstances? \_\_\_\_\_

Are there any times that he/she requires more supervision? Please describe level required and circumstances? \_\_\_\_\_

Can he/she be left alone for short periods? \_\_\_\_\_

Will he/she need frequent reminders to stay with the group? \_\_\_\_\_

**BEHAVIOUR:** Please  where appropriate:

Aggression is typically directed towards:      \_\_\_\_\_ Staff      \_\_\_\_\_ Self      \_\_\_\_\_ Other participants'      \_\_\_\_\_ Environment      \_\_\_\_\_ N/A

If the guest was to become agitated, he/she is likely to exhibit: Please  where appropriate and provide details

- Hitting \_\_\_\_\_
- Biting \_\_\_\_\_
- Kicking \_\_\_\_\_
- Choking \_\_\_\_\_
- Scratching \_\_\_\_\_
- Pushing \_\_\_\_\_
- Pulling hair \_\_\_\_\_
- Pinching \_\_\_\_\_
- Verbal aggression \_\_\_\_\_

Please comment on what might trigger a behavior (ie: over excitement, crowds, foods, certain noises etc) *Please be as specific as possible.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What should the staff response be when these behaviors are exhibited? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is rewarding for the guest (ie: verbal praise, smile etc) ? \_\_\_\_\_

\_\_\_\_\_

\*\*If the guest has a behavior protocol / PRN, please provide details with this application.\*\*

**NAME OF PERSON COMPLETING THIS FORM:**

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**SHADOW LAKE CENTRE**
  
**SUMMER PROGRAM PAYMENT FORM**

Guest name: \_\_\_\_\_

Payment from:

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Payment Information**

Payment for:

- |  |          |
|--|----------|
| <input type="checkbox"/> Deposit of \$300                        | \$ _____ |
| <input type="checkbox"/> Shadow Lake shirt \$20 each x _____ qty | \$ _____ |
| <input type="checkbox"/> Shadow Lake hat \$20 each x _____ qty   | \$ _____ |
| <input type="checkbox"/> Final Payment                           | \$ _____ |
| Total payment amount:  | \$ _____ |

Payment method:

Cash Cheque (payable to Community Living Toronto) Visa Amex MasterCard

Credit Card Number:

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Expiry: \_\_\_\_\_ / \_\_\_\_\_

Cardholder name (please print): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

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

**For further information contact:**

Gary Ouellette, Director, Shadow Lake Centre  
 905-640-6432  
[gouellette@cltoronto.ca](mailto:gouellette@cltoronto.ca)

**Payment Form must be returned with completed application form to:**

Shadow Lake Centre  
 15041 Ninth Line  
 Stouffville, ON L4A 7X3