

Aphasia Day Camp 2011 Mississauga

Application #: _____

Thank you for your interest in Aphasia Day Camp 2011!
Contact the Camp Coordinator for more specific event information.

The event will take place on June 11-12 at:
Clarkson Community Centre 2475 Truscott Drive, Mississauga, L5J 3Z8

Please fill in the following application form. Each participant planning to attend must complete an **individual** application form (person with aphasia and accompanying family member or friend must **each** fill out a **separate** form).

NOTE: DEADLINE FOR APPLICATIONS IS April 15, 2011

Participant Information:

Please indicate below:

- I am attending camp on my own.
- I will be accompanied by (name) _____

Participant Contact Information:

Last Name:		First Name:	
Address:		City:	Postal Code:
Telephone #:		Email Address:	
Date of Birth (M/D/Y):		Gender: (Circle) Male / Female	
Emergency Contact Name:		Contact Person's Phone #:	

Do you attend any out-patient aphasia services?

YES NO If Yes, which ones? _____

Transportation to camp:

Transhelp? yes no Transhelp number: _____

If you come by car, who brings you? self contact person

other (provide name and phone number):

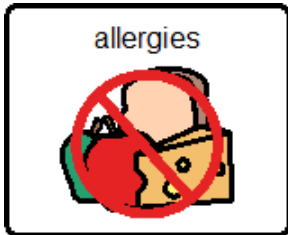


Health and Diet Information

Medical History: Please Check all that apply

- Stroke
- Seizures
- Brain Injury
- Incontinence
- Difficulties with vision
- Difficulty with swallowing
- Difficulties with hearing
- Other: _____

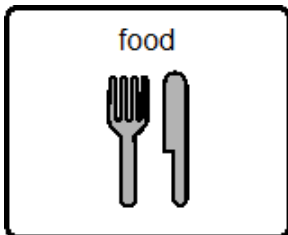
Allergies:



- Mild: _____
- Moderate: _____
- Severe: _____

Do you use an EpiPen®? YES NO

Special Diet: YES NO



Please Specify:

- Diabetic
- Vegetarian
- Pureed
- Chopped
- Thickened Liquids
- Soft

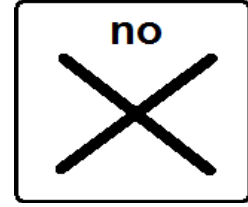
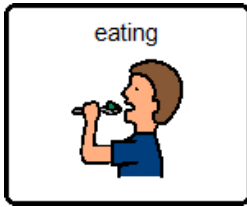
Other: _____

Any other medical information we should know about:

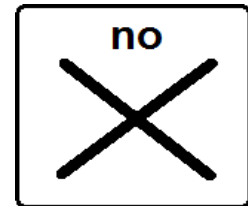
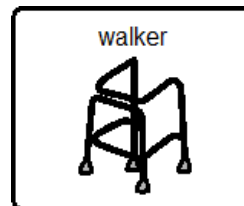
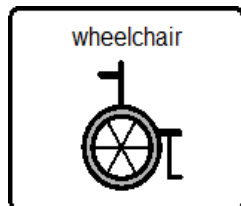
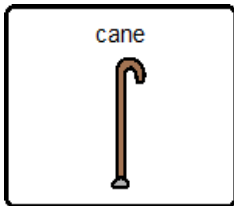
Activities of Daily Living and Communication

NOTE: Care attendants will be available for assistance.

I require help with: PLEASE CIRCLE

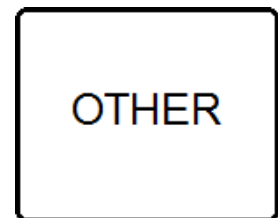
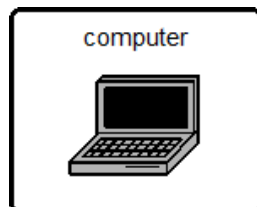
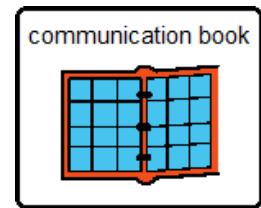
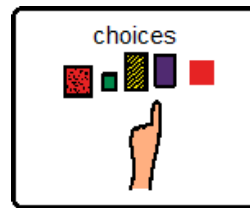
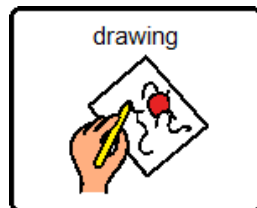
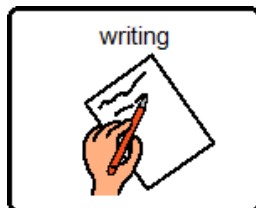


Do you use an assistive device to move around?



What helps you to communicate?

Please Circle



What else should we know about how you communicate?

NOTE: If you use a book or device, please bring to camp.

Program Fees

Please enclose payment information or cheques with this application. Application will not be processed until payment is received.

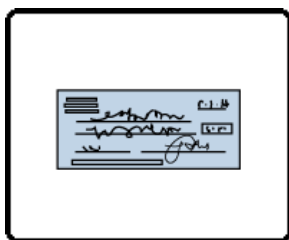
Cost: \$45.00 per person

(Cost includes facilities, meals, program activities and staff for duration of event.)

Total Enclosed: \$ _____

Method of Payment

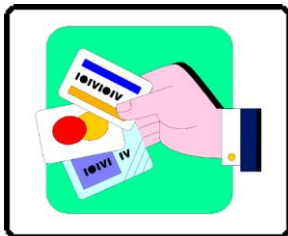
Cheque



Cheque # - _____

NOTE: Enclose all cheques with this application. Make cheques payable to: **March of Dimes Canada**

Credit Card:



- Visa
- MasterCard
- American Express

Credit Card Number:

Authorized Signature of Cardholder:

Print Name Exactly as Shown on Credit Card:

Expiry Date On Card:

Verification and Signature

It is vital that we have any and all information necessary to determine an applicant's eligibility to participate in this program. March of Dimes Canada reserves the right to refuse any applicant who has submitted an incomplete or falsified application, or whose medical condition is inappropriate for the program.

Signature of Applicant: _____

Date: _____

How did you first learn about Aphasia Day Camp?



Other: _____

Send your application and payment to:

Laura Klaponski

Peer Support Department, Ontario March of Dimes
10 Overlea Blvd. Toronto ON M4H 1A4

Telephone: 416-425-3463 ex.7212

1-800-263-3463 ex.7212

Fax: 416-425-1920

Attn: Laura Klaponski, Education & Health Promoter

Email: klaponski@marchofdimes.ca

- Please note that submitting an application **does not guarantee** acceptance.
- Applicants will be notified by mail by **May 6 2011**. You will receive a refund if you are not accepted.
- We look forward to receiving your application!