

Recreation Program Support Application



The Recreation Program Support Program offers 1:1 support for children/ youth in registered activities. This program supports participants in activities to reduce barriers with the goal of an inclusive recreation environment.

The support of a staff/volunteer is dependent on program capacity and staff/Leisure Buddy volunteer availability. Our staff and volunteers are able to assist with focusing, redirection, positive reinforcement and encouraging engagement. They are not trained Behavioural Interventionists or Community Support Workers .

***We are unable to provide personal care such as assistance with toileting, administering medication and changing.**

1. APPLICANT INFORMATION

Participant Name: _____ New participant Returning

Date of Birth: _____ Age: _____ Gender: _____
(dd/mm/yyyy)

Has an Education Assistant No Education Assistant Has a Behavioural Interventionist

2. PARENT/CAREGIVER/GUARDIAN INFORMATION

Name of parent/caregiver/guardian: _____

Address: _____
Street City Postal Code

Primary phone: _____ Cell phone: _____ Email: _____

Alt. Contact: _____ Phone: _____

3. RECREATION PROGRAM(S) REGISTERED

Program Name <small>(i.e. Swim Kids 1)</small>	Activity # <small>(i.e. 21881)</small>	Dates of Programs <small>(i.e. March 18 - March 22)</small>	Time of Program <small>(i.e. 9am - 4pm)</small>	Location of Program <small>(i.e. Hyde Creek)</small>

4. RECREATION PROGRAM SUPPORT ROLES & RESPONSIBILITIES

The Recreation Support Program provides support for children/ youth in registered activities. Recreation Staff collaborate with families to build strategies, adaptations and the support role needed to create a positive experience for children and youth, such as:

- Assisting participant with focusing on task (re-direction)
- Encouraging participant to engage in activities
- Providing additional instructions or reinforcement during activities.

We are unable to provide personal care such as assistance with toileting, administering medication and changing.

If program support is not available, Access and Inclusion will discuss further options and strategies.

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Please take the time to complete section 5 to provide us with as much information as possible to assist us in delivering a positive experience for all. Remember what may be routine for your family may be out of the ordinary for our program leaders.

5. BEHAVIOUR AND COMMUNICATION

What are the participant's strengths, interests and preferred activities? _____

What areas or situations does the participant require support for? _____

What strategies and adaptations can we do to build a positive experience for the participant? _____

Are there any other areas the participant may require more support? _____

Please describe any medical conditions/ diagnoses your child has and what we need to know or be aware of surrounding his/her conditions: _____

Behaviours

Easily discouraged	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interacts well with peers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Easily distracted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interacts well with adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperactive	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wanders from group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shouts/ Screams	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stops/Responds to hearing their name	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Which is the most effective for the participant's learning and engagement

Demonstrations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Written/ Drawn instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical assistance (hand over hand)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verbal cues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____			Equipment/ Adaption	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list: _____

6. RECREATION PROGRAM EXPECTATIONS

To provide a safe and welcoming environment we ask all participants and their families and staff to follow the Caring Code:

- Take Care of Yourself
- Take Care of Others
- Take Care of This Place!

Examples of violations:

- Kicking/ hitting others
- Leaving space without consent
- Using inappropriate language and behaviour to staff/others
- When health/safety of participant/staff/volunteers are impacted
- Damages to facility/equipment

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I understand it is my responsibility as the parent/guardian/caregiver/ that the above information on this application is true and correct to the best of my knowledge and understand Port Coquitlam's Recreation Program Support Roles and Responsibilities.

Parent/Caregiver- Print Name

Signature

Date

Personal information entered on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA), and will be used to assess your application. If you have any questions or concerns about how your information will be used, contact the City's Records and FOIPPA Administrator at 604.927.5250 or corporateoffice@portcoquitlam.ca

Please submit completed application by email: accessinclusion@portcoquitlam.ca

Or in person to: Port Coquitlam Community Centre - 2150 Wilson Ave, Port Coquitlam, BC V3C 6J5

The Outlet - #110 - 2248 McAllister Ave, Port Coquitlam, BC V3C 2A5

Hyde Creek Recreation Centre - 1379 Laurier Ave, Port Coquitlam, BC V3B 2B9