



COTTAGE GETAWAY APPLICATION

Welcome Families and Friends:

Does fun in the sun sound like how you want to spend your summer? Then perhaps Live & Learn Cottage Getaway program is the place for you...

We offer exceptional summer programs for teens and adults with developmental disabilities. This package will help you understand our program and the application process. To ensure quality care for all our Cottage applicants, we request that you please complete the application carefully and provide us with detailed information. As a parent/guardian, you are crucial in this process. If you have any questions regarding, program activities, staff screening, care ratios, etc; please get in touch with us. This helps everyone in determining if our Cottage Getaway programs are right for your applicant and family.

IS OUR COTTAGE GETAWAY PROGRAM RIGHT FOR YOU?

The focus of Live & Learn Cottage Getaway program is to provide a sleep-away cottage experience that facilitates growth in independence, self-esteem, life skills and peer-interaction for teens and adults with disabilities. We are rooted in nature-based, outdoor activities. Our staff creates safe, warm, fun and supportive environments, which allow our participants to explore and develop their abilities. Although we offer a generalized program that caters to a wide range of individuals with disabilities, no single program can provide support for every individual. We recognize that our program is not suitable for applicants with certain support needs. In order to continue to provide the highest possible care for all our applicants, we reserve the right to refuse any applicant who is considered unsuitable for our Cottage Getaway program. Individuals whose behaviour could endanger themselves or other applicants may not be suitable for the program. Live & Learn Inc. Cottage Getaway programs do not have the facilities to support medically fragile individuals. We can however, support applicants who require daily medication routines.

THE APPLICATION PROCESS

The application will be accepted through email, mail or hand delivered. The preferred method of submission is through email. Please download the fillable PDF version to your desktop, fill out, save and send to info@liveandlearncentre.ca Applications will be kept on file. The following year the application will be returned to the family electronically, changes can be made, if necessary and resubmitted. Registration proceeds on a first-come, first-serve basis. We are not always able to accommodate your first choice of Cottage sessions. If our Cottage Program for your chosen week is

fully booked, we will do our best to accommodate you at one of our other cottages. A registration will be confirmed only after we have received ALL paperwork pertaining to the applicants stay at Cottage Getaways. Use the CHECKLIST provided in this application to help you stay organized. Live & Learn Inc. reserves the right to: request additional documentation as deemed necessary, to change registration requirements or refuse an application. All the information gathered is stored in a confidential manner.

BEHAVIOUR EXPECTATIONS AND CONDITIONS OF ENROLMENT

Live & Learn Inc. reserves the right to dismiss any applicant who constitutes a hazard to the safety and rights of others, or demonstrates that s/he has rejected the reasonable controls and supervision of the Cottage Getaway staff. Failure to disclose information, including but not limited to medical problems or concerns, at time of registration could result in dismissal.

BEHAVIOUR SUPPORT PLAN

Live & Learn Inc. Cottage Getaway programs have a mandate to provide a maximum ratio of 5 applicants to 1 staff. The application package is just one step in the process used to determine your applicant's support needs in our environment. If there are specific concerns regarding your applicant's behaviour/care, we encourage you to complete the "Behaviour Support" section. This should clearly outline, in detail, routines, strategies or other points that will assist in how we might best work with your applicant.

PROGRAM ACTIVITIES

Cottage Getaway offers the following general program activities integrated in daily and weekly themes: swimming (lake), DIY projects, sports, outdoor games, four wheeling, tubing, horse back riding, cooking, crafts, music, boating, movie nights, canoeing, kayaking, community outings, games nights, fireworks, campfires, go-karting, jet skiing and fishing. We encourage applicants to choose activities that spark their interests as well as to try new things.

COTTAGE GETAWAY FEE

Cottage Getaway is a total fee of \$750 plus HST. This fee includes transportation to and from the cottage, breakfast, lunch and dinner, except one meal out. Applicants may require some spending money for excursions. Together, we hope to create lifelong summer Cottage Getaway memories for all participants.



Live & Learn Cottage Getaway Dates

Please state which Cottage week you would like to attend.

Choice One: _____

Choice Two: _____

Application Checklist

In order for an application to be processed, all parts need to be complete. This checklist is meant to help applicants keep track of the sections that they have completed. If you have questions or concerns please contact:

Jason Dudgeon
519-803-2698
info@liveandlearncentre.ca

Have You Done The Following...

- Selected a Cottage Getaway week that is best suited for your applicant
- Included an updated email address
- Notify Emergency Contacts that they have been used on this application
- Included a recent Cottage Getaway photo
- Signed the Liability Release
- Sign the Website and Social Media Release Form
- Completed the Administration Fee Form

For the most up to date Cottage Getaway info visit:
www.liveandlearncentre.ca



ALL INFORMATION RECEIVED REMAINS CONFIDENTIAL

APPLICANT Name: _____ DOB: _____ (D/M/Y)
 Phone No. H: _____ Cell: _____
 Health Card Number: _____ Email: _____
 Street: _____ City: _____ Postal Code: _____

PARENT/GUARDIAN/FOSTER PARENT INFORMATION

#1- Relationship to applicant: _____
 Given Name: _____ Last Name: _____
 Phone No. H: _____ W: _____ Cell: _____
 Street: _____ City: _____
 Postal Code: _____ E-mail: _____

#2- Relationship to applicant: _____
 Given Name: _____ Last Name: _____
 Phone No. H: _____ W: _____ Cell: _____
 Street: _____ City: _____
 Postal Code: _____ E-mail: _____

EMERGENCY CONTACTS

We require the name and phone number of TWO emergency contacts (other than the parents/guardians of the applicant). These people must be available and within driving distance AT ALL TIMES during the applicable Cottage Getaway dates. Do NOT indicate someone who has not agreed to this prior. These people will also be added to the Authorized Pick-Up List.

#1 - Complete Name: _____ Relationship: _____
 Phone No. H: _____ W: _____
 Cell _____ Email: _____

#2 - Complete Name: _____ Relationship: _____
 Phone No. H: _____ W: _____
 Cell _____ Email: _____

AUTHORIZED PICK UP LIST & PRIVACY INFORMATION

Your applicant will be released to individuals listed below and/or parents/guardians as well as emergency contacts.

Complete Name of person(s) authorized to pick up applicant from Pick up Location:

(1) _____ (2) _____

If requested, may we share your contact information with other applicants and their families?

No Yes

Is there another applicant your applicant would like to be grouped with (if possible)? Applicants Name: _____

Please indicate any camp activities that you DO NOT wish your applicant to participate in:

MEALTIME ROUTINE/DIET

Special food preparation required? Please provide details below:

Please describe special dietary requirements, special instructions associated with meal times or desired foods for particular eaters:

Please list any specialize equipment/food that your applicant will be bringing to Cottage Getaways:

Does this applicant choke easily? No Yes

Is the applicant a diabetic? No Yes

Does the applicant have food sensitivities? No Yes

Explain: _____

NIGHT CARE (Please note: applicants sleep in Bunkie's or rooms with other applicants except in special circumstances. Staff members continuously check on applicants and provide assistance.)

What care or direct supervision does your applicant require throughout the night?

Suggestions or strategies for bedtime routine: _____

PERSONAL CARE

Please include additional information about Personal Care including schedule of times, products used, etc. Attach additional sheet if necessary:

BEHAVIOUR SUPPORT

The following questions will help assist our staff in ensuring your applicant has the best experience possible at Cottage Getaways. Please attach additional pages as necessary.

****Failure to honestly communicate ALL BEHAVIOUR CONCERNS may result in your applicant being sent home****

Check the types of behaviour that apply to your applicant:

- Non-compliance Running away Wandering Sexual aggression N/A
 Anxiety Frustration Aggression Self harm

Other: _____

Please explain any checked behaviours, their causes, frequency, and support techniques used (e.g. behavioural transitions, escalation signals, redirection cues):

Is your applicant on a behaviour support program at home/school? No Yes

(If yes, please attach a copy)

Has your applicant ever been away from home before? No Yes

Please explain any concerns around homesickness anticipated?

Any additional information that would help our staff care for your applicant:

ADDITIONAL INFORMATION

Please answer the following questions to your best ability. Applicant:

Uses a cane? No Yes

Uses a walker? No Yes

Requires assistance using stairs and uneven surfaces? No Yes

Has braces? No Yes

Fear of water? No Yes

Fear of animals? No Yes

COMMUNICATION

Is the applicant verbal non verbal

Does the applicant use Proloquo2Go? No Yes

Applicant understands complex instructions? No Yes

Applicant understands simple instructions? No Yes

Applicant uses sentences? No Yes

Applicant uses words and short phrases? No Yes

Applicant uses sign language? No Yes

Applicant uses Picture Exchange Communication System PECS? No Yes

HEARING

Does applicant have hearing difficulty? No Yes

In what ear does your applicant have hearing difficulty? Left Right both

Does your applicant wear hearing aids with: Slight amplification Full amplification None

Are Ear Plugs required while in water? No Yes

VISION

Does the applicant wear glasses? No Yes

Is the applicant nearsighted or farsighted? No Yes

Does having work in large print on coloured paper assist their reading? No Yes

Does the applicant wear contacts? No Yes

RECENT APPLICANT PHOTO:

We ask that you please include a recent colour photo of the applicant. The photo should easily identify the applicant. Please email as an attachment at the same time you submit this form.

In making this application, I certify that the information provided is complete and correct in support of this applicant.

Print Name Parent/Guardian

Date (D/M/Y)

Signature of Parent/Guardian

Print Name Applicant (over 18)

Date (D/M/Y)

Signature of Applicant (over 18)



**COTTAGE GETAWAY PROGRAM
MEDICAL INFORMATION**

Please complete and sign this form. Live & Learn Inc. will inform parents/guardians of any incidents involving their applicant's stay at Cottage Getaway. Live & Learn Inc. staff will attempt to contact parents/guardians if medical treatment is needed however, Live & Learn Inc. reserves the right to determine appropriate medical treatment if your applicant becomes ill while in our care.

Applicants Name: _____ Applicants Disability: _____ Health Care Number: _____ Family Dr. Name _____ Ph _____

MEDICATIONS

Regular/Scheduled Medications: Please include all prescription medications/supplements/vitamins/ ointments. Please place medications in blister pack. (Only medications on this list can be given by Live & Learn Staff)

Medication	Quantity	Time Administered

ALLERGIES

Does your applicant have any anaphylactic reactions? No Yes

Describe:

Does applicant carry an epi-pen? No yes

Describe reaction:

Does your applicant have any drug/food/environmental allergies? No yes

Please describe the allergies and reactions:

Does your applicant use a Puffer? No Yes

Please describe **Protocol** you wish staff to follow:

SEIZURE ACTIVITY

Does your applicant have seizures? No Yes **If yes, please complete below**

Type: _____ Duration: _____

Frequency: _____ Date of last seizure: _____

Please describe any warning signs of seizures etc.): _____

At what point should EMS be called? _____

Seizures will restrict applicant's activities as follows: _____

Does the applicant have epilepsy? No Yes

Please describe **Protocol** you wish staff to follow?

ADDITIONAL INFORMATION

What precautions or limitations to physical activity do you wish your applicant to observe?

In the past year has this applicant had, or been exposed to, a serious illness or extended hospital visits?

No Yes

If Yes, Please specify:

Does this applicant's condition/disability present any special medical treatments or concerns during their time at the cottage?

Live & Learn Inc. will inform parents/guardians of any incidents involving their applicant's stay at Cottage Getaways. However, Live & Learn Inc. reserves the right to determine appropriate medical treatment if the applicant becomes ill while in our care

In making this application, I certify that the information provided is complete and correct in support of this applicant.

Print Name Parent/Guardian

Date (D/M/Y)

Signature of Parent/Guardian

Print Name Applicant (over 18)

Date (D/M/Y)

Signature of Applicant (over 18)



Consent, Liability and Waiver Agreement

I, as the parent or legal guardian of _____ (Applicant's Name), and in consideration of the social, recreational, and educational services provided by **Live & Learn Inc.** for adolescents and adults with developmental disabilities agree as follows:

1. I hereby release and discharge **Live & Learn Inc.** and employees from all manner of action, causes of action, claims or demands I may have arising from or related to the applicant's attendance at Cottage Getaway and/or activities held away from Cottage Getaway. I do however wish my applicant to attend Live & Learn's Cottage Getaway program, notwithstanding such potential risk.
2. I agree to indemnify **Live & Learn Inc.**, its services and employees from any claims or demands made against **Live & Learn Inc.** in respect to any loss or damage which they may suffer or become legally obligated to pay as a result of, or arising from the applicant's attendance at Cottage Getaway.
3. I consent to the administration of the medical treatments on behalf of the applicant as is determined to be necessary by **Live & Learn Inc.** and its employees, in their sole discretion, for her/his health at Cottage Getaway.
4. I certify that all information provided in this application form is true and to the best of my knowledge at the time of completing this and for all subsequent Cottage Getaway administered forms.
5. I agree to inform **Live & Learn Inc.** of any changes to my applicant's health and wellbeing prior to the start of Cottage Getaway.
6. I agree that my applicant will only be released to the individuals listed on this application form (primary contact, authorized pick up list)
7. I have reviewed the expectations and policies as outlined throughout this application and I understand that should my applicant breach any of the expected behaviours, they could be asked to leave the Cottage Getaway program immediately. If this occurs, I will be responsible for arranging for my applicant's transportation from Cottage Getaway and the associated costs.
8. I agree that I am financially responsible in the case of illness, injury, accident, emergency or property damage resulting from the applicant's participation in **Live & Learn Inc.** Cottage

Getaway programs and that ***Live & Learn Inc.*** may claim over against me for any claim which the applicant or a third party may make against ***Live & Learn Inc.*** and agree to indemnify and save harmless the ***Live & Learn Inc.*** for any expenses reasonably incurred in consequence of the above.

To meet the needs of our applicants and have the ability to care for them we must collect personal information about them and distribute this information to staff who will care for your applicant.

Print Name Parent/Guardian

Date (D/M/Y)

Signature of Parent/Guardian

Print Name Applicant (over 18)

Date (D/M/Y)

Signature of Applicant (over 18)



WEBSITE AND SOCIAL MEDIA RELEASE FORM

I, the undersigned, do hereby grant permission to **Live & Learn Inc.** to post my and/or my child's story, photo, video or other items, hereinafter referred to as "Materials," I submit to and for **Live & Learn Inc.** website, Twitter (@LiveLearnGuelph), Instagram, Facebook account and any promotional material (print and electronic versions)

I hereby release you, your representative, employees, managers, president, parent members and directors from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right to publicity, defamation and any other person and/or property rights.

I fully understand that these photos/videos may identify me as a person involved in **Live & Learn Inc.** and in turn may identify my disability.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the "Materials" or any rights therein.

I HAVE READ AND UNDERSTAND THIS WEBSITE AND SOCIAL MEDIA RELEASE FORM

Print Name Parent/Guardian

Date (D/M/Y)

Signature of Parent/Guardian

Print Name Applicant (over 18)

Date (D/M/Y)

Signature of Applicant (over 18)



Authorization to Dispense Medication

I/We, _____, are the parents/legal guardians of _____, an applicant at Live & Learn Inc.

I/We hereby authorize the staff person to administer medication supplied by or for the said individual.

In giving my/our authorization, hereby, I/we agree to bring no action whatsoever or assert any cause of action whatsoever by reason of any alleged act of negligence, breach of the contract or statutory duty, or other cause of action known to law against Live & Learn Inc. or by any of its staff by reason of any failure to administer such medication, or by reason of any act whatsoever relating to the use of the aforesaid medication.

I/we further agree to indemnify and save harmless to Live & Learn Inc. and any of its agents, employees, administrators or assigns, for any claims that may be made by or on behalf of the said individual by reason of any alleged act of negligence, breach of the contract or statutory duty, or cause of action known to law against Live & Learn Inc., any of its agents, employees, administrators, or assigns, by reason of the administering of the said prescribed emergency medication, or by reason of any failure to administer such medication or by reason of any act whatsoever relating to the use of the aforesaid medication.

Print Name Parent/Guardian

Date (D/M/Y)

Signature of Parent/Guardian

Print Name Applicant (over 18)

Date (D/M/Y)

Signature of Applicant (over 18)



ADMINISTRATION FEE FORM

Payment information must be included for the application to be processed. Payment will NOT be processed until the application is confirmed.

Cottage Getaway Fee: \$750.00 plus HST

Applicant Name: _____

Cottage Week Attending: _____

Payment method:

C Cheque (Please make cheques payable to “Cottage Getaways”)

cash

In making this application, I certify that the information provided is complete and correct in support of this applicant.

Print Name Parent/Guardian

Date (D/M/Y)

Signature of Parent/Guardian

Print Name Applicant (over 18)

Date (D/M/Y)

Signature of Applicant (over 18)