



L'Arche Antigonish Summer Camp 2025

Camper Application Form

Please return to Kristofer Woods, Community Support Assistant
63 Highland Dr., Antigonish, NS B2G 1P3 | office@larcheantigonish.ca | Fax: 902-863-8224

Please fill out all information below:

Camper's Name: _____ D.O.B.: _____

Parent(s)/Guardian(s): _____

Home Address: _____

Phone Number(s): #1 _____ #2 _____ #3 _____

E-Mail Address: _____

School Contact: _____ Phone/E-Mail: _____

Which days of the week is the Camper available to attend?

Ages 7-12:

Monday | Tuesday | Wednesday

Ages 13-20:

Thursday | Friday

Please note: Campers will be invoiced for missed days they are regularly scheduled to attend. Camp will be closed on Monday, August 4th for the Civic Holiday.

T-Shirt Size: _____

Personal Information



Type of Disability:

Does the Camper have any specific behaviours we should be aware of?

If you answered yes above, what are some successful intervention methods or helpful tools for us to know?

Are there any physical or mental health related information we should be aware of?

Does the Camper have any significant likes or dislikes?

Health Information / Emergency Contact Information
This information is kept by counsellors at the camp



Name of Camper: _____

Healthcard Number & Expiry: _____

Family Doctor: _____ Contact Info: _____

Allergies & Sensitivities: _____

Treatment Plan: _____

Medications and Time of Administration: _____

Emergency Contact #1: _____ Relationship to Camper: _____

Phone Number(s): _____

Emergency Contact #2: _____ Relationship to Camper: _____

Phone Number(s): _____

Are there any other persons (besides the parent(s)/guardian(s)/emergency contacts above) who are authorized to pick up the Camper?

Is there any other helpful information to have?
