



Summer Services for Children with Disabilities

Summer 2021

25th Edition

Presented by:



Ministry of Children and Family Development

CYSN Service Request Form

Purpose: To ensure one of the following camps (Phoenix, Sooke or Lifetime Networks) you may choose is suitable for your child. Also, to ensure equitable access for families to Children and Youth with Support Needs (CYSN) funded summer services.

Contact Information:

Today's Date: _____

Child's Name: _____ Age: _____

DOB: _____ Sex: _____ Gender: _____

Parent/Caregiver: _____

Phone (H): _____ Phone (Work or Cell): _____

Email: _____

Address (Include City & Postal Code): _____

CYSN Eligible (Y/N): _____ CYSN Social Worker: _____

Support Needs

Nature of Disability: _____

Does your child take medication that needs to be administered during program hours
Yes No

My child needs assistance with (please check all that apply):

- Communication
- Coping with Frustration (Acting out)
- Social Interaction
- Identifying things Visually
- At Mealtime
- With Mobility
- With Toileting
- Other: _____

List any mobility aids or communication supports: _____

Additional comments on how we can support your child's needs: _____

Service Request

Desired Service	Specific Dates Requested	Check for 'Any dates'
Phoenix Summer Fun		
Sooke Summer Journeys		
Lifetime Networks		

For registration, please email this form off to each of the camps you are applying for.

Phoenix Summer Fun - Email: cheryl.sanders@phoenixhumanservices.org

Sooke Summer Journeys - Email: lsmanger@socla.ca

Lifetime Networks - Email: volunteer@lnv.ca