



**CAFCA**

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**CHILD AND FAMILY  
 COUNSELLING ASSOCIATION**

Parliament Mews  
 #5 - 230 Menzies Street  
 Victoria BC V8V 2G7

## Youth Summer Program (ages 15 to 18) Parent Contract

Name of youth (first and last name)		Youth's date of birth	
Name of parent/guardian (first and last name)		Mailing address	
Home phone number	Work phone number	Cell phone number	
<input type="checkbox"/> Yes, I would like to receive CAFCA mailouts by email (enter address to the right)		Email address	

<b>Meet at:</b> Pearkes Recreation Centre 3100 Tillicum Rd. (to be confirmed) <b>Dates (1 to 5 p.m.)</b>		<b>Register for:</b>	<b>Need transport TO meeting point:</b>	<b>Need transport FROM meeting point:</b>
		Please tick	Please tick	Please tick
July 5 – 9	DC-67Y	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
July 12 – 16	DC-70Y	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
July 19 – 23	DC-73Y	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
July 26 – 30	DC-76Y	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
August 3 – 6 (4 days)	DC-79Y	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
August 9 – 13	DC-82Y	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
August 16 – 20	DC-85Y	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
August 23 – 27	DC-88Y	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
August 30 – Sept 3	DC-91Y	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Fees and Transportation</b>	<b>Cost</b>
Five-day Program ( <i>excluding transportation</i> )	\$490*
Four-day Program (Aug 3-6) ( <i>excluding transportation</i> )	\$400*
Pickup transportation from Home to Camp ( <i>optional</i> ):	\$12**
Drop-off transportation from Camp to Home ( <i>optional</i> ):	\$12**

**VISION:** Bringing good things to life one child and one family at a time

ACCREDITED BY THE COUNCIL ON ACCREDITATION



Name of camper:	Name of parent/guardian:
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*\* Please note that MCFD Autism Funding may be used to pay for these Programs as they are designed specifically for children and youth with Autism Spectrum Disorder.*

**\*\*Transport fee is \$12 per trip if distance is 12km or less. An extra \$1/km may be charged depending on the distance from camp collection point**

The Youth Summer Program starts and finishes each day at different locations and venues. This allows for maximum activity-time in the community. The activities are more intense, to maximize interest and fun for youths who are transitioning to adulthood. Any concerns around lack of continuity in transition and with transport arrangements should be discussed with Autism Intervention staff as part of the intake process.

**I acknowledge that:**

- CAFCA staff are Autism Interventionists, are employees of CAFCA and receive their direction, supervision and training from CAFCA. I am aware that CAFCA Autism Interventionists have a recent criminal record check and thorough reference checks.
- I have received the booklet *Introduction to CAFCA: Autism Services*, which details my rights as a user of CAFCA's Autism Services. I also acknowledge that I agree with guidelines for my child's participation in a CAFCA Day Camp as described in the document *Autism Services Day Camps: Participation with a 1:1 support worker*.
- the above fees purchase my child's access to participation in the above service. I acknowledge that these fees are refundable in full until twenty one (21) days before the service is scheduled to begin. After this date, fees are non-refundable unless CAFCA cancels the service, in which case I will be credited or refunded for the pro-rated value of the services cancelled by CAFCA.

**This contract is:**

- accompanied by a cheque or money order to cover the cost of services identified above; or
- covered by an existing MCFD authorization for the services identified above; or
- accompanied by a new Request to Pay form for the services identified above; or
- prepaid or covered by a credit currently on my account.

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**Signature of Parent or Guardian**

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**Date**

For more information on Day Camps, please contact Brad or Dan at (250) 595-4423 or [brad@cafca.ca](mailto:brad@cafca.ca) or [dan@cafca.ca](mailto:dan@cafca.ca)

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