

## **Gatineau Exploration Camp**

### **Information Sheet**

**Very important—please read before completing an application.**

The Exploration Camp aims to serve a specific clientele. We offer an alternative day-camp service for youth aged 7 to 17 who are living with multiple, complex challenges. These youth cannot attend City camps due to their behaviours or other specific issues. We are support workers who help them **work on their social skills and emotional regulation** by supporting social inclusion through a variety of activities. Creating a reassuring space for them, enabling them to discover new things, and helping them feel they have a place where they can be themselves is our primary mission.

### **Registration**

**To complete a registration, the following documents must be properly completed and signed:** \* It is very important to include as much information as possible in the referral form, as our selection decisions are based on the information we have on file.

- Participant Referral Form
- Authorization to disclose confidential information
- Parental consent
- Exploration Camp Code of Conduct
- Authorization to administer medication, if applicable

Next, these documents must be **sent by email** to Janie Hooper at: [catamaran@valleejeunesse.ca](mailto:catamaran@valleejeunesse.ca) by the deadline of **Monday the 25th, 2026**. **No registrations will be considered after this date.**

**No registration will be considered if all documents are not completed. The documents must be completed by social workers—not by parents.**

A confirmation of receipt will be sent to you by email.

Next, a second email will be sent to the referring case workers, and a call will be made to parents or guardians to confirm whether the youth has been selected for the current session.

If the youth is not selected for the current session, they will be placed on the wait list.

**Please wait to receive confirmation of the child's participation before assuming they are registered.**

**Case workers/counsellor for children who are not selected will be notified; however, we do not contact parents/guardians.**

## **YOUTH SELECTION**

**The camp is free of charge.**

Youth are selected based on specific criteria:

- The youth is between 7 and 17 years old;
- **The youth is supported by at least one case worker/counsellor from CISSS de l'Outaouais or a specific service/organization (CLSC or DPJ);**
- **The youth cannot receive similar services from another day camp or organization due to their needs/challenges;**
- The youth is living with multiple, complex challenges. Please note that we are not able to accommodate higher-support needs related to autism spectrum disorder or intellectual disability (no autonomy, increased assistance needs, constant supervision, 1:1 support). The youth must be autonomous and able to follow the group for the full day.
- Priority will be given to youth who present more severe challenges across multiple areas of their life.

## **PROJECT DURATION**

Exploration Camp runs for 8 weeks during the summer. The child is registered for 4 weeks, based on their age group. If the youth is no longer willing to participate or is frequently absent, we may decide to cancel their registration with notice and offer the spot to the next youth on our wait list.

**Participation for the full 4 weeks of camp is mandatory.**

## **PROJECT SCHEDULE**

**Youth camp:** June 29, 2026 to July 23, 2026  
**Closed on July 1<sup>th</sup>** (Canada Day)

**Teen camp:** July 27, 2026 to August 20, 2026

### **Hours:**

**Monday to Thursday:** 9:00 a.m. to 3:45 p.m.

**Friday:** no activities

**LATE ARRIVALS ARE NOT ACCEPTED.** If you arrive late without notice, we will allow a 10-minute grace period before leaving. After this time, we will leave the premises. Please inform the coordinator and provide the reason for your delay.

## **ACTIVITY TYPES AND PROGRAMMING**

Youth supervision and support will be provided through an activity program developed by the Vallée Jeunesse Outaouais team. Youth will be introduced to outdoor activities, fun games, arts and crafts, and visits to tourist sites. We want these youth to have a space of their own where they can build connections with other youth without fear of being judged.

### **Here are a few examples of activities:**

- Bowling
- Beach day
- Parc Oméga
- Arts and crafts activity
- Board games
- Movie/cinema
- Mini-golf
- Wave pool
- Museum visit
- Hiking / Gatineau Park
- Sports/outdoor activities
- Water activities (kayak, canoe)
- Mont-Cascade Water Park

## **TRANSPORT**

Transportation must be provided or arranged by the participants' place of residence (biological family, foster family, or residential care center). Participants must arrive and be picked up on time. There is no childcare service available.

## **IMPORTANT RULES TO REMEMBER**

Please read the Exploration Camp Code of Conduct carefully with the child and the adults responsible for them. For any questions or requests, please contact Ms. **Janie Hooper**, Coordinator of Specialized Camps, at **819-500-0727** or **819-778-8550 ext. 52**.

## **Exploration camp 2026** ***What to bring to Exploration camp?***

***Children must have access to this equipment at all times. Activities may change depending on the weather or unforeseen circumstances.***

### **LUNCH BOX WITH:**

*(No meals will be provided if a child arrives without food. Money is not accepted.)*

- Water bottle(s) ++
- Snack(s) ++
- Cold lunch or lunch in a thermos

### **BACKPACK:**

- Closed-toe shoes at all times
- Swimsuit with towel at all times
- Spray sunscreen at all times *(staff are not permitted to apply sunscreen on children)*
- Sandals for the beach
- Insect repellent, if needed
- Change of clothes, if needed

*L'horaire d'ouverture est de 9h00 à 15h45 du lundi au jeudi. Nous quittons après à 9h10, si l'enfant est en retard et qu'il n'y a pas eu d'avis, il se peut que nous ne soyons plus présents sur les lieux.*

**Janie Hooper COORDONNATRICE DU CAMP EXPLORATION :**  
**819-500-0727 par texto ou téléphone**

**If a child must be ABSENT OR ARRIVE LATE, it is important to inform me in advance. If you are unable to do so ahead of time due to an unforeseen circumstance, please notify me before opening time. Absences are cumulative, and after three unexcused absences, the child will be withdrawn from the camp with notice.**

**We do not share activity schedules in advance in order to avoid disruptions and disappointment should some activities need to be cancelled.**

**The documents required for registration are attached to this same document.**

## EXPLORATION CAMP 2026

### PARTICIPANT REFERENCE FORM

**\*It is essential to be very precise when completing this form, as it is used as the basis for the selection of children. Only the information provided in this form will be considered by the selection committee. If the form is completed incompletely, the child's chances of selection will be reduced.**

#### IMPORTANT INFORMATION

This form must **under no circumstances** be completed by a parent or guardian. Before submitting an application, please ensure that the child meets the selection criteria and availability requirements. The child must not receive similar services from another day camp or organization due to their needs. Under no circumstances may the child attend another day camp during our activity weeks. The child must be fully available to participate in the **four scheduled weeks**.

The child must be followed by at least one social worker from the **CISSS de l'Outaouais** or a specific institution.

If the child has a diagnosis of Autism Spectrum Disorder or Intellectual Disability, we are unable to accommodate severe needs (no autonomy, requirement for one-on-one assistance). Please follow up with services adapted to their needs before submitting an application for Exploration Camp.

We do not offer individual support. The child must be able to participate in sports activities, spend full days outdoors in the sun, and be autonomous.

#### Très important à remplir

Last Name: \_\_\_\_\_ Name: \_\_\_\_\_

Child's Date of Birth and Age \_\_\_\_\_

**Health insurance number** : \_\_\_\_\_

Home address: \_\_\_\_\_

Parent/Guardian Primary Phone Number:

Home : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email : \_\_\_\_\_

Allergie (s) : \_\_\_\_\_







## **CODE OF CONDUCT**

### **For Participants in the Exploration Camp**

#### **RESPECT FOR OTHERS AND PROPERTY**

I take care of the equipment and the facilities where activities take place. The equipment is loaned to me, and I am expected to use it responsibly.

I respect others around me.

I do not engage in bullying or harassment.

I do not use abusive or vulgar language (swearing, vulgar expressions, sexual language, etc.), and I do not use physical violence to express myself.

#### **NO VIOLENT BEHAVIOR WILL BE TOLERATED**

Examples include: pushing or pulling, fights, threats and insults, physical assaults, bullying, simple assault, etc. I must not tolerate violent behavior toward myself either. If this occurs, I must report it to the responsible staff members. Any object that could compromise my safety or the safety of others is **strictly prohibited**. If I am found in possession of such an object, it will be permanently confiscated.

#### **REPEATED LATENESS AND ABSENCES WILL NOT BE TOLERATED**

I must arrive and leave at the agreed times.

I understand that staff are not responsible for me before arrival time or after departure time.

I must attend at least 90% of the activities during the session. The 10% absence must always be justified.

#### **SMOKING AND VAPING**

The use of cigarettes, vaping devices, and any related consumption equipment is prohibited. Any such items will be automatically confiscated.

#### **CELL PHONES, MP3 PLAYERS, AND PERSONAL BELONGINGS**

The use of cell phones is prohibited. The only electronic device permitted is an MP3 player without a camera. MP3 players are allowed only with authorization from the Catamaran supervisor.

Toys, personal belongings, and money are not permitted. Any prohibited item will be confiscated and returned to the person responsible for the child.

## **CONSEQUENCES IN THE EVENT OF NON-COMPLIANCE**

### **FIRST STEP:**

An attempt at mediation will take place, along with the issuance of an informal warning to the child by the responsible staff members.

### **SECOND STEP:**

If the mediation attempt is unsuccessful, a formal written warning will be issued (commitment contract to comply with Catamaran rules).

If the child does not apply the agreed-upon solutions and fails to respect the commitment contract that was signed, the child will be suspended from activities for one day. The person responsible for the child will be informed of the situation.

### **THIRD STEP:**

Upon the child's return, expectations will be reviewed in the presence of a responsible adult (biological family, youth center, foster family). The child will be informed that if another incident occurs that does not comply with the Code of Conduct, they will no longer be able to continue participating in the **Catamaran Program or Exploration Camp**.

I, \_\_\_\_\_, confirm that I have read the Code of Conduct, understand its contents, and accept the rights and restrictions it imposes.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Signature of the Parent or Legal Guardian

**Parental Authorization and Information Sharing on the following page**

**Exploration camp 2026**  
**Parental Authorization and information Sharing**

Identification du client

**Nom du parent ou tuteur:**  
Nom: \_\_\_\_\_ Prénom: \_\_\_\_\_

*I, the undersigned, \_\_\_\_\_, hereby authorize my child \_\_\_\_\_ (Name of parent/guardian) \_\_\_\_\_ to participate in the **Exploration Camp Project**, (Name of child) in collaboration with **Vallée Jeunesse Outaouais**. By signing this document, I release the staff from all liability related to activities and transportation associated with the program.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

I authorize staff members to take photos of my child and to publish them on the Vallée Jeunesse website and Facebook page. Please note that the child's consent will also be requested during their integration into the Exploration program.

Oui  Non

\_\_\_\_\_  
Signature du parent

\_\_\_\_\_  
signature enfant (14 ans et +)

### Authorization to Receive and Share Information

I, the undersigned, \_\_\_\_\_, hereby authorize  
**Vallée Jeunesse** to exchange relevant information concerning  
(Name of the child)

\_\_\_\_\_ in order to facilitate intervention with the following  
individuals and organizations:

<b>Name of Worker:</b>	
<b>Name of Organization:</b>	
<b>Name of Worker:</b>	
<b>Name of Organization:</b>	
<b>Name of Worker:</b>	
<b>Name of Organization:</b>	
<b>Name of Worker:</b>	
<b>Name of Organization:</b>	
<b>Name of Worker:</b>	
<b>Name of Organization:</b>	

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Consent Signature

**Authorization to Administer Medication and Allergies on the following page  
(Optional)**

## CAMP EXPLORATION 2026

### OPTIONAL

### Authorization to Administer Medication and Allergies

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

To Be Completed by the Parent:

**Description of the child's health condition:**

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**By signing this document, I authorize the staff of Vallée Jeunesse Outaouais to administer to my child :**

\_\_\_\_\_  
**(participant name)**

#### The following medication:

Name of medication(s) :

Medical professional :

Dosage :

Time :

Duration of treatment:

**If the medication is to be administered as needed, please describe the circumstances under which specialized camp staff should administer it (e.g., behaviors, signs, symptoms displayed by the child):**

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**By signing this document, I acknowledge the possible effects of the said medication and release the staff of Vallée Jeunesse Outaouais from all liability for any consequences that may arise from the administration of this medication to my child.**

**Parents signature or Legal Guardian:** \_\_\_\_\_

**Date :** \_\_\_\_\_