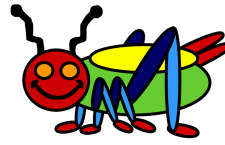




Camp Cricket Application



THE ABILITY CENTER

Of Greater Toledo
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Sylvania OH 43560
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Toll Free: (866) 885-5733
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Ability Center of Defiance

1935 East Second Street, Suite C
Defiance OH 43512
Phone: (419) 782-5441
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Ottawa County Office

2308 East State Road
Port Clinton OH 43452
Phone: (419) 734-0330
Toll Free: (877) 734-0330
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Session 1: June 15-26, 2009 (Ages 15-22)

Golf Session 1: June 22-26, 2009 (Ages 15-22)

Session 2: July 6-17, 2009 (Ages 10 - 14)

Golf Session 2: July 13-17, 2009 (Ages 10-14)

Session 3: July 20-31, 2009 (Ages 5-9)

Golf Session 3: July 27-31, 2009 (Ages 5-9)

Storer Camp Session 1: June 29-July 3, 2009
(Ages 13-22 Overnight)

Storer Camp Session 2: August 3-7, 2009
(Ages 13-22 Overnight)

Camper: _____

Age: _____ Height: _____ Weight: _____ Shirt Size: _____

Parent: _____

Cell: _____ Work Phone: _____

Parent: _____

Cell: _____ Work Phone: _____

Home: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact

Parent Alternative: _____ Phone: _____

Relationship: _____ Cell: _____

Physician's Name: _____ Phone: _____

General Information

Does your child require any adaptive equipment? _____
 Braces Canes Crutches Walker
 Wheelchair Glasses Hearing Aid Pacemaker

Activities Of Daily Living

In order for us to meet needs for assistance, the following information is requested.
Please check appropriate level of care required in each of the following categories:

Dressing: No assist Supervision Partial assist Total assist

Hygiene: No assist Supervision Partial assist Total assist

Eating: No assist Supervision Partial assist Total assist

Toileting: No assist Supervision Partial assist Total assist

My child has bladder control issues

My child has bowel control issues

If you checked either item, please provide a change of clothes and any other items, such as diapers, that your child will need for each day that they attend Camp Cricket.

Diet and Medication Information

Please identify your child's dietary restrictions: _____

Are there any restrictions on the activities your child can participate in, such as swimming, play, length of time in the sunlight, naps, etc.

Is your child on medication? _____ If yes, please list those taken during camp hours:

Medications List: _____

Medication List 2 _____

Medication List 3 _____

Does your child have any of the conditions listed below?:

- Allergies Asthma Fainting Heart condition Seizures Severe Headaches

If yes, please explain the condition including regularity, severity and the type of treatment provided:

Does your child have any health issue not addressed in the application form that you believe Camp Cricket staff should know?
Please feel free to include separate documentation.

Speech and Language

Complete this section if the applicant has a speech or language impairment. Briefly describe the applicant's communication disorder. Check all that apply to your child:

- Able to express ideas verbally Able to be understood by others Able to comprehend conversation
 Can express thoughts in written form Can use and understand new words Can comprehend written words

Deaf

Complete this section if the applicant is deaf or hard of hearing. Check all of the following statements that apply to the applicant:

Uses hearing aid? _____ Model and serial number of hearing aid: _____

- Uses speech Lip reads Speaks well Family members can understand

Needs Sign Language Interpreter Type of Sign Language used: _____

Amount of Hearing Loss:

- Total Loss (no usable hearing) Severe Loss (little usable hearing) Hard of Hearing (some hearing with hearing aid)

Child's Educational Program

Please check the class placement that applies: School Attended: _____

- Regular Education Regular Education with Tutoring Self-contained Special Education Class Resource Room
 Residential School Full time SBH/ED Class Special Education Class with non-disabled Home Schooled
 Private Special Day School Alternate Learning Center

Behavior

Are there any special behavior concerns? _____

If yes, describe: _____

Please mark an **X** for each behavior that applies to your child

Trait	Excellent	Good	Fair	Poor
Mood Stability				
Peer Relationships				
Sibling Relationships				
Relations with Adults				
Self-Discipline				
Acceptance of Own Limitations				
Response to Limit Setting				
Impulse Control				

List ways you or your child's teacher manages behaviors

List your child's strengths, abilities, and talents

Share with us an area of success your child has had

What does your child struggle most with?

What things would you like to see your child accomplish at camp?

The following information covers fee payment and financial assistance arrangements for Camp Cricket.

Camp Cricket Fee: \$275.00 per two-week session or \$137.50 per week session

Camp Storer Fee: \$315.00

Golf Camp Fee: \$140.00

Sliding Scale: Families unable to pay the full fee for Camp Cricket may use the sliding scale. If you choose to use this option, please include proof of your income (example: W-2 letter from the Department of Human Services, tax return, etc.) with your application.

Camp Cricket staff will use the income statement to verify that your family's income meets the guidelines of the fee scale. Please include the income from all family members in the household. Camp Payment is due two weeks before your child attends Camp Cricket.

Camp Cricket Income Sliding Fee Scale - Per Persons In Household						
Low	High	Camp Fees per 2 week session				
Household Size		2	3	4	5	6
12,101	16,100	\$80	\$65	\$50	\$40	\$30
16,101	20,100	\$100	\$80	\$65	\$50	\$40
20,101	24,100	\$130	\$100	\$80	\$65	\$50
24,101	28,100	\$155	\$130	\$100	\$80	\$65
28,101	32,150	\$175	\$155	\$130	\$100	\$80
32,151	36,150	\$195	\$175	\$155	\$130	\$100
36,151	40,150	\$205	\$195	\$175	\$155	\$130
40,151	43,350	\$225	\$220	\$195	\$175	\$155
43,351	46,600	\$235	\$225	\$220	\$195	\$175
46,601	49,800	\$250	\$235	\$225	\$220	\$195
49,801	53,000	\$275	\$250	\$235	\$225	\$220

Please Check One: You must complete this section for Camp Cricket to process your application.

I am paying the full fee for Camp Cricket.

I am using the sliding scale to determine my fee. The amount I will pay is \$ _____

I am using an outside source to cover my camp fee (i.e. Family Resources) Note: Please state the name of the source and a contact person.

Name of Agency: _____ Contact: _____

You will be responsible for all co-pays not paid by third party sources! Please make sure that third party sources pay all fees in-full before your child attends camp.

General Release Information for (Enter Campers Name) _____

Release for Use of Photos

I give permission for the Ability Center of Greater Toledo to use my name or my child's name, photograph(s) and/or videos of us in any publications or publicity released to the public.

I agree that we can participate in interviews and have ACT representatives quote us in the press. This includes but is not limited to newsletters, press releases, direct mail solicitation letters, brochures, websites, and annual reports.

Medical Liability and Information Release

I (we) shall hold neither The Ability Center of Greater Toledo (ACT), nor its cooperating organizations liable in case of an accident. In case of an illness or accident, I authorize The Ability Center to arrange for medical treatment.

I (we) authorize The Ability Center of Greater Toledo and its staff to contact me or my child's physicians and/or other health care providers. I understand that ACT staff will hold any information received in the strictest confidence and shared only for the purpose of coordinating services to me or my child.

General Release of Information

I (we) hereby authorize The Ability Center of Greater Toledo and Camp Cricket staff to contact my child's teachers, physicians and other health care providers during the Camp Cricket session I (we) selected. I understand that any information received will be held in the strictest confidence and shared only among Ability Center and Camp Cricket staff for the purpose of coordinating services to my (our) child.

Parent / Guardian Name (*Please Print*)

Date Signed

Parent / Guardian Name (*Please Print*)

Date Signed