

Awesome Summer Days Camp Application

This application is for acceptance into The Kelberman Center's Awesome Summer Days Camp only. Applicants must be between the ages of 5 and 14. Please complete every question with as much detail as possible.

Please complete this application in its entirety and return it to The Kelberman Center by May 1, 2015.

Mail to: 1601 Armory Drive, Utica, NY 13501

Fax to: (315) 749-7054

E-mail to: recreation@kelbermancenter.org

For more information regarding The Kelberman Center's summer camp programs, please visit our website at www.kelbermancenter.org or call Richelle Maki, Recreation Coordinator, at (315) 797-6241 x253.

Child's name: _____ Nickname: _____

Date of birth: _____ School attending: _____ Grade: _____

Diagnosis: Autism Spectrum Disorder Asperger's PDD-NOS Unknown

Other diagnoses: _____

Street address: _____

City: _____ Zip Code: _____ County: _____

Primary phone: _____ Secondary phone: _____

Parent/guardian: _____ Relationship: _____

Parent/guardian: _____ Relationship: _____

E-mail address: _____

Emergency contact (other than parent/guardian): _____

Relationship: _____ Primary Phone: _____

Street address: _____

City: _____ Zip Code: _____

Child's Shirt Size: Youth Adult | Small Medium Large X-Large

My child has:

- Attended Awesome Summer Days in the past.
- Attended a different camp in the past.

Please list: _____

- Never attended a camp.

My child:

- Is Medicaid Waiver eligible (your child may be eligible to receive funding for camp).
- Has been denied Medicaid Waiver services.
- Has not applied for Medicaid Waiver services.
- Receives services from the Kelberman Center.

Case manager: _____

- Receives services from another agency.

Agency and case manager: _____

- Qualifies for related services (OT, PT, ST) during the summer. Please note that in order to receive these services at camp, they must be on your child's IEP. It is the parent's responsibility to work with their CSE if they are interested in accessing these services at camp.

If your child qualifies, and you are interested in your child receiving related services at camp, please list services and frequencies (as stated in their IEP). Please note that districts may change service frequencies for summer programming. Please list summer eligibility only:

CSE Chairperson: _____ Phone: _____

Date of annual review: _____

In case of an emergency, Kelberman Center staff will call 911 immediately. We will then call the parent/guardian. If no contact is made, we will then call the emergency contact listed on page one. If no contact is made still, we will provide the following information to emergency responders:

Insurance carrier: _____

Policy # _____ Group # _____

Primary Care Physician: _____

Address: _____ Phone: _____

Preferred hospital: _____

Immunization history: Please provide the most current immunizations history within 30 days prior to your child's arrival at camp.

I certify that all of my child's immunizations are up to date. I understand that I must submit a full copy of my child's immunization history before he/she may attend camp.

Date of last physical exam: _____

Must be within 24 months of the start of camp.

Does your child have any allergies? Yes No

If yes, please list:

Does your child require medication for allergies? Yes No

If yes, please list:

Does your child have an EpiPen? Yes No

Can your child use the EpiPen independently? Yes No Not applicable

Does your child take daily medications? Yes No

If yes, please list names and daily regimen:

Will your child need medications at camp? Yes No

If yes, please list:

Does your child have any physical limitations? Yes No

If yes, please explain:

Has your child ever had a serious injury? Yes No

If yes, please list type and date:

Has your child had recent surgery? Yes No

If yes, please list type and date:

Are there any medical or developmental conditions requiring attention? Yes No

If yes, please explain:

Has your child ever required psychiatric counseling or hospitalization? Yes No

If yes, please explain:

Does your child have any other medical concerns or chronic/recurring illness? Yes No

If yes, please explain:

Does your child have a seizure disorder? Yes No

If yes, please explain:

Have any significant events occurred in your family within the past few years? Yes No

If yes, please explain:

Your child's primary way of communicating with others:

- Full sentences
- Phrases
- Few words
- Gestures
- Augmentative communication
- iPad
- Sign language
- Other: _____

Is your child able to independently understand and follow verbal directions? Yes No

If no, please list strategies that help your child (e.g. multi-step directions, longer processing time, pictures, first/then board, schedule).

In school, what is your child's placement? Does your child have an aide?

Does your child have an Individualized Education Plan, Individualized Service Plan, or Behavior Plan in place?

- Individualized Education Plan Individualized Service Plan Behavior Plan No

If yes, please provide us with a copy along with your application.

Please describe any behavioral concerns for your child (biting, hitting, scratching, eloping, pica, etc.). What usually causes these behaviors? What are some effective ways to deal with them?

Please describe any sensory issues your child may have (noises, physical contact, lights, deep pressure, etc.).

Does your child have toileting, dressing, or feeding needs? Yes No

If yes, please explain:

Is your child on a special diet? Yes No

If yes, please explain:

Can your child read? Yes No

Can your child write? Yes No

What is your child's cognitive function according to his/her last IQ test?

Average or above average (>90) Low average (70-89) Below average (<70) Unknown

Can your child swim? Yes No

What does your child like to do? What are his/her interests?

What doesn't your child like to do? What are his/her dislikes?

What does your child do when he/she is happy?

What does your child do when he/she is unhappy?

What else would you like us to know about your child?

What do you hope your child will get out of the Awesome Summer Days Camp?

Please rate each of the following activities for your child by checking the appropriate column.

	Likes	Dislikes	Unknown
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horseback riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking/walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science experiments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board games/cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate each of the following skills for your child by checking the appropriate column.

	Never	Sometimes	Often
Makes eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the give and take of conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has intense special interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays good sportsmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits appropriate play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in imitation and pretend play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has emotional control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has ability to make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts being told 'No'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and accepts consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses feelings appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to others feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is willing to try something new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joins in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate each of the following behaviors for your child by checking the appropriate column.

	Never	Sometimes	Often
Acts young for age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argues with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty paying attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wants to be perfect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is fearful or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braggs or boasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries to hurt self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries to hurt others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destroys objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breaks the rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has tantrums or meltdowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatens others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unhappy, sad, or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses obscene language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeats actions or has compulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs away/elopes/wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screams or yells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusually shy or timid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The 2015 Awesome Summer Days Camp begins July 6th and ends August 6th. It runs Monday through Thursday, 9:00 AM to 2:00 PM.

My child would like to attend the 2015 Awesome Summer Days Camp:

- Full-time Part-time

If you selected part-time, please check which week(s) you would like your child to attend:

- Week 1 (July 6-9)
 Week 2 (July 13-16)
 Week 3 (July 20-23)
 Week 4 (July 27-30)
 Week 5 (August 3-6)

Transportation

Does your child require transportation? Transportation will be available at select pick-up points in Oneida, Herkimer, and Madison counties.

- Yes No

Extended Care

The extended care program is offered to provide additional care beyond the normal camp day. The program runs from 2:00 PM until 5:00 PM and is less structured than day camp. Campers participate in preferred activities and are supervised by our camp counselors and group leaders. Extended care does require an additional fee of \$100 per week and parents will be responsible for pick-up. Please note that the program requires a minimum number of participants to run.

Are you interested in the extended care program for your child?

- Yes No

If yes, please check which day(s) you would require extended care:

- Full week
 Monday
 Tuesday
 Wednesday
 Thursday

Payment Information

To confirm your child's spot in the 2015 Awesome Summer Days Camp, 25% is due on or before June 1, 2015. A final payment must be made on or before October 31, 2015. The total cost of the program is \$1,800 or \$360 per week. Checks and money orders can be made payable to The Kelberman Center. Please call the center at (315) 797-6241 to pay by credit card.

Method of payment: Cash Check/money order Credit card

Payment amount: Full Installments

My child would like to be considered for a need-based scholarship. (Complete page 13)

My child is Medicaid waiver eligible and would like to access respite services for payment. (Medicaid waiver may also cover the cost of extended care)

MSC: _____ Agency: _____

Phone: _____ Email: _____

Agreement:

I, _____, parent/guardian of _____ certify that all information provided in this registration to be true and complete. I understand that open positions in the 2015 Awesome Summer Days Camp are filled on a first-come, first-served basis and submission of this application does not guarantee my child a spot in the program. **I understand that 25% of the tuition is due on or before June 1, 2015 to confirm my child's placement in the program and the final payment is due on or before October 31, 2015.** If I chose to request payment via Medicaid or scholarship, I understand that I am responsible for any unpaid balance and acknowledge that if it remains unpaid my child may not be able to participate in future programs.

Parent/guardian signature: _____

Date: _____

Scholarship Request

All applicants will be considered equally. Scholarships will be awarded based on need.

Child's name: _____

Parent/guardian name(s): _____

Amount requested:

25% 50% 75% 100%

Family annual gross income (proof of income may be required): _____

Number of children in household: _____

Please state why you are requesting a scholarship:

Parent/guardian signature: _____

Date: _____

Office use only:

Scholarship: Yes No

Amount awarded: 25% 50% 75% 100%

Date: _____

Staff initials: _____