



**The Groden Center, Inc.  
Community Support Services  
Therapeutic Summer Camp 2013  
Application Form**  
(to be completed by parent/guardian: Deadline – June 3<sup>rd</sup>)



**Camper Information:**

Full name: \_\_\_\_\_ Gender: \_\_\_F\_\_\_ M Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Family Information:**

Mother/female guardian \_\_\_\_\_ Hm phone \_\_\_\_\_ Wk phone \_\_\_\_\_

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

Father/male guardian \_\_\_\_\_ Hm phone \_\_\_\_\_ Wk phone \_\_\_\_\_

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

Form Completed By \_\_\_\_\_ Relation to Client \_\_\_\_\_

Primary contact person and best way to reach: \_\_\_\_\_

Party responsible for payment:

\_\_\_\_\_ Parent/guardian \_\_\_\_\_ School \_\_\_\_\_ Other: \_\_\_\_\_

(If other than parent, party responsible must contact CSS office to establish contractual agreement)

**Camper's Educational Background:**

Is your child receiving special education services? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please describe classroom placement and services received:

\_\_\_\_\_

If your child does not have an I.E.P, does he/she receive any accommodations to support his/her education? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been suspended or expelled from school? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

**Medical / Behavioral Health Information:**

Primary Care Physician: \_\_\_\_\_ City: \_\_\_\_\_

Phone #: \_\_\_\_\_

Does your child have any medical diagnoses or concerns: \_\_\_\_\_

Does your child have any allergies (please describe)

\_\_\_\_\_ foods: \_\_\_\_\_

\_\_\_\_\_ medicines: \_\_\_\_\_

\_\_\_\_\_ environment: \_\_\_\_\_

\_\_\_\_\_ other: \_\_\_\_\_

Treatment for allergies: \_\_\_\_\_

Nutrition: What are your child's nutritional needs (other than allergies listed above)

\_\_\_\_\_ No food or diet restrictions      \_\_\_\_\_ Gluten-free (Celiac's Disease? Y N; Behavioral regulation Y N )

\_\_\_\_\_ Lactose-free (Does he/she drink soy milk? Y N    Lactaid? Y N

\_\_\_\_\_ Other nutritional needs: \_\_\_\_\_

Psychiatric/Developmental/Behavioral Health Diagnoses (check all that apply)

\_\_\_\_\_ Autism Spectrum:    \_\_\_\_\_ Asperger's    \_\_\_\_\_ High functioning Autism    \_\_\_\_\_ PDD-NOS

\_\_\_\_\_ Nonverbal Learning Disability    \_\_\_\_\_ Learning Disability (type: \_\_\_\_\_)

\_\_\_\_\_ Anxiety:    \_\_\_\_\_ Social anxiety    \_\_\_\_\_ Obsessive Compulsive    \_\_\_\_\_ Generalized anxiety    \_\_\_\_\_ Anxiety-NOS

\_\_\_\_\_ Attention Deficit/Hyperactivity Disorder    \_\_\_\_\_ Depression    \_\_\_\_\_ Oppositional Defiant

\_\_\_\_\_ Other: \_\_\_\_\_

Current Medications

<u>Medication</u>	<u>Prescriber</u>	<u>Prescribed for:</u>

History of suicide attempts or talk: NO YES (please describe): \_\_\_\_\_

History of violence/aggressive behavior: NO YES (please describe): \_\_\_\_\_

Has your child ever been hospitalized for behavioral/mental health challenges? \_\_\_\_\_ NO \_\_\_\_\_ YES

If YES: Dates of hospitalization: \_\_\_\_\_ Hospital: \_\_\_\_\_

Reason: \_\_\_\_\_

Outcome: \_\_\_\_\_

Does your child have any of the following concerns:

\_\_\_\_\_ physical limitations      \_\_\_\_\_ eating challenges      \_\_\_\_\_ chronic/recurring illness

\_\_\_\_\_ toileting accidents      \_\_\_\_\_ history of running/bolting

Other significant behavioral/mental health history: \_\_\_\_\_

**Support Strategies:**

Please describe strategies / supports that are important in helping your child reach his/her fullest potential in social and novel situations?

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**Interests and Strengths:**

What are your child's strengths? \_\_\_\_\_

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What are your child's interests and favorite activities? \_\_\_\_\_

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What are some of your child's LEAST favorite activities: \_\_\_\_\_

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**Additional Information:**

Please add any additional information about your child that you feel will be helpful for camp leaders and counselors:

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**Registration: (please indicate session based on your child's age during the summer session)**

Check one	SESSION	Cost	Non-refundable Deposit (enclose with application)*
	<b>Ages 5 – 11: Children's Session July 15<sup>th</sup> – 19<sup>th</sup></b>	<b>\$500</b>	<b>\$100</b>
	<b>Ages 12 – 16 Adolescent's Session: August 12<sup>th</sup> -16<sup>th</sup></b>	<b>\$500</b>	<b>\$100</b>

\*Deposits will be applied against remaining fees and are refundable ONLY if significant behavioral/therapeutic events between enrollment and the first day of camp make camp impractical OR if the Groden Center is unable to register your camper

**Please mail application with check payable to The Groden Center, Inc. to Community Support Services, The Groden Center, 610 Manton Ave., Providence, RI, ATTN: Ashley Tyson**

**Authorizations/Emergency Contact Information:**

Are there any persons who are legally prevented from having any contact with your child?

YES  NO

If YES, please explain and provide documentation before start of camp program: \_\_\_\_\_

In case of emergency, the primary contact person listed at the beginning of the application will be notified first, followed by the second parent/guardian listed. Please provide at least two additional people who may be contacted in case of emergency and whom you authorize to pick your child up from camp if necessary.

Full Name	Relationship to child	Phone #	Phone # 2	Phone # 3

I understand, that in case of emergency, every effort will be made to contact me, my child's other guardian, or the contacts listed above. If no authorized contacts can be reached, or if medical intervention is needed, camp staff will call 911.

Parent/Guardian Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_