Team Speech & Sensory Camps
Application for Summer Camp 2015

Location (please circle): Canton – Dearborn – Rochester – South Lyon – Southfield - Wyandotte

Applicant Information

Child's Name: _____ School District: _____
Parent Name(s): _____ Child's Birthday:_____
Address: _____ Home Phone:(____)_____
City: _____State_____ZIP_____ Cell Phone:(____)_____

Camp Sessions

Camp Sessions I-IV: For ages 3-11; groups meet 4 days a week (Monday-Thursday). Choose from either a 2-hour block (9-11) or (11-1) or 4-hour block (9-1). One/two hour(s) each of Speech Therapy & Occupational Therapy in developmentally appropriate group settings. Sessions V & VI: are once weekly group sessions (Birth-3 requires participation of caregiver).

□**Session I: Mondays–Thursdays (June 22 – July 02)**
- □ 2-hour block 9:00 – 11:00 $400 (25/hr)
- □ 2-hour block 11:00 – 1:00 $400 (25/hr)
- □ 4-hour block 9:00 – 1:00 $800 (25/hr)

□**Session II: Mondays-Thursdays (July 06 – July 15)**
- □ 2-hour block 9:00 – 11:00 $400 (25/hr)
- □ 2-hour block 11:00pm – 1:00 $400 (25/hr)
- □ 4-hour block 9:00 – 1:00p $800 (25/hr)

□**Session III: Mondays-Thursdays (July 20 – July 31**)
- □ 2-hour block 9:00 – 12:00 $400 (25/hr)
- □ 2-hour block11:00 – 1:00 $400 (25/hr)
- □ 4-hour blcok 9:00 – 1:00 $800 (25/hr)

□**Session IV: Mondays-Thursdays (Aug 3 – Aug 13)**
- □ 2-hour block 9:00 – 11:00 $400 (25/hr)
- □ 2-hour block 11:00 – 1:00 $400 (25/hr)
- □ 4-hour blcok 9:00 – 1:00 $800 (25/hr)

□**Session V: Weekly Group Sessions Jun 22 – Aug 13**
- □ Road Runners: Bike riding $400 (50/hr)
- □ Setters/Diggers: Handwriitng $400 (50/hr)
- □ Batting practice: eye-hand coord $400 (50/hr)
- □ You Gotta Communicate: $400 (50/hr)
- □ Play Like a Team: Social Skills $400 (50/hr)
- □ Strength & Condition: Improve tone $400 (50/hr)

□**Birth-3: Weekly Group Sessions Jun 22 – Aug 13**
- □ Road Runners: crawling/walk $400 (50/hr)
- □ Strength & Condition: Tummy-time $400 (50/hr)
- □ Peek-A-Boo: Play/Talking skills $400 (50/hr)

This program is designed for children who can benefit from indivudal and small group therapy to help with a variety of needs including socializing and playing with peers, paying attention in class, processing sensory information, talking with friends and legible handwriting. The camp will include therapeutic recreation that is designed and supervised by professionals, which will include sensory-motor/occupational therapy, social skills and lots of activitie all around the theme of playing team sports!

We will try to accommodate your preferences, but if the enrollment numbers for any particular dates &/or locations are not high enough to cover the cost of the ca Dearborn Speech & Sensory Center has the right to cancel those specific sessions

Individual Therapy

Individual therapy is appropriate for all ages and takes place at each location. Please choose the type of individual therapy and the number of times per week. Once signed up, please call 313-278-4601 to schedule your child's individual therapy.

Type: □**Speech** □**Occupational Therapy** □**Handwriting Therapy** □**Bike Riding Therapy** □**Tutoring**

30 minute session=$65.00/visit	**45** minute session=$97.00/visit	**60** minute session=$130.00/visit
□1 time/week for 8 weeks = $520	□1 time/week for 8 weeks = $776	□1 time/week for 8 weeks = $1040
□2 times/week for 8 weeks =$1040	□2 times/week for 8 weeks = $1552	□2 times/week for 8 weeks = $2080

□**Tutoring** =$30/hour**:** □1 time/week for 8 weeks Or □2 times/week for 8 weeks

Important Information

- No refunds for missed group therapy appointments.
- All applications are based on a first come, first serve basis.
- Siblings are welcomed participants (same fees apply).
- Payment Schedule:
  - $200.00 **non-refundable** deposit is required for each session. ***Payable to the Dearborn Speech & Sensory Center, Inc.***
  - Full payment is required by **June 15, 2015**; afterward a $50.00 per session late fee applies. ***Payable to the Dearborn Speech & Sensory Center***
  - There will be No Screening or No Screening Fee.
  - Prices do not include:
    T-shirts (t-shirts can be purchased/ordered at registration)

** Acceptable forms of payment: cash, check, Visa/MasterCard, money order. Online registration. For any returned checks there will be a $25 fee. Your child will not be allowed to participate in camp until payment is rendered in full.**

By signing below, I agree that I am the person responsible for securing and paying for my child's therapy this summer. I know that full payment is expected by 6/15/15, after which an additional late fee of $50.00 will apply. I have read and agree to all terms of this contract.

My child's total amount for the Summer Camps 2015 will be $_____ My Child's Total Amount for Individual/Tutoring will be $_____

X:_____ Date:_____

Contact info: info@dssaba.com; O: 313-278-4601; F: 313-347-1652; Please make all checks payable to: Dearborn Speech & Sensory Center, Inc., 23936 Michigan Avenue, Dearborn, MI 48124; www.dssaba.com

Team Speech and Sensory Camps 2015

Developmental History

Medical Information:

Has your child been tested/evaluated for the following?	When?	Where?	Diagnosis/Treatment?
Occupational Therapy			
Speech-Language			
Vision			
Hearing			
Psychological			

Has your child had any of the following?

	Dates	Description		Dates	Description
Congenital Abnormalities			Childhood diseases or major illness		
Surgery			Serious Injury		
Casts or braces			Allergies		
Ear Infections			Tubes in Ears		
Seizures			Other		

Has your child received medications in the past for any of the above mentioned conditions? If so, what and when?_____
_____

List any medications your child is currently receiving and frequency of dosages:
_____
_____

Are there any precautions the camp staff should take when working with your child?
_____
_____

What is your main goal regarding your child's progress at summer camp?
_____
_____

Mother's Health During Pregnancy:

Did the mother…	Yes/No	Please describe.
…Have any infections or illnesses during the pregnancy?		
…Have any shocks or unusual stresses during pregnancy?		
…Receive any medication during pregnancy?		
…Have any complications during deliver and/or labor?		

Child's Birth:

Was the child premature? If so, number of weeks _____
Weight at birth?_____ Was child breech?_____ Forceps required?_____
Suction required?_____ Apgar Score, 1 minute?_____ Apgar Score, 5 minutes?_____
Jaundiced? If so, length of treatment: _____
Birth injuries? If so, please describe: _____
Intensive care hospitalization, if so how long?_____

Infancy and Early Childhood:

Did your child…	Yes/No	
…Have feeding problems?		If yes, describe:
…Have sleeping problems?		If yes, describe:
…Have colic?		For how long?
…Prefer certain positions as an infant?		If yes, describe:
…Dislike lying on stomach?		
…Dislike lying on back?		
…Enjoy bouncing?		
…Become calmed by car rides or infant swings?		
…Become nauseated by car rides or infant swings?		
…Go through "terrible twos"?		If no, describe your child's toddler phase:

Developmental Milestones:

Give approximate milestones if remembered, or comment on anything unusual:

Rolling over: _____ Walking:_____ Saying Words:_____
Sitting Alone:_____ Chewing Solid Food:_____
Crawling:_____ Drinking from a Cup:_____

Was crawling phase brief?_____
Was crawling phase absent?_____
Did child use a walker (rolling plastic seat)? How often?_____
Did child experience hesitancy or delays in learning to go down stairs?_____

Sensory Integration Checklist: Ages 3 through 4

The following is ©Occupational Therapy Associates – Watertown, P.C.

Please check areas of difficulty, underline specific problems and star (*) prominent difficulties.

Does the Child exhibit the following behaviors?	Frequently	Sometimes	Never	Comments
Motor Skills				
1. Difficulty Riding a toy, with feet pushing or propelling				
2. Difficulty or hesitancy in climbing up and/or down stairs alternating feet				
3. Dislikes playing with puzzles				
4. Dislikes or avoids coloring or drawing				
5. Dislikes playing with small manipulative toys (e.g. Duplos®, beads or blocks)				
6. Difficulty with the use of a spoon or cup.				
7. Has very messy eating habits				
8. Seems weaker or tires more easily than other children his or her age				
9. Appears stiff, awkward or clumsy in movement				
10. Difficulty learning new motor tasks				
11. Has difficulty getting on coat with zipper or putting on shoes (not tying)				
12. Uses too much force when playing with toys or interacting with children or pets				
13. Walks on toes, now or in the past				
Movement and Balance				
1. Child appears to be in constant motion, unable to sit still for an activity.				
2. Appears fearful of going downstairs				
3. Gets nauseated or vomits from other movement experiences, e.g. swings, playground merry-go-rounds				
4. Seeks quantities of twirling or spinning				
5. Needs quantities of twirling or spinning				
6. Needs quantities of stimulation on amusement park rides and swings				
7. Has trouble or hesitancy in learning to catch a ball				
8. Dislikes active running games, e.g. tag				
9. Rocks himself/herself or bangs head when stressed				
10. Seems to fall frequently				

11. Has poor safety awareness when moving through space				
12. Fearful of going down sliding board or on a swing.				
Touch				
1. Seems unaware of being touched or bumped				
2. Seems overly sensitive to being touched, pulls away from light touch				
3. Has trouble remaining in busy or group situations (e.g. circle time, recess)				
4. Complains that clothing is uncomfortable and/or bothered by tags in the back of shirts				
5. Resists wearing short-sleeved shirts or pants				
6. Continues to examine objects by putting in the mouth (past age of 18 months)				
7. Dislikes being cuddled/hugged unless on child's terms				
8. Seeks quantities of jumping and crashing				
9. Avoids putting hands in mess substances (e.g. Play-Doh®, finger paint, glue)				
10. Is a picky eater, refuses many foods				
11. Pinches, bites or otherwise hurts self				
12. Often unaware of bruises and cuts until someone calls it to his/her attention				
13. Seems overly sensitive to slight bumps or scrapes				
14. Tends to touch things constantly				
15. Frequently pushes or hits other children				
Auditory/Language				
1. Has or has had repeated ear infections				
2. Particularly distracted by sounds, seeming to hear sounds that go unnoticed by others				
3. Doesn't respond consistently to verbal cues				
4. Is overly sensitive to mildly loud noises (e.g. bells, toilet flush)				
5. Is hard to understand when he/she speaks				
6. Has trouble following 1-2 step commands				
7. History of delayed speech development				
Bowel and Bladder				
1. Late in achieving bowl and bladder control				
2. Occasionally has accidents during the day				
3. If accidents occur, child does not seem to be aware at time that elimination is about to occur				
Emotional				
1. Does not accept changes in routine easily				
2. Becomes easily frustrated				
3. Apt to be impulsive, heedless, accident-prone				
4. Has frequent outbursts or tantrums				
5. Tends to withdraw from groups; plays on the outskirts				
6. Has trouble making needs known in appropriate manner				
7. Avoids eye contact				

How concerned are you about the above checked problems? (Please circle)

Not Concerned **Slightly** **Moderately** **Very**

Questions/Comments:

_____

_____

_____

_____