

Summer Fun for Special Kids 2014

Thank you very much for considering enrolling your child in Summer Fun for Special Kids, a two week day camp program for children with special needs.

Program details and eligibility

Place: Beacon School (801 W. Union Street, Athens)

Dates: June 16-27, Monday through Friday

Time: 9:30 a.m. -2:30 p.m.

Cost: \$200 for two week camp (there is tuition assistance for qualifying families: please contact us summerfun@af-cadre.org for details)

Age: 6-13 (older returning campers may be accepted)

Eligibility: lives in Southeastern Ohio area and has an IEP for the previous school year. We are unable to provide intensive nursing care, although medications can be administered by staff. We also are unable to serve children presenting extremely aggressive behaviors toward others and self.

Transportation: not provided, but we will help arrange carpooling.

Swimming: swimming in Beacon School pool will be provided three days a week (dates to be announced)

Field trip to Nelsonville pool: We are going to Nelsonville pool (date to be announced) **FAMILY MEMBERS ARE WELCOME TO JOIN.**

Sibling care: not provided by Summer Fun for Special Kids, but there are summer programs in Athens that siblings may be able to enroll. Please email summerfun@af-cadre.org for more information.

We offer T-shirt for family members, too! Please indicate size and number of T-shirts. Additional T-shirt costs \$15/shirt.

Filling out the enrollment forms

1. Please print out the entire form and fill out the enrollment form (three pages if medication is not required) as complete as possible. You may fill in the form on the computer then printout and sign, if you prefer.
2. If you would like Summer Fun for Special Kids staff to administer medication, please fill "Request for Medication administration" signed by you and your child's physician.
3. Your child's name will not be used in any document to be published without your consent.
4. **Please send the enrollment form and full payment by May 31st, 2014 to:**
AF-CADRE
c/o HAVAR, Inc.
PO Box 460
Athens, OH 45701
Make check payable to "AF-CADRE" and in memo area , write "Summer Fun"
5. If the program becomes full and your child cannot enroll in the program, your check will be returned promptly.
6. If you have any questions, please contact summerfun@af-cadre.org or 740-592-2743

Summer Fun for Special Kids 2014

Enrollment form

Application Date _____

Child's name _____	Nickname _____	Sex _____	
Age _____	Date of Birth _____	Disability _____	Phone _____
Address _____	City _____	State _____	Zip Code _____
Email address to contact (if any) _____			

Parent/Guardian #1		Relationship to the child	
Name _____	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other (specify) _____
Home Phone _____	Work Phone _____	Cell Phone _____	
Address _____	City _____	State _____	Zip Code _____
Parent/Guardian #2		Relationship to the child	
Name _____	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other (specify) _____
Home Phone _____	Work Phone _____	Cell Phone _____	
Address _____	City _____	State _____	Zip Code _____

School information

School District _____ School _____ Grade in year '14-'15 _____

Please list anyone who should NOT pick up your child and describe the reason.

Please read, check, and sign below.

As parent/guardian of this child, I acknowledge that the above information is correct and my child has my permission to participate in Summer Fun for Special Kids. I agree to allow my child to participate in any field trips and/or other activities administered by this program. I agree to hold Summer Fun for Special Kids and its participating agencies, Appalachian Family Center for Autism and Disability Resources and Education (AF-CADRE), Athens City Schools, Athens County Board of Developmental Disabilities, Athens-Meigs Educational Services Center, and HAVAR, Inc., their officials, and their employees harmless from any and all liabilities for damages or injury resulting directly or indirectly from my child's participation in this program. I agree to allow my child to be surveyed or evaluated to determine the programs effectiveness. I understand that this program will never use an individual child's name on any document to be published without the expressed consent of the parents/guardians.

Consent for field trip/transportation. Summer Fun for Special Kids plans to have several field trips. Transportation will be provided, and there is no additional cost. Please check one of the following three check boxes to consent/decline field trip and/or transportation.

- I consent for both field trip AND transportation I consent for field trip and I will provide own transportation
 I decline the field trip, and I will keep my child on the day of the field trip

Consent for photographing/videotaping. Summer Fun for Special Kids *may* take photograph/video of your child to use in news article, newsletter, or website. Please check the options below for permission for photo/video shooting. Your child's pictures will be distributed to camp enrollees as well as staff after the camp. Your decision not to allow Summer Fun for Special Kids to take pictures/video will NOT affect the child's admission.

- Yes, you can use pictures of my child in : No, please don't use/take pictures/videos of my child.
 News article Newsletter Website

Parent/Guardian Signature _____

Date _____

Emergency Contact/Medical Treatment/Transportation Authorization Form

Child's Name _____	Sex _____	Birthdate _____
Parent/Guardian Name _____	Home phone number _____	
Parent/Guardian's daytime location and phone number _____		

Emergency Information - You **must** list two local emergency contacts with telephone numbers who would be available while your child is attending Summer Fun for Special Kids in the event that a parent or guardian cannot be contacted.

Name _____	Relationship to the child _____	Phone number _____
Name _____	Relationship to the child _____	Phone number _____

Permission to transport child for treatment

I give my permission for Summer Fun for Special Kids to call for emergency intervention in case of serious illness or injury for:

_____ Your child's name (print)	_____ Parent/Guardian Signature	_____ Date
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Medical provider information

Physician or Clinic name _____	Phone number _____
Address _____	
Dentist's name _____	Phone number _____
Address _____	

Please check if you agree and sign

In the event that reasonable attempts to contact me have been unsuccessful, I give my consent for the administration of any treatment deemed necessary by the above named medical care providers, or, in the event that the medical personnel listed above is not available, by another licensed physician or dentist. This authorization does not cover major surgery unless two other licensed physicians or dentists, agree it is necessary.

_____ Parent/Guardian Signature	_____ Date
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Medical/dietary needs

Does your child have any **food allergies** or **special dietary needs**? Yes No

If Yes, please explain (physician's note may be required)

Please list facts to which a physician should be alerted, including allergies, medications, or physical impairments

If the child needs to be given medication while attending Summer Fun for Special Kids, please fill the separate, "Request for Medication Administration" form, signed by the physician

Please tell us about your child

Special education arrangement in the school year 2014-2014 (choose one)

- DD school Multiple Disabilities classroom (>50%) Multiple Disabilities classroom (<50%)
 Resource room Other (specify) _____

Related services your child receives during the school year 2012-2013 (check all that apply)

- Speech therapy Occupational Therapy Physical Therapy Special Transportation
 Extended School Year Adapted PE Behavior plan Attendant service/one-on-one aide

Is your child verbal? Yes No

Is your child toilet-trained? Fully potty-trained Has frequent accidents not potty-trained

T-shirt size (check one) Youth S Youth M Youth L Extra T-shirts for family/friend?

Adult S Adult M Adult L

Adult XL Adult XXL

Please list sizes
(add \$15/shirt)

What are your child's favorite activities?

What are activities your child really dislike?

Does your child have sensory issues that triggers tantrums?

What are your child's strengths?

What are your child's challenges?

Is there anything else that Summer Fun for Special Kids staff should be aware of?

Request for Medication Administration

Date _____

Child's Name _____ Child's age _____ Child's grade _____

Reason for medication _____

1. I hereby request that the above named child be given the medication as is ordered below.
2. I will see that the medication arrives to Summer Fun for Special Kids staff in the original container in which it was dispensed by the doctor or pharmacist.
3. I agree to notify Summer Fun for Special Kids immediately if there is any change in regard to these orders.
4. I release and agree to hold Summer Fun for Special Kids, Appalachian Family Center for Autism and Disability Resources and Education, Athens City Schools, Athens-Meigs ESC, Athens County Board of DD, HAVAR, Inc., and their officials, and their employees harmless from any and all liabilities for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature Date

Home Phone Work Phone Address, City, Zip

The following information is required by Ohio law

Physician's orders for the administration of medication by staff

_____ is under my care and should receive:

Child's Name

Medication name Dosage

Times to be given Route of administration

Possible side effect that might be observed

Any specific instructions

Physician's name (print) Physician's phone number

Physician's Signature Date