Summer Fun for Special Kids 2016

Thank you very much for considering enrolling your child in Summer Fun for Special Kids, a two week day camp program for children with moderate to svere intellectual or developmental disabilities.

Program details and eligibility

Place: Beacon School (801 W. Union Street, Athens)
Dates: July 18-29, Monday through Friday
Time: 9:30 a.m. – 2:30 p.m.
Cost: $75 to $200 for two week camp (there is tuition assistance for qualifying families and there are scholarships: please contact us summerfun@af-cadre.org for details)
Age: 6-21 (Children and Youth will be placed in age appropriate groups)
Eligibility: live in Southeast Ohio 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 at least three days a week (Monday, Wednesday and Friday). Please bring swim diapers if the camper is not toilet-trained.
Field trip to Nelsonville pool: We are going to Nelsonville pool (date to be announced). FAMILY MEMBERS ARE WELCOME TO JOIN, FREE of CHARGE.
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-shirts for family members, too! Please indicate size and number of T-shirts. Additional T-shirt costs $15 per 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 electronically but **please print and sign**.
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 June 15th, 2016 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 740-591-5875.

Summer Fun for Special Kids 2016 Enrollment form

Application Date _____

Child's name _____Nickname_____ Sex: Male / Female

Age _____ Date of Birth _____ Disability _____ Phone _____

Address _____ City _____ State _____ Zipcode _____

Email address to contact _____

Parent/Guardian #1

Name _____ ☐ Mother ☐ Father ☐ Other (Specify) _____

Cell Phone _____ Work Phone_____

Address _____ City _____ State _____ Zipcode _____

Parent/Guardian #2

Name _____ ☐ Mother ☐ Father ☐ Other (Specify) _____

Cell Phone _____ Work Phone_____

Address _____ City _____ State _____ Zipcode _____

School Information

School District _____ School _____ Grade in the next school year _____

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 and 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 program's effectiveness. I understand that this program will never use an individual child's name or 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 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, website, or other promotional purposes. 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 for the keepsake purposes. 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:

☐ News article ☐Newsletter ☐website

☐promotion/volunteer recruitment

☐ No, please don't use/take pictures/videos of my child.

Parent/guardian signature _____ Date_____

Emergency Contact/Medical Treatment/Transportation Authorization Form

Child's name _____ Sex: M / F Date of Birth_____

Parent/Guardian Name _____

Best phone number to reach _____ 2nd best phone number to reach _____

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 _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Permission to transport child for treatment (Please read, check and sign)

☐ 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 _____ Parent/Guardian signature_____Date_____

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 licensed physicians or dentists agree it is necessary.

Parent/guardian signature _____ Date_____

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 2015-16 (choose *one*)

☐ DD School ☐ Multiple disabilities classroom (>50%) ☐ Multiple disabilities classroom (<50%)

☐ Resource room ☐ Other (Please specify)

_____ **Related services your child receives during the school year 2015-16 (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 ☐Adult S ☐Adult M ☐Adult L ☐Adult XL ☐Adult XXL

Extra T-shirt for family/friend? ☐ Yes Please list sizes (add $15 /shirt)

_____

What are your child's favorite activities?

What are activities your child really dislikes?

Does your child have sensory issues that trigger tantrums?

What are your child's strengths?

What are your child's challenges?

Request for Medication Administration

Date _____

Child's name _____ Age _____ Grade _____

Reason for medication _____

1. I hearby 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 _____

Best phone number to reach _____ Address, City, Zip _____

The following information is required by Ohio law

_____ (child's name) is under my care and should receive:

Medication name _____ Dosage _____

Time to be given _____ Route of administration _____

Possible side effects_____

Any specific instructions _____

Physician's name (print) _____ Phone number _____

Physician's signature _____ Date _____