

Camp Connect 2018

ENROLLMENT APPLICATION

Will a buddy be attending? Yes [] NO [] If yes, please complete buddy section

Name of Camper: _____ Date of Birth: _____ County: _____

* A separate Enrollment Application and Camper Portfolio must be completed for each child.

Parent/Guardian Information

Name _____ Name _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Cell _____ Cell _____
Email _____ Email _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____

Medical Background

Physician's Name: _____ Phone _____
Does child have physical restrictions/limitations? ___ yes ___ no If yes, what: _____
Is your child subject to seizures? ___ yes ___ no Type: _____
Frequency: _____
Other Special Conditions: _____
Is your child toilet trained? ___ yes ___ no
Allergies to drugs, foods, insects? ___ yes ___ no If yes, what? _____
Is child on a special diet? ___ yes ___ no If yes, please explain: _____
Is child taking medication: ___ yes ___ no NOTE: If yes, please list below, along with dosage.
Last Tetanus shot date: __/__/__
Medical Insurance Company for child: _____
Insurance Policy Phone: _____ Policy Number: _____
Other than information included on this form, are there other things emergency personnel need to know about your child before treating or transporting?

MEDICATIONS

DOSAGES

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Emergency Contact Information: Please list whom to contact, if needed, regarding an emergency involving your child.

Name: _____ Relationship: _____
Best #: _____ Second #: _____

Name: _____ Relationship: _____
Best #: _____ Second #: _____

Name: _____ Relationship: _____
Best #: _____ Second #: _____

People permitted to pick up your child

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Communication: Please send any communication system used by your child to camp daily.

____ Completely Verbal ____ Sign Language* ____ Communication Board
____ Some Language/Verbal* ____ Picture Symbols/ Exchange ____ Device (name):
____ Nonverbal* _____

*Please indicate how your child communicates his/her needs. For example: points to things, becomes very loud when upset, says “red” for “juice,” etc.

Major Dislikes– List things that your child does not like or to avoid. Example: loud noises, water, sand, etc.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Major Likes– List things that your child really likes. Example: play dough, books, animals, etc.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

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Fears– List things that your child is very afraid. Examples: animals, thunder, rain, men with hats, etc.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

In order for our experienced staff to safely support and manage your child at camp and in the community, **all** of your child’s current or potential behaviors that may adversely affect him/her or others, **must** be identified. We will conference with you for a reasonable solution in the event we have extreme difficulty managing your child’s behaviors, which may include dismissal from Camp Connect for this year.

Behaviors: List any behaviors that may occur at camp. **Include a copy of your child’s individual behavior plan (if applicable) with the completed application form.**

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Application Payment

Camper's Name: _____ Date of Birth: _____

Indicate Desired Attendance: June 4-8, 2018 (Ages 5-9) June 11-15 (Ages 9-13) Week 3 Dates (Ages 13-22)

Application Fee Paid \$ _____
Total Due by April 30, 2018 \$ _____

Name of Buddy: _____ Date of Birth: _____

Parent/Guardian Information

Name _____ Name _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Cell _____ Cell _____
Email _____ Email _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Medical Info if needed: _____
Emergency contact if different than above: _____

Camp Connect

Please circle your child's T-shirt size and buddy's (if applicable)

Kids- SMALL MEDIUM LARGE XL
Adult- SMALL MEDIUM LARGE XL XXL

Application Submission

Applications accepted and reviewed on a first come-first served basis with deposit and complete application. Notification of acceptance will be made by May 14th based on availability of support and space.

*Applications, Registration, and \$25.00 Fee must be submitted by April 30, 2018.
Notification of acceptance will be made by May 14, 2018*

<p><u>Mailing Address</u> Southeast Missouri State University Autism Center One University Plaza MS9450 Cape Girardeau, MO 63701 Fax (573) 986-4994 Email cburnett@semo.edu</p>

<p>Daily Activities start and end at the University Autism Center <u>Physical Address</u> 611 N Fountain St Cape Girardeau, MO 63701</p>
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CAMPER RELEASE FORM

I understand registrations may be submitted by mail or in person, and registrations by telephone will not be accepted. I understand that to register I must complete the Enrollment Application and send a \$25.00 per week per camper deposit. (Incomplete applications and/or applications without proper deposits will not be accepted.) I understand payments will be processed as they are received, but this does not guarantee placement for my child. Registration is on a first come, first served basis. The \$25.00 deposit will be retained in the event of cancellation or inability to attend. I am aware this camp is not a Public School Program.

I hereby give my consent for _____ to participate in CAMP Connect.
Child's Name

In consideration of my child being permitted to participate in this camp, I hereby release, waive, and discharge CAMP CONNECT, its agents and employees from all liability for injuries, loss or damages, and any claims for damage on account of any injuries to my child or his/her property while participating in CAMP CONNECT. I have provided the program with information regarding all medications and all dosages required during program hours. I also agree to emergency treatment by a physician or hospital in the event that I cannot be reached.

Participant's Parent/Guardian _____ Date _____

PHOTO RELEASE

I hereby grant permission for the above stated Camp participant to appear in still or motion pictures for educational, promotional, or other proper purposes only. ____ Yes ____ No

Participant's Parent/Guardian _____ Date _____

TRAVEL RELEASE

I hereby grant permission for the above stated Camp participant to travel on a university bus or rented van for swimming and on field trips to various locations. I understand that Camp personnel supervision during transportation and field trips, and that one on one staffing is not possible. I understand that field trips depart per the schedule, and no one will accept my child at the camp location after the bus has left. I also understand no refunds will be provided for days on which my child has missed the bus for pool or field trips.

Participant's Parent/Guardian _____ Date _____

SWIM RELEASE

I hereby grant permission for the above stated Camp participant to swim in a community pool. I understand that campers will be tested for swimming ability on their first day of camp. Those campers that the counselors/pool staff feel are not competent swimmers will need to bring Coast Guard approved flotation devices which should be supplied by parents/guardians. I understand that no campers may stay behind at camp during swim or field trips. [Swimming is not a guaranteed activity of the camp as it is subject to pool availability]

Participant's Parent/Guardian _____ Date _____

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BUDDY RELEASE FORM

I hereby give my consent for _____ to participate in CAMP Connect.
Child's Name

In consideration of my child being permitted to participate in this camp, I hereby release, waive, and discharge CAMP CONNECT, its agents and employees from all liability for injuries, loss or damages, and any claims for damage on account of any injuries to my child or his/her property while participating in CAMP CONNECT. I have provided the program with information regarding all medications and all dosages required during program hours. I also agree to emergency treatment by a physician or hospital in the event that I cannot be reached.

Participant's Parent/Guardian _____ Date _____

PHOTO RELEASE

I hereby grant permission for the above stated Camp participant to appear in still or motion pictures for educational, promotional, or other proper purposes only. ____ Yes ____ No

Participant's Parent/Guardian _____ Date _____

TRAVEL RELEASE

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Participant's Parent/Guardian _____ Date _____

SWIM RELEASE

I hereby grant permission for the above stated Camp participant to swim in a community pool. I understand that all buddies will be tested for swimming ability on their first day of camp. Those buddies that the counselors/pool staff feel are not competent swimmers will need to bring Coast Guard approved flotation devices which should be supplied by parents/guardians. I understand that no buddies may stay behind at camp during swim or field trips. [Swimming is not a guaranteed activity of the camp as it is subject to pool availability]

Participant's Parent/Guardian _____ Date _____