



This application is for acceptance into The Kelberman Center’s Awesome Summer Days camp only. Applicants must be between the ages of 5 and 14. Applicants must possess some communication skills and be able to function in a 3:1 group setting with limited supports. For applicants requiring any specialized behavioral intervention or health care services, notification on the camp application is required. Those without summer school eligibility will be given priority acceptance. Decisions regarding acceptance will be made by the Camp Director in consultation with other professionals. Additional information may be requested in some cases to determine acceptance to the program or group placement to provide the best camp experience while ensuring the health and safety of all campers and staff. Please complete every question with as much detail as possible.

Please complete this application in its entirety and return it to The Kelberman Center by May 12, 2017.

Mail to: The Kelberman Center, Attn: Recreation Department, 2608 Genesee Street, Utica, NY 13502

Fax to: (315) 749-7054

E-mail to: recreation@kelbermancenter.org

For more information regarding The Kelberman Center’s summer camp programs, please visit our website at www.kelbermancenter.org or call (315) 797-6241.

Child’s name: _____ Nickname: _____ Gender: M F

Date of birth: _____ School attending: _____ Grade: _____

Street address: _____

City: _____ Zip Code: _____ County: _____

Home phone: _____ Cell phone: _____ Cell phone: _____

Parent/guardian: _____ Relationship: _____

Parent/guardian: _____ Relationship: _____

E-mail address: _____

Emergency contact (**other than parent/guardian**): _____

Relationship: _____ Primary Phone: _____

Child’s Shirt Size: Youth Adult | Small Medium Large X-Large

My child has:

- Attended Awesome Summer Days in the past.
- Attended a different summer camp in the past.

Please list: _____

- Never attended a summer camp.

In case of an emergency, Kelberman Center staff will call 911 immediately. We will then call the parent/guardian. If no contact is made, we will then call the emergency contact listed on page one. If no contact is made still, we will provide the following information to emergency responders:

Insurance carrier: _____

Policy # _____ Group # _____

Primary Care Physician: _____

Address: _____ Phone: _____

Preferred hospital: _____

Immunization history: Please provide the most current immunizations history within 30 days prior to your child's arrival at camp.

- I certify that all of my child's immunizations are up to date. I understand that I must submit a full copy of my child's immunization history before he/she may attend camp.

Date of last physical exam: _____

Must be within 24 months of the start of camp.

Does your child have any allergies? Yes No

If yes, please list:

Does your child require medication for allergies? Yes No

If yes, please list:

Does your child have an EpiPen? Yes No

Can your child use the EpiPen independently? Yes No Not applicable

Does your child take daily medications? Yes No

If yes, please list names and daily regimen:

Will your child need medications at camp? Yes No

If yes, please list:

Has your child ever had a serious injury? Yes No

If yes, please list type and date:

Has your child had recent surgery? Yes No

If yes, please list type and date:

Have any significant events occurred in your family within the past few years? Yes No

If yes, please explain:

Is your child on a special diet? Yes No

If yes, please explain:

Can your child read? Yes No

Can your child write? Yes No

Can your child swim? Yes No

What does your child like to do? What are his/her interests?

What doesn't your child like to do? What are his/her dislikes?

What do you hope your child will get out of the Awesome Summer Days Camp?

Please rate each of the following activities for your child by checking the appropriate column.

	Likes	Dislikes	Unknown
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horseback riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking/walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science experiments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board games/cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have any physical limitations?

Yes No

If yes, please complete section A. If no, skip.

Section A

Please explain your child's physical limitations:

What is your child's level of mobility?

- Walk independently
- Walk independently but with difficulty
- Walk independently with corrective device
- Can only walk with assistance from another person
- Cannot walk

Does your child use a wheelchair?

Yes No

If yes, describe wheelchair:

- Can use independently including transferring
- Can use independently with assistance in transferring
- Cannot use independently and requires assistant with moving and transferring

Does your child need assistance walking up and down stairs?

Yes No

If yes, please explain:

Does your child have toileting, dressing, or feeding needs?

Yes No

If yes, please explain:

Does your child have a medical diagnosis or seizure disorder? Yes No

If yes, please complete section B. If no, skip.

Section B

Please explain your child's medical diagnosis or seizure disorder:

Does your child have toileting, dressing, or feeding needs? Yes No

If yes, please explain:

Does your child have a developmental diagnosis? Yes No

If yes, please complete section C. If no, skip.

Section C

What is your child's developmental diagnosis:

Your child's primary way of communicating with others:

- Full sentences
- Phrases
- Few words
- Gestures
- Augmentative communication
- iPad
- Sign language
- Other: _____

Section C continued

Is your child able to independently understand and follow verbal directions? Yes No

If no, please list strategies that help your child (e.g. multi-step directions, longer processing time, pictures, first/then board, schedule).

In school, what is your child's classroom placement? Does your child have a 1:1 aide?

Is your child eligible to receive summer school? Yes No

Does your child have an Individualized Education Plan, Individualized Service Plan, or Behavior Plan?

Individualized Education Plan Individualized Service Plan Behavior Plan No

If yes, please provide us with a copy along with your application.

Please describe any behavioral concerns for your child (biting, hitting, scratching, eloping, pica, etc.).

What usually causes these behaviors? What strategies are helpful for de-escalation or calming?

Please describe any sensory issues your child may have (noises, physical contact, lights, deep pressure).

Does your child have toileting, dressing, or feeding needs? Yes No

If yes, please explain:

If you completed sections A, B, or C, please complete section D. If you did not, please skip to page 9.

Section D

My child:

- Is Medicaid Waiver eligible (your child may be eligible to receive funding for camp).
- Has been denied Medicaid Waiver services.
- Has not applied for Medicaid Waiver services.
- Receives services from the Kelberman Center.

Case manager: _____

- Receives services from another agency.

Agency and case manager: _____

The 2017 Awesome Summer Days camp begins July 5 and ends August 3, 2017. It runs Monday through Thursday (with the exception of the first week due to holiday), 9:00 AM to 2:00 PM. Please note your enrollment preference for your child below, but know that your selection is not guaranteed.

My child would like to attend the 2017 Awesome Summer Days camp:

Full-time Part-time

If you selected part-time, please check which week(s) you would like your child to attend:

Week 1 (July 5-6)

Week 2 (July 10-13)

Week 3 (July 17-20)

Week 4 (July 24-27)

Week 5 (July 31-August 3)

Extended Care

The extended care program is offered to provide additional care beyond the normal camp day. The program runs from 2:00 PM until 5:00 PM and is less structured than day camp. Campers participate in preferred activities and are supervised by our camp counselors and group leaders. Extended care does require an additional fee of \$20 per hour per child and parents will be responsible for pick-up. Please note that the program requires a minimum number of participants to run.

Are you interested in the extended care program for your child?

Yes No

If yes, please check which day(s) you would require extended care:

Full week

Monday

Tuesday

Wednesday

Thursday

Cost

Tuition for the 2017 Awesome Summer Days camp is as

follows: Week 1: \$187.50

Weeks 2-5: \$375 per week

All five weeks: \$1,312.50

Payment Information

To confirm your child’s spot in the 2017 Awesome Summer Days camp, 25% is due on upon acceptance.

Please do not send payment with your application. Payment instructions will be included in your acceptance letter. A final payment must be made on or before August 3, 2017, unless a payment plan is agreed upon in advance. My child would like to be considered for an income-based scholarship (complete page 11).

My child is Medicaid waiver eligible and would like to access respite services for payment. (Medicaid waiver may also cover the cost of extended care.)

MSC: _____ Agency: _____

Phone: _____ Email: _____

Agreement:

I, _____, parent/guardian of _____
certify that all information provided in this registration to be true and complete. I understand that open positions in the 2017 Awesome Summer Days camp are filled on a first-come, first-served basis and submission of this application does not guarantee my child a spot in the program. **I understand that 25% of the tuition is due upon acceptance to confirm my child’s placement in the program and the final payment is due on or before August 3, 2017, unless a payment plan is agreed upon in advance.** If I chose to request payment via Medicaid or scholarship, I understand that I am responsible for any unpaid balance and acknowledge that if it remains unpaid my child may not be able to participate in future programs.

Parent/guardian signature: _____

Date: _____

Scholarship Request

There are a limited number of income-based scholarships available. The Kelberman Center will award scholarships as funding permits, which may cover part or all of tuition. All applicants will be considered equally.

Child's name: _____

Parent/guardian name(s): _____

Amount requested:

25% 50% 75% 100%

Family annual gross income (please attach a copy of your 2016 W-2):

_____ Number of children in household: _____

Please state why you are requesting a scholarship:

Parent/guardian signature: _____

Date: _____

Office use only:

Scholarship: Yes No

Amount awarded: 25% 50% 75% 100%

Date: _____

Staff initials: _____