

Overnight Camp Application

This application is for acceptance into The Kelberman Center’s Overnight Camp only. Applicants must be between the ages of 12 and 18. Applicants must possess some communication skills and be able to function in a 3:1 group setting with limited supports. In addition, campers should possess the ability to independently engage in activities of daily living (showing, etc.) and be capable of sleeping away from home with limited support staff.

For applicants requiring any specialized behavioral intervention or health care services, notification on the camp application is required. 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: _____

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

Diagnosis: Autism Spectrum Disorder Asperger’s PDD-NOS Unknown

Other diagnoses: _____

Street address: _____

City: _____ Zip Code: _____ County: _____

Primary phone: _____ Secondary phone: _____

Parent/guardian: _____ Relationship: _____

Parent/guardian: _____ Relationship: _____

E-mail address: _____

Emergency contact (other than parent/guardian): _____

Relationship: _____ Primary Phone: _____

My child has:

Attended Overnight Camp in the past.

Attended a different camp in the past.

Please list: _____

Never attended a camp.

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: _____

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:

***All medications must be given directly to the camp nurse. Do not pack medications.**

Does your child have any physical limitations? Yes No

If yes, please explain:

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:

Are there any medical or developmental conditions requiring attention? Yes No

If yes, please explain:

Has your child ever required psychiatric counseling or hospitalization? Yes No

If yes, please explain:

Does your child have any other medical concerns or chronic/recurring illness? Yes No

If yes, please explain:

Does your child have a seizure disorder? Yes No

If yes, please explain:

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

If yes, please explain:

Your child's primary way of communicating with others:

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

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 placement? Does your child have an aide?

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

- 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, etc.).

Does your child display any inappropriate sexual behaviors? Yes No

If yes, please explain:

Does your child have toileting, dressing, or feeding needs? 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 does your child do when he/she is happy?

What does your child do when he/she is unhappy?

Has your child ever slept away from home? Yes No

Does your child typically sleep through the night? Yes No

Does your child sleep walk? Yes No

Does your child snore? Yes No

Does your child display food-seeking behavior? Yes No

Does your child have a bedtime routine? Yes No

If yes, please explain:

Does your child have a special blanket/toy they need to sleep? Yes No

If yes, please explain:

If your child gets home sick, what can we do to make them feel more comfortable?

What else would you like us to know about your child?

What do you hope your child will get out of Overnight 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"/>
High/low ropes course	<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"/>
Television/movies	<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"/>
Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Never	Sometimes	Often
Makes eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the give and take of conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has intense special interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays good sportsmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits appropriate play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in imitation and pretend play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has emotional control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has ability to make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts being told 'No'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and accepts consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses feelings appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to others feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is willing to try something new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joins in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Never	Sometimes	Often
Acts young for age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argues with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty paying attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wants to be perfect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is fearful or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braggs or boasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries to hurt self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries to hurt others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destroys objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breaks the rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has tantrums or meltdowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatens others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unhappy, sad, or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses obscene language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeats actions or has compulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs away/elopes/wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screams or yells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusually shy or timid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The 2017 Overnight Camp begins July 9th and ends July 28th. It runs Sunday through Friday.

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 Overnight 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 9-14)

Week 2 (July 16-21)

Week 3 (July 23-28)

Cost

Tuition for the 2016 Overnight Camp is as follows:

Week 1: \$700

Week 2: \$700

Week 3: \$700

All 3 weeks: \$2,100

Payment Information

To confirm your child's spot in the 2017 Overnight 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 July 28, 2017, unless a payment plan is agreed upon in advance.

My child would like to be considered for an income-based scholarship (complete page 12).

My child is Medicaid waiver eligible and would like to access respite services for payment.

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 Overnight 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 July 28 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: _____