

Ability Center Summer Programs

Camper Registration Form

Camp Cricket: 9:00a-3:00p Mon-Fri
Ages 15-24: June 14-25, 2010 _____
Ages 10-14: July 5-16, 2010 _____
Ages 5-9: August 2-13, 2010 _____

Community Recreation Camp: 9:00a-3:00p Mon-Fri
Ages 15-24: June 14-25, 2010 _____
Ages 10-14: July 5-16, 2010 _____
Ages 5-9: August 2-13, 2010 _____

YMCA Camp Storer: Ages 13-22
Overnight Mon-Fri
**Choose one only
Session 1: June 28- July 2, 2010 _____
Session 2: July 26- July 30, 2010 _____

Toledo Ballet Dance Camp: Mon-Fri
Ages 5-9 10:00a-11:30a
Ages 10-14 12:30p-2:00p
Ages 14-25 2:30p-4:00p
Session 1: June 28- July 2, 2010 _____
Session 2: July 26- July 30, 2010 _____

GENERAL INFORMATION

Name of Applicant - Last, First, Middle _____ Age (as of camp session) _____ Date of Birth (M/D/Y) _____

Current Address Number and Street or Route _____ City, State and Zip _____ County _____

Height and Weight _____ Sex _____ Shirt Size _____ Diagnosis/Disability _____

Home Phone (include area code) _____ E-mail Address _____

EMERGENCY INFORMATION

Name _____ Area Code & phone _____ Relationship to applicant _____

Parent/Foster Parent/Guardian Information

1. Full name of parent/guardian _____ Daytime Phone _____ 2. Full name of parent/guardian _____ Daytime Phone _____

Person who can act in the guardian/parent's place during an emergency

Name _____ Relationship to Applicant _____ Phone _____

Physician's Name _____ Phone _____

OTHER INFORMATION

Does your child require any adaptive equipment? Yes No
 Wheelchair Braces Crutches Canes
 Hearing Aid Glasses Pacemaker Walker

ACTIVITIES OF DAILY LIVING

In order for us to meet needs for assistance, the following information is requested.
Please check appropriate level of care required in each of the following categories:

Dressing No assist Supervision Partial assist Total assist
Hygiene/
grooming No assist Supervision Partial assist Total assist
Eating No assist Supervision Partial assist Total assist
Toileting No assist Supervision Partial assist Total assist

Explanation: _____

Does your child have bladder control? Yes No
Does your child have bowel control? Yes No

*****If you replied "No", then please provide a change of clothes and any other items, especially diapers, that your child will need for each day that they attend Camp.**

Are there any **dietary restrictions** for your child? Yes No

If so, please explain _____

Are there any **restrictions on the activities** your child can participate in, such as swimming, play, length of time in the sunlight, naps, etc. Yes No

If so, please explain _____

What is the level of your child's **swimming ability**? _____

Medications: Is your child on medication? Yes No

If Yes, please list: 1. _____ 2. _____
3. _____ 4. _____

****Circle the medications that are to be given during camp hours. All medication must be brought on or prior to the first day of camp and in their original containers.**

Does your child have a **heart condition**? Yes No

Does your child have **seizures**? Yes No

If yes, please explain the heart condition and/or state the **type, frequency** and **procedure(s)** to follow during and immediately after a seizure.

Does your child have any of the following conditions?

Allergies Asthma Fainting Severe Headaches

If yes, please explain the condition including regularity, severity and the type of treatment provided

Does your child have any health issue not addressed in the application form that you believe Camp staff should be aware of? **Please feel free to include or attach separate documentation****

Yes No

If yes, please explain: _____

SPEECH AND LANGUAGE: Complete this section if the applicant has a speech or language impairment.

Briefly describe the applicant's communication disorder. (State in your own words.)

Check all that apply to your child:

- Able to express ideas verbally
- Able to be understood by others
- Able to comprehend conversation
- Can express thoughts in written form
- Can use and understand new words
- Can comprehend written words

DEAF: Complete this section if the applicant is deaf or hard of hearing.

Check all of the following statements that apply to the applicant:

Uses hearing aid: ___ Part time ___ Full time

Model and serial number of hearing aid _____

- ___ Uses speech
- ___ Lip reads
- ___ Family members can understand
- ___ Needs or uses Sign Language Interpreter
- ___ Speaks well
- ___ Uses sign language (type?) _____

Amount of hearing loss:

___ Total (no usable hearing) ___ Significant (little usable hearing) ___ Hard of Hearing (some hearing w/ aid)

Child's Educational Program:

School Attended: _____

Type of Class Placement: Please check appropriate blank

- Regular Education
- Regular Education with tutoring
- Self-contained Special Education Class
- Resource Room
- Special Education Class with occasional interaction with non-disabled peers
- Full time SBH/ED Class
- Private Special Day School
- Residential School
- Home Schooled
- Alternate Learning Center

Additional information you would like Camp Staff to know about your child's educational background:

BEHAVIOR

Are there any special behavior concerns? ___ Yes ___ No

Is your child on a Behavior Support Plan? ___ Yes ___ No

If yes, describe:

Behavioral Checklist -- Please check what applies:

Trait	Excellent	Good	Fair	Poor
Mood Stability				
Peer Relationships				
Sibling Relationships				
Relations with Adults				
Self- Discipline				
Acceptance of Own Limitations				
Response to Limit Setting				
Impulse Control				

List ways you or your child's teacher manages behaviors: _____

List your child's strengths, abilities, and talents: _____

Share with us an area of success he/she has had: _____

What does your child struggle most with?

What things would you like to see your child accomplish at camp?

The following information covers fee payment and/or financial assistance for Camp:

Camp Cricket and Recreation Camp Fee: \$275.00 per two-week session

Camp Storer Fee: \$325.00

Dance Camp Fee: \$65.00

Sliding Scale: Families unable to pay the full fee for Camp Cricket may use the sliding scale. If you choose to use this option, *please include proof of your income* (example: W-2 letter from the Department of Human Services, tax return, etc.) *with your application*. The income statement must be used to identify the appropriate income level on the fee scale. Include all family members living on that income to select the appropriate income level for your family.

Camp Payment is due one week prior to your child attending Camp.

CAMP CRICKET INCOME SLIDING FEE SCALE - PER PERSONS IN HOUSEHOLD

Persons per household=		2	3	4	5	6
Low \$	High \$	Camp Fees per 2 week session				
12,101	16,100	\$80	\$65	\$50	\$40	\$30
16,101	20,100	\$100	\$80	\$65	\$50	\$40
20,101	24,100	\$130	\$100	\$80	\$65	\$50
24,101	28,100	\$155	\$130	\$100	\$80	\$65
28,101	32,150	\$175	\$155	\$130	\$100	\$80
32,151	36,150	\$195	\$175	\$155	\$130	\$100
36,151	40,150	\$205	\$195	\$175	\$155	\$130
40,151	43,350	\$225	\$220	\$195	\$175	\$155
43,351	46,600	\$235	\$225	\$220	\$195	\$175
46,601	49,800	\$250	\$235	\$225	\$220	\$195
49,801	53,000	\$275	\$250	\$235	\$225	\$220

Please Check One: This section must be completed in order to process application.

1. _____ I am paying the full fee for Camp Cricket.
2. _____ I am using the sliding scale to determine my fee. The amount I will pay is \$_____.
3. _____ I am using an outside source to cover my camp fee (i.e. Family Resources)

Note: Please state the name of the source and a contact person.

Name of Source _____ Contact _____

*****You will be responsible for all co-pays not paid by third party source!***

All fees must be paid in full prior to your child attending camp!

Child's Name _____

Authorizations and Release Statement

Please read thoroughly and sign beneath each item:

Release of Information

I (we) hereby authorize The Ability Center of Greater Toledo and Camp Cricket staff to contact my child's teachers, physicians and other health care providers during the Camp session I (we) selected. I understand that any information received will be held in the strictest confidence and shared only among Ability Center and Camp staff for the purpose of coordinating services to my (our) child.

Signature/Relationship

Date

Photo Release

I (we) consent that photographs taken while at Camp may be used or reproduced by The Ability Center and others with the consent of The Ability Center for educational purposes, including illustrations, news media and publications.

Signature/Relationship

Date

Liability and Medical Release

I (we) shall hold neither The Ability Center of Greater Toledo, its cooperating organizations, nor Camp responsible in case of an accident. In case of an illness or accident, I authorize The Ability Center to arrange for medical treatment. I hereby give my permission for my child to attend Camp Cricket and participate in all camp activities, including field trips elsewhere in the Toledo area, except those activities noted by me (us) or the physician. I (we) have read the Fact Sheet for Parents/Guardians or it has been explained to me (us) and I (we) fully understand the responsibilities of a parent(s)/guardian(s) of a Camp Cricket Camper.

Signature/Relationship

Date

Please submit all applications to:

**The Ability Center
C/O Dawn Petersen
5605 Monroe Street
Sylvania, OH 43560**