



Finding Rewards In Every New Day

2019 Camp Application

Please complete the attached forms to help us best serve your child and return to:

autismmv@gmail.com (put Camp FRIEND application in subject line) or

mail to: Autism Society of Mahoning Valley, P.O. Box 151 Canfield, Ohio 44406

We will then call or email each family to discuss campers needs. If you would like to be considered for a scholarship based on financial need, please fill out and submit our scholarship application and mail both together. Please include payment, if you are not seeking financial assistance.

Please specify what week you are applying for:

July 15-July 19

August 12-16

Identifying information

Name _____ Birth Date ____/____/____ Age ____ Grade _____

Address _____ School _____

Parent/Guardian Name _____

Cell Phone _____ Email _____

Parent/Guardian Name _____

Cell Phone _____ Email _____

Emergency Information

Emergency contact _____ Cell Phone _____

Second Phone _____ Relationship to child _____

Will the child be picked up by anyone besides a parent/guardian? If so, who?

Student Information

Allergies _____

Diagnosis _____ Medication _____

Does the medication need administered during camp hours? Y N

Primary Physician _____ Phone _____

Preferred Hospital _____ Permission to seek medical attention Yes No

Food Restrictions or Allergies _____

School Information

School your child attends (Name & city/town) _____

Type of class (i.e. resource, self-contained, etc.) _____

Student/teacher ratio: _____ Does your child have a one-to-one aide? Yes No

Services received in school (i.e. behavior intervention plan, speech/language, adaptive physical ed, etc.)

Out of school services _____

Extra-curricular activities _____

Preference and Reinforcement

Likes (i.e. favorite games, toy, etc.) _____

Dislikes _____

What are some calming techniques that would work for your child?

Describe the method of reinforcement/consequences used at home?

Describe your child's behavior when he/she is having difficulty (not getting his/her way)

Characteristics

How does your child communicate? (verbal, AAC device, picture cards)_

Is your child potty trained? Yes No What is needed? _____

Does your child require sensory accommodations? If so, please describe

How does your child react to stress? Transitions?

How does your child display anger?

Does your child express his/her needs? If so, briefly explain how:

Is there any information (not requested) that would assist your child in participating in a group activity?

Does your child know they have a disability? Circle Yes No I don't think they understand

Please circle any statement that describes your child:

Very active	Shy	Perfectionist	Very quiet
Outgoing	Uses eye contact	Oppositional	Destructive
Daily tantrums	Nervous	Passive	Flexible
Dependent on routines	Imaginative	Able to maintain conversations	Initiates interactions

Plays well with same age peers

Plays well with younger peers

Difficulty separating from parents

Parent Considerations

What goals do you have for your child?

Please check drop off/pick up preference **(please note offerings will be based on all responses)**

_____ I would like to walk my child in and sign them in individually

_____ I would like a curbside check in and check out system, so I do not have to leave my car

_____ I do not have a preference and will cheerily accept whichever

I have no objection to publicity in conjunction with Camp F.R.I.E.N.D. activities that involve my child.

Parent/Guardian Signature: _____ **Date:** _____

I hereby certify that I will assume the necessary financial obligations. The full payment of \$150.00 or negotiated amount will accompany my registration with checks made out to the Autism Society of Mahoning Valley. No refunds of any kind will be provided if the camper fails to report to an event/date/activity, or in the event of his withdrawal from the program.

Parent/Guardian Signature _____ **Date:** _____

I will provide any the necessary reinforcement for my child (i.e. toys, ipad, snacks) that will ensure my child will be success at the events. I will accompany my child or provide a guardian/therapist/support member to accompany my child to the events unless a previous arrangement with Camp F.R.I.E.N.D. has been made.

Parent/Guardian Signature: _____ **Date:** _____

I _____ hereby release and hold harmless Camp F.R.I.E.N.D. including all staff, agents, representatives from any and all claims, cost, damages, and liabilities for any injuries sustained by myself or my minor child's or adult's participating in this program offered by Camp F.R.I.E.N.D. I understand that any fees charged for a program do not include accident, or personal insurance.

Parent/Guardian Signature: _____ Date: _____

I _____ agree to pick up my child before 3 pm in an effort to respect the time and energy of the staff and the facility. If I have to be late, I will notify Camp FRIEND personnel and agree to pay a late pick up fee of \$1 per minute past 3 pm.

Parent/Guardian Signature: _____ Date: _____

