

## ANN GIBSON SUMMER DAY CAMP

Sponsored by:  
SPECIAL KIDS THERAPY  
Blanchard Valley Center  
[www.specialkidstherapy.org](http://www.specialkidstherapy.org)  
E-mail: [care@specialkidstherapy.org](mailto:care@specialkidstherapy.org)

### GENERAL INFORMATION:

- The fee for **each** one week session is \$25.00.
- Campers may be age 5 through ages 18 and will be divided into three groups according to age. There will be no more than 12 children per group. Campers will be selected on a first come basis.
- There will be **four weeks of camp** (Tuesday – Wednesday - Thursday from 10:00 a.m. to 3:00p.m.)
  - ✓ WK 1: JUNE 15 – 16 – 17
  - ✓ WK 2: JUNE 22 – 23 – 24
  - ✓ WK 3: JULY 13 – 14 – 15
  - ✓ WK 4: JULY 20 – 21 – 22
- A completed application and the camp fee for each week applying for must be received at the SKT office on or before June 4, 2010
  - No applications or camp fees will be accepted at camp
  - No refunds will be made after June 4, 2010

**Children with personal one on one provider should be accompanied at camp by that provider.**

Providers should be prepared to swim with child and accompany the child on all field trips. If the personal provider is not willing or able to accompany child in activities, we ask that you pick your child up from camp prior to those activities.

### EVENTS THAT YOUR CHILD COULD PARTICIPATE IN:

- Animals            Music            Dance            Paddle Boats            Swimming
- Art                Fishing            Dining Out            Fitness            Playground
- Visitors such as:            Park District            Policeman            Fireman

*APPROXIMATELY ONE WEEK BEFORE CAMP, YOU WILL RECEIVE DETAILED INFORMATION REGARDING THE CAMP SCHEDULE WHICH WILL INCLUDE DROP OFF LOCATION, PICK UP LOCATION, EVENTS FOR THE DAY AND LUNCH NEEDS.*

Weeks applying for: \_\_\_\_\_

\_\_\_\_\_ YES Special Kids Therapy may use photos for general purposes  
Parent Signature such as brochures, online webpage, newsletters or publicity.

\_\_\_\_\_ NO Special Kids Therapy may not use photos.  
Parent Signature

\_\_\_\_\_ CAMPER T-SHIRT SIZE (please identify **child with C & adult size with A**)  
(ex: 8C (size 8 child) Large A (adult large))

**Disclaimer:**

I understand that the potential for accidents does exist. In consideration of acceptance to Summer Camp Day, I indemnify and hold harmless Special Kids Therapy, Inc. and/or its staff or volunteers from any and all liability, claims, damage, injury or illness sustained by applicant, siblings, parent(s)/guardian(s). I understand accident insurance is not provided. Should a camper require special medical treatment, prescriptions, or hospital care during the camp session, parent(s)/guardians(s) shall bear the expenses.

---

Parent/Guardian

Date

**Send Application & Camp Fee To:**

Special Kids Therapy  
Ann Gibson Summer Day Camp  
1333 Lima Avenue  
Findlay, OH 45840

*Application deadline is June 4, 2010  
No refunds after application deadline*

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special Needs Equipment child will need: \_\_\_\_\_

Special Diet Needs or Food Allergies: \_\_\_\_\_

\_\_\_\_\_

Special Feeding Instructions: \_\_\_\_\_

\_\_\_\_\_

Behaviors and Sensory or Visual reactions to watch for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If behavior becomes an issue, what management should we use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the child have preferences we should be aware of: \_\_\_\_\_

\_\_\_\_\_

If communication is not verbal, how do we recognize the following needs:

Toilet \_\_\_\_\_

Thirsty/Drink \_\_\_\_\_

Hungry \_\_\_\_\_

Swimming abilities \_\_\_\_\_

Flotation device needed \_\_\_\_\_

Special Instructions \_\_\_\_\_

Parents Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus or Cell: \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Phones during camp session: \_\_\_\_\_

\_\_\_\_\_

Does your child require one on one: \_\_\_\_\_ If yes, adult personal caregiver will be required.

Caregiver's name: \_\_\_\_\_

Other Information: