

ANN GIBSON SUMMER DAY CAMP

Sponsored by:
SPECIAL KIDS THERAPY
Blanchard Valley Center
www.specialkidstherapy.org
E-mail: 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 16 – 17 – 18
 - ✓ WK 2: JUNE 23 – 24 – 25
 - ✓ WK 3: JULY 21 – 22 – 23
 - ✓ WK 4: JULY 28 – 29 – 30
- A completed application and the camp fee for each week applying for must be received at the SKT office on or before June 5, 2009
 - No applications or camp fees will be accepted at camp
 - No refunds will be made after June 5, 2009

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 5, 2009
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: