

# CAMP CAN DO

## Camper Application 2018

**Remember:** To attend Camp Can Do, campers must be independent in toileting, have basic communication skills to convey wants and needs, able to sit at a table for group activity for 10-15 minutes, must NOT be a flight risk and must not have significant behavior issues. Our camper to counselor ratio is 3:1. Unfortunately, we can't support campers who receive or require 1:1 support.

**Camper Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth (mm/dd/yy): \_\_\_\_\_ Male ( ) Female ( )

Grade in School (Fall 2018): \_\_\_\_\_ School Name: \_\_\_\_\_

Type of classroom setting (e.g. essential skills, resource, mainstream) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Johnson county resident? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email address: \_\_\_\_\_

**In an emergency when parent/guardian cannot be reached, please contact the following:**

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

Relationship: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Dr. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Camper Information:**

Medical Diagnosis: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Will your child require medication during their time at camp? If so, please complete medication form on page 6.

Allergies: \_\_\_\_\_

Diet restrictions: \_\_\_\_\_

Physical activity restrictions: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

List at least three of your child's favorite characters, toys, games, activities, interests to help us connect with him/her:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What type of reward system does your child respond to best? \_\_\_\_\_

Does your child use any special equipment or require any special accommodations? \_\_\_\_\_

Does your child have any sensory issues or behavioral concerns? (If applicable, attach behavior plan.)

What is the best way to deal with any problem behavior? (3 strikes, time out, etc.) \_\_\_\_\_

Is there anything else you would like for us to know about your child (calming techniques, motivators, physical aggression toward self or others, difficulty changing routine)? \_\_\_\_\_

Does your child receive Medicaid Waiver benefits? \_\_\_\_\_

**If you are willing to share, please include a copy of your child's IEP with this application. This will give us a better of idea of each individual camper's needs.**

**Please note:** Campers will be expected to follow behavior guidelines, and Camp Can Do reserves the right to expel any camper. In the event of expulsion, there will be no refunds given. Please refer to the behavior guidelines section for details. While we aim for inclusiveness in our admissions decisions, we *reserve the right to refuse admission* to campers whom we determine will not benefit from our program.

**To attend Camp Can Do, campers:**

- Must be independent in toileting;
- Must be independent in eating;
- Must have basic communication skills to convey wants and needs;
- Must be able to sit at a table for group activity for 10-15 minutes;
- Must NOT be a flight risk (see behavior guidelines on page 4).

We will do our best to accommodate your child's needs. However, in the interest of safety, we reserve the right to decline admission if specialized care is necessary beyond our staff's capabilities.

**Camp session(s) attending:**

\_\_\_\_\_ Week 1: June 11, Monday – Friday, 9am – 4pm

\_\_\_\_\_ Week 2: June 18, Monday – Friday, 9am – 4pm

\_\_\_\_\_ Week 3: June 25, Monday – Friday, 9am – 4pm

Camp will be held at Whiteland Community High School – 9<sup>th</sup> Grade Center,  
222 Tracy Street, Whiteland, IN 46184.

**Camper Shirt Size:** Adult \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2XL

**Cost of Camp:**

Cost is \$150 per week for Johnson County residents and \$175 for non-residents. A \$75 discount will be given to those attending all three weeks.

**A minimum \$100 per session is due with registration form to reserve a position, and the balance is due May 15, 2018. Spots are reserved on a first come, first served basis.**

I have enclosed a check. *(Make payable to JCASG.)*

I prefer to pay by credit card. Please email me a Pay Pal invoice.

Once your completed registration and deposit are received, you will receive a confirmation email from JCASG. A camper handbook will be mailed to your camper in May. For further information, please contact Amanda Cooper at (317)409-8372 or amanda@jcasg.com.

Openings will be filled on a first come, first served basis until the maximum number of campers per session has been reached. Before and after care is not provided.

Mail (do not drop off) completed application to:

**JCASG, Inc./Camp Can Do**

609 Treybourne Drive, Suite D  
Greenwood, IN 46142

## BEHAVIOR GUIDELINES

- Staff will redirect camper to more appropriate behavior.
- Staff will document the situation. The written report will include details of the incident and must be signed by the parent/guardian at pick up in order for camper to return the next day.
- If three behavior incident reports are filed during the course of the camp, the Camp Director reserves the right to expel the camper for the rest of the summer. **No refunds will be given.**
- For their own safety, campers must stay with their group at all times. If a camper runs away, a behavior incident report will be filed.
- If a behavior at any time threatens the safety of that child, other children or the staff, the parent will be notified and expected to pick up the child immediately.
- Possession and/or use of tobacco, alcohol, drugs, firearms, knives or any other dangerous item will result in the immediate expulsion of a camper for the remainder of the summer. **No refunds will be given.**
- The following items should not be used during camp hours: iPods/MP3 players, iPads/tablets, cell phones, PSP or DS.

I have read and understand the behavior guidelines. I agree to the terms presented above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Name

## Medication Instructions

**Please list only medications that need to be administered during the camp day.** All medications must be provided by the parent/caregiver and must be taken home each day.

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Child's weight: \_\_\_\_\_

Please list any drug or food allergies: \_\_\_\_\_

### **PRESCRIPTION MEDICATIONS** (Must be in original container.)

Camp Can Do staff has my permission to give my child, \_\_\_\_\_, the following medication(s):

Day(s) and time to be given: \_\_\_\_\_

Dosage: \_\_\_\_\_

Should medication be taken with food or milk? \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Special instructions: \_\_\_\_\_

### **OVER THE COUNTER MEDICATIONS** (Must be in original container.)

Do you want the Camp Can Do staff to administer over-the-counter medications when necessary and according to the recommended dosage for the child's weight/age? \_\_\_\_\_

If yes, what medications will you provide for your child to take and for what purpose?

\_\_\_\_\_

\_\_\_\_\_  
Printed name of Physician

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Permission to Use Photograph

Camper: \_\_\_\_\_

Location: Camp Can Do

I grant to the Johnson County Autism Support Group, Inc., its representatives and employees the right to take photographs of me and my property in connection with Camp Can Do. I authorize the Johnson County Autism Support Group, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Johnson County Autism Support Group, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature (parent or guardian if under 18) \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

## Field Trip Permission Form

I, the undersigned, as parent or guardian of \_\_\_\_\_, a minor, do consent that the Johnson County Autism Support Group, Inc. and Camp Can Do have my permission to transport my child to planned field trips during my child's participation in Camp Can Do. Public transportation in the form of Access Johnson County buses/vans will be used for field trips that may include visits to the Franklin Skate Club, Hi-Way Lanes, and Urban Air. The actual field trips will be decided at a later date.

I have read this consent form before signing and fully understand its contents.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Relationship to Camper

# Camper Pick-Up Form

Camper Name: \_\_\_\_\_

The following people may pick up my child from Camp Can Do (ID required):

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

The following people may NOT pick up my child from Camp Can Do:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

I will let the Camp Can Do staff know who will pick up my child each afternoon, and I understand that I am responsible for notifying the Camp Can Do staff in writing whenever someone other than one of the adults listed above will pick up my child. Anyone picking up my child must be at least 18 years of age and present valid identification.

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Parent/Legal Guardian Signature

Date