



Developmental & Disability Services of Lebanon Valley
2010 DDS – Summer Stars Day Camp
Camper Application

Developmental & Disability Services of Lebanon Valley
1126 Walnut St., Lebanon, PA 17042
Ph.: (717) 274-3493 Fax: (717) 274-1304
www.ddslebanon.org

Dear Parent or Guardian,

Thank you for registering your child/or children in the Summer Stars Day Camp. Please take a moment to complete all of the materials in this application packet.

1. Registration Form
2. Application
3. Skills Check Sheet

Forms should be completed and returned to DDS with payment by the specified deadline for each camp to:
DDS – Summer Stars Day Camp
1126 Walnut St.
Lebanon, PA 17042

Space is limited. The camps will be filled on a “first come, first serve” basis and children must register for each camp. It is best to include payment along with your child’s application in order to secure his or her spot. Checks should be made payable to Developmental & Disability Services. If you are using other funding sources that are pending – still complete and mail in the packet. Inform us of what other funding sources you are using and if they will be paying us directly for the camp.

There are some scholarship funds available. Please complete all the materials and submit for consideration. We will contact you to discuss your child’s enrollment.

All campers will receive confirmation of their acceptance into the camp(s). If you have questions in regard to the camp program, call Mary Yeagley (Bradley) at 274-3493. I am the camp coordinator.

We are looking forward to your child or children joining us this summer.

Sincerely,

Mary Yeagley
Camp Coordinator

Camp Registration

Camper's Name _____ Parent/Guardian's Name: _____

Phone Number: _____ Best time to call: ___ morning ___ afternoon ___ evening

Please register my child for the following camps:

							PAID
___	June 28-Jul 1	9am-3pm	Register by 6/14/10	School Age ___	\$125		\$_____
___	July 6-9	9am-12pm	Register by 6/28/10	Ages 4-8 ___	\$ 50		\$_____
___	August 2-6	9am-3pm	Register by 7/19/10	School Age ___	\$125		\$_____
___	August 9-13	9am-3pm	Register by 7/26/10	School Age ___	\$125		\$_____
___	August 16-20	9am-3pm	Register by 8/2/10	School Age ___	\$125		\$_____
TOTAL PAID							\$_____

___ I will be requesting scholarship funds. (*Scholarship application is located on the last page of this document.*)

Will a TSS be attending the camp with the child? _____yes _____no

If so, each day? _____yes _____no

Full day? _____yes _____no Half day? _____yes _____no

Please note that the TSS should bring a packed lunch.



PLEASE
ATTACH
PHOTO

2010 SUMMER STARS CAMPER APPLICATION

Camper's Name: _____

Camper's Nickname: _____ Male _____ Female

Height _____ Weight _____ DOB _____ Age at camp _____

Address _____ City, State, Zip _____

County _____ Race/Ethnicity _____ Language _____

T-Shirt Size: Child Medium Child Large Child X-Large Adult Medium Adult Large Other Size _____

FAMILY INFORMATION

Parents/Guardian _____ Home# _____

Mother's Work # _____ Cell# _____ Father's Work # _____ Cell# _____

EMERGENCY INFORMATION

Emergency Contact (other than parents): Name/Relationship _____

Home Phone: _____ Work: _____ Cell: _____

HEALTH INFORMATION

Primary Diagnosis: _____

Other Health Problems: _____

Seizures/Serious Injuries/ Type _____ Date: _____

Surgeries (most recent): Type _____ Date: _____

Allergies: Latex Penicillin Insect Bites Medications _____

Other _____ Foods _____

MEDICATION PORTION OF HEALTH INFORMATION (FOR MEDICATIONS TO BE DISPENSED DURING CAMP ONLY): IMPORTANT NOTE: All medications must be turned in to DDS Staff each morning. Medication must be in original label and container.

Name of Medication	Strength	Dosage, Frequency	Special Instructions
<i>Example: Clonidine</i>	<i>0.5mg</i>	<i>1/2 tab, with lunch</i>	<i>Crush tab and mix into applesauce</i>
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, you are authorizing the DDS staff/volunteer LPN to administer medication:

Parent Signature: _____ Date: _____

Child's Name: _____

DEVELOPMENTAL & DISABILITY SERVICES OF LEBANON VALLEY ACTIVITIES RELEASE

I. PARTICIPATION CONSENT

I understand and certify that my child's participation in Summer Stars Day Camp, being run by Developmental & Disability Services (DDS) of Lebanon Valley is completely voluntary. I recognize that certain hazards and dangers are inherent in these activities, which may include, but are not limited to, the activities of hiking, fishing, archery, riflery and canoeing. I acknowledge that although Summer Stars Day Camp has taken safety measures to minimize the risk of injury to camp participants, Summer Stars Day Camp cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations and procedures for Summer Stars Day Camp. Further, I have received approval from a doctor authorizing me/my child to participate in Summer Stars Day Camp recreational activities. I also agree to inform Summer Stars Day Camp of any activities in which I/my child may not participate.

Parent Signature _____

II. LIABILITY RELEASE

As for activities in general, I the undersigned, understand that occasionally accidents occur during activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of activities, nonetheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. I authorize DDS staff to administer basic first aid in the event of minor injuries. As for activities using animals, I, the undersigned, acknowledge that even though programs using animals carefully screen their animal handlers prior to accepting them into their programs, animal behavior is inherently unpredictable. Therefore, I do hereby release Summer Stars Day Camp/DDS and The Boy Scouts of America, from any and all liability or responsibility due to any injury or loss that either I or my child may incur as the result of or arising in any way from our participation in any activity using animals. I hereby release and forever discharge Summer Stars Day Camp/ DDS and The Boy Scouts of America and any of their officers, directors, employees and agents from all claims, causes of action or damages arising out of any injury, illness or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my child's attendance at Summer Stars day Camp.

Parent Signature _____

III. POLICY ON AGGRESSIVE BEHAVIORS

DDS of Lebanon Valley reserves the right to refuse services to any individual who displays disruptive and/or aggressive behavior. Disruptive and/or aggressive behaviors include, but are not limited to: endangering one's self or others (i.e. self-abuse, hitting, biting, kicking, physically or verbally threatening the staff or other participants). If this type of behavior occurs, the individual will be asked to leave the facility immediately. The determination of such behavior is at the discretion of Summer Stars Day Camp/DDS staff. This policy is necessary to ensure the well-being and safety of Summer Stars Day Camp/DDS program participants and staff. I understand the policy as stated previously. Furthermore, if I have any questions or concerns, I understand that it is my responsibility to discuss these with Summer Stars Day Camp/DDS staff **before** I sign this policy. I understand that as the parent/legal guardian it is my responsibility to pick up my child/client immediately should the situation arise. I understand that this must be done as quickly as possible, after such notification. My failure to respond immediately will result in the termination of my child from the Day Camp for the remainder of the week. DDS retains the right to disqualify a child from camp for aggressive or disruptive behaviors.

Parent Signature _____

IV. MEDIA RELEASE

I give Summer Stars Day Camp/DDS the right to interview and/or take photographs, audio or audio-visual recordings of my child to be used in promotional, educational or fundraising materials, including but not limited to videotapes, pamphlets and brochures. I acknowledge that Summer Stars Day Camp/DDS shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Summer Stars Day Camp/DDS and its officers, agents, and employees from all liability connected with the taking and use of these materials as is authorized by Summer Stars Camp/DDS. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, and furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned below.

CAMPER: _____

_____ I consent to Media Release

Parent Signature _____

_____ I DO NOT consent to Media Release

Parent Signature _____

CHILD'S NAME _____

SKILLS CHECK SHEET

To be completed by a parent, caregiver or adult participant

DOB: _____ Disability(please describe) _____

MOBILITY Ambulatory; Ambulatory with cane or walker
 Uses wheel chair: Manual, Electric, Both; Can transfer yes no

Comments: _____

DRESSING Independent Verbal Prompts Physical Assistance

Comments: _____

Can unpack/pack self: Yes No
Dresses self: Yes No
Can tie shoes: Yes No
Can button and zipper: Yes No
Can tell between clean & dirty clothes: Yes No

TOILETING Independent Verbal Prompts Physical Assistance

Comments: _____

Uses toilet appropriately: Yes No
Asks to use the toilet: Yes No
Can wipe: Yes No
Has bathroom schedule: Yes No; If yes, explain:
Wears depends: Yes No; If yes, when are they worn?

FEEDING Independent Verbal Prompts Physical Assistance

Comments: _____

Is able to use a fork: Yes No
Is able to use a spoon: Yes No
Is able to use a knife: Yes No
Is able to eat finger food: Yes No
Drinks from a glass: Yes No
Has the ability to eat a full serving: Yes No; If no, please describe: _____
Adaptive equipment is used to eat (please send): Yes No
Food Allergies: Yes No If yes, explain: _____
Special dietary restrictions: Yes No If yes, explain: _____
Dislikes: Yes No If yes, explain: _____

CAR AND / OR MOTION SICKNESS yes, no

COMMUNICATION Communicates verbally: yes, no; If no, what methods are used to communicate:

Will ask for assistance by:

What type of adaptive methods/devices are used to communicate? (please bring to camp):

BEHAVIORAL INFORMATION: Is able to occupy themselves during free time. ___yes, ___no; If no, what type of supervision is needed during free time?

When angry, what does he/she do? How often does it occur? What are the antecedents? How do you redirect behaviors? Please describe:

Has a behavioral support plan at school or home: ___yes, ___no; if yes, please attach.
Has been restrained: ___yes, ___no, if yes, when did this last happen and what were the circumstances?

Reinforces for positive behavior:

SWIMMING Can go swimming: ___yes, ___no; Can submerge head under water: ___yes, ___no
Swimming Level: ___ Will enter pool with assistance: ___yes, ___no; Can float and get face wet, ___yes, ___no
Can use kickboard: ___yes, ___no; Can swim independently in deep end: ___yes, ___no; Can support self in water, using specific stroke: ___yes, ___no; Boating Skills: ___yes, ___no; if yes, what skills? (List below)
Comments:

INTEREST

List likes:

List dislikes:

Hobbies/Interests:

Please feel free to submit any additional information that would be helpful in serving the participants (i.e.: additional information on participants, behavioral support plans, etc.)

Signature of Person Completing Form: _____ Relationship _____

Telephone Number: _____

FOR OFFICE USE ONLY

Reviewed by:

Date:

2010 Scholarship Request

To request scholarship funds, complete the information below. You will be contacted in regards to the status of your request. We cannot guarantee that scholarship funds will be available; in addition, partial scholarships may be awarded to serve the most people.

Family Size: _____ **Do you have siblings attending the camp with you?** ___ yes ___ no

How many weeks of camp would you like the child to attend? _____

Family Income: _____ **Can you afford a partial scholarship?** ___ yes ___ no

How much can you afford to pay toward each camp? _____

Do you have FSS Funds? ___ yes ___ no

Have you expended your FSS Funds? ___ yes ___ no

Did you apply for funds through the Autism Bureau? ___yes ___ no

Please provide a brief narrative on your request for scholarship funds:

Will your child be able to attend camp if they do not receive scholarship funds?
___ yes ___ no

**Camper/families will be notified of their scholarship request prior to camp.