



# Camp Confidence-Application 2010

Please complete and return to:

**Confidence Connection**  
**Attention: Eve Weber, Director of Services**  
**140 Gould Street**  
**Needham, MA 02494**

**Camp Dates: July 5<sup>th</sup>-August 27<sup>th</sup>**

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Check all that apply:

I am interested in Full Days

I am interested in Half Days

Week One: (7/5-7/9)

Week Two: (7/12-7/16)

Week Three: (7/19-7/23)

Week Four: (7/26-7/30)

Week Five: (8/2-8/6)

Week Six: (8/9-8/13)

Week Seven: (8/16-8/20)

Week Eight: (8/23-8/27)

## GENERAL INFORMATION

Name of Student: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering as of 9/10: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Street Address: \_\_\_\_\_, MA, Zip Code \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Dad's Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Sibling Names & Ages: \_\_\_\_\_

Are you interested in enrolling a "peer model" (no cost): Circle one      YES      NO

**CHILD'S DIAGNOSIS (Check all that apply – even if not a “formal” diagnosis)**

- Asperger's Syndrome     PDD/NOS     Autism     Obsessive-Compulsive Disorder
- Non-Verbal LD     ADD or ADHD     Anxiety or Phobias     Language/Developmental Delays
- Other (please describe): \_\_\_\_\_

**STUDENT SYMPTOM PROFILE**

**Describe your child's social language skills:**

**Executive Functioning (has difficulty with...)**

- Organization     Attention     Transitioning     OTHER: \_\_\_\_\_

**Sensory Processing (my child's sensory integration is...)**

- Under-aroused     Over-aroused     Transitioning     Mixed/Disregulated

Please Describe: \_\_\_\_\_

**Behavior:** *Please describe if your child exhibits any of the following problem behaviors on a consistent basis: (please note: a child's application will not be rejected based on behavioral symptoms).*

- Hits     Kicks     Bites     Scratches     Pinches     Tantrums     Yells
- Other \_\_\_\_\_

Does your child have a behavior plan at school? \_\_\_\_\_ YES \_\_\_\_\_ NO (If yes, please attach a copy)

**GETTING TO KNOW YOUR CHILD**

**Please check the box for the social skills that your child has MASTERED:**

- Independent Play Skills- does at least 5 different activities with at least 5 different toys (plays with most toys appropriately)
- Independently plays with toys and engages in verbal behavior (with himself)
- Independently plays with toys and engages in verbal behavior (with a peer)

- Cooperative Play/Small Group Play
- Participates in group activities with out prompts
- Attends to teacher and other students in a group of 4-5 kids
- Follows daily routines (i.e. hanging up his coat without prompts)
- Waits appropriately for his turn
- Requests items from adults AND peers (hundreds of times a day)
- Takes turns
- Shares toys
- Searches for missing peers
- Plays interactively with students (more than 8 different peers)
- Pretend Play
- Imitates peers
- Initiates and returns greetings
- Eye contact
- Follows directions from a peer
- Commenting about what he sees/does
- Initiating Conversations
- Monitoring Conversations (identifying when a child is not listening or bored)
- Maintaining Conversation
- Disengaging from Conversation (ending a conversation)
- Joining a conversation already in progress
- Recognizing the signs that someone is busy – not interrupting
- Taking the other person’s perspective
- Flexibility
- Reading nonverbal cues

**Please check the box for the 1:1 academic/language skills that your child needs to improve on:  
FOR FULL DAY APPLICANTS ONLY**

\_\_\_\_\_ Math: (describe strength/weakness)

\_\_\_\_\_ English/Language Arts: (describe strength/weakness)

\_\_\_\_\_ Writing: (describe strength/weakness)

\_\_\_\_\_ Reading: (describe strength/weakness)

**Goals**

What are *your* goals for your child this summer?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

What are your child's favorite areas of interest?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Other**

Is there any other information we should know about your child?

**Emergency Permission to Treat Medically**

In the event of an emergency, I give my permission for the staff of Camp Confidence to treat my child and/or release information to appropriate medical staff regarding my child.

\_\_\_\_\_  
Parent / Guardian's Signature Date

**Valuables**

Camp Confidence is not responsible for your child's personal property. Please do not permit your child to bring in valuable or personally significant items. I understand this policy and will not hold Camp Confidence or its employees liable for any lost property.

\_\_\_\_\_  
Parent / Guardian's Signature Date

**Late Pick-up**

I understand that I am to pick-up my child on time each day and that I may be charged a \$1 per minute per minute fee if I am more than five minute late.

\_\_\_\_\_  
Parent / Guardian's Signature Date

**Photograph Release**

Camp Confidence often uses photographs and videotape to help children learn more appropriate social skills, to communicate information to families, and to help people understand more about our camp.

I authorize Camp Confidence to use photographs / videotape for the above purposes.

\_\_\_\_\_  
Parent / Guardian's Signature Date

**Admission to Camp**

I understand that my child is not approved for admission until I receive notification of acceptance and my deposit has cleared. I understand that unless Camp Confidence has worked with my child within the past year, Camp Confidence WILL need to evaluate my child prior to admission in order to find him/her an appropriate group placement.

\_\_\_\_\_  
Parent / Guardian's Signature Date

**TRANSPORTATION**

My child is being transported to camp via:

\_\_\_\_\_ Child's own parents/carpool/ babysitter      \_\_\_\_\_ School Transportation

\_\_\_\_\_ Unclear as of today

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

Phone Number: \_\_\_\_\_

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

Relationship to the Child: \_\_\_\_\_

\*\*\*\*\*If the school is transporting your child please have them fill out information below:

Name of Company \_\_\_\_\_

Company's Address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Transportation Release**

Besides the bus company, Camp Confidence will only release your child to people listed on the previous page. Anyone who is not your child's parents will be required to show photo ID to pick up your child. If your child is going home with another child one day, please call ahead or speak directly to your child's lead therapist on the day of the transportation change.

### **FINANCING**

The cost of summer camp is Full-day/\$750.00 week, Half-day/\$400 week. In order to hold a spot for your child, the person guaranteeing payment should fill out this form and return it to Confidence Connection with a deposit of **one week's tuition**. The balance of tuition will be due NO LATER THAN JUNE 1, 2010. If your town/school system is financing your child's summer program we must have a purchase order attached to the application. Confidence Connection accepts cash, checks and credit cards. Please make checks payable to Confidence Connection.

The following discounts apply:

- Buy four weeks receive 15% off each additional week.

If, for any reasons, you need to cancel your space and you have placed a deposit, refunds are given according to the following terms:

- If cancellation is before May 1, 2010: 100% of your money will be refunded
- Cancellations between May 2, 2010 and June 1: 50% of your money will be refunded
- We will not be able to refund tuition when cancellations are made after June 1, 2008

Should my child be accepted to camp, by signing below, I agree to the above terms of summer camp financing and understand that I am ultimately responsible for the full tuition unless the school/agency completes this form listed below.

\_\_\_\_\_  
Parent / Guardian's Signature Date

### **MEDICAL INFORMATION**

Child's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Insurance Company's Name:

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Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of person who carries insurance:

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Child's Pediatrician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Was the child ever hospitalized (medical or psych) for any reason? \_\_\_\_ YES \_\_\_\_ NO

If yes, please describe: \_\_\_\_\_

**(Use the back page if necessary)**

Are there medical issues? \_\_\_\_ YES \_\_\_\_ NO

If yes, please describe: \_\_\_\_\_

**(Use the back page if necessary)**

Does the child take any prescribed medication? \_\_\_\_ YES \_\_\_\_ NO

Does the child need to take medication during camp hours? \_\_\_\_ YES \_\_\_\_ NO

**Name of Medication, Dose, Reason, Prescribing Physician**

**ALLERGY** (Camp Confidence is a peanut free environment ☺)

Does the child have any allergies/special diet restrictions (environmental, food, etc)? \_\_\_\_ YES \_\_\_\_ NO

**Please describe in DETAIL your child's allergies/restrictions.**

## Photograph

Place a photo of your child here. This photo will be used for social stories, attendance charts, etc to help your child during social skills lessons.

## SUMMER CAMP APPLICATION 2010 CHECKLIST

Dear Families,

Thank you for completing our Camp Confidence application. Below is a checklist of items that need to be complete in order for your child's application to be processed.

\_\_\_\_\_ You have **completed ALL sections of the application**

\_\_\_\_\_ You have **enclosed a copy of your child's records** (i.e., current IEP and most recent comprehensive evaluation(s) such as: psychology, neuro-psychology, medical, occupational therapy, speech therapy, school progress, etc.).

\_\_\_\_\_ You have **enclosed a recent photo** of your child

\_\_\_\_\_ You have **enclosed a deposit** or a purchase order from the school

Once we have received your completed application, we will send you an email that we have received your application. If any Camp Confidence Team Leader has worked with your child over the past year, your child will not need to be screened. If we do not know your child, we may call to schedule an intake appointment and determine if your child will benefit from our summer program and where to place him/her. If you have any questions, please feel free to contact Confidence Connection at (781) 433-9890.

We look forward to a great summer!

**The staff of Camp Confidence ☺**