

2015 Stone Soup Camp Application
Applying for _____ Stone Soup Camp (June 22-26)
_____ Stone Soup for ASD (July 13-17)

PERSONAL INFORMATION

Child's name _____
Birthdate _____ Age at Camp date _____
School Grade _____ Phone number _____
Address _____

T-shirt size _____
Email address _____
Father name _____ cell number _____
Mother name _____ cell number _____
List siblings and ages _____

MEDICAL INFORMATION

Diagnoses _____
Camper's Doctor _____ Phone number _____
Primary insurance carrier _____
Insurance number _____
Emergency contact (other than parents) _____

Please list medications and dosages. Underline medications that will (or may) be given during the camp hours:

TOILETING

Needs no assistance _____
Needs minimal assistance _____
Needs no assistance _____
Comments: _____

COMMUNICATION

My camper communicates primarily in the following way: (check all that apply)

Complete sentences _____
single words _____
2-3 word phrases _____
Objects gestures sign language _____
Pictures/symbols written _____
Comments: _____

ACTIVITY LEVEL

Please tell us about the normal activity level of your camper: (Check all that apply)

- Typical attention span for age _____
- Very short attention span _____
- Less active, needs motivation _____
- Overactive _____
- Requires 1:1 Supervision at all times _____

Comments:

CAMP EXPERIENCE

Has your child ever been to any camp before? _____

BEHAVIORS

- | | | |
|---------------------------|-------|--|
| Check all that apply: | | Inappropriate touching of self /others _____ |
| grabbing others | _____ | self-injurious behaviors _____ |
| biting | _____ | Spitting _____ |
| throwing things | _____ | screaming _____ |
| Dumping liquids | _____ | other _____ |
| running/elopement hitting | _____ | Comments: |
| tantrumming | _____ | |

If your camper has a behavior plan in place, please attach a copy of that behavior plan to this application.

OTHER SPECIAL CONSIDERATIONS

Does your child have other special medical consideration we need to be aware of? _____

Is your child on a special diet or biomedical treatment plan that we need to be aware of? Keep in mind that food may be used within teaching strategies so although you will be sending your child's lunch we still need to be aware of dietary restrictions. _____

Any known allergies: _____

Miscellaneous

This is your opportunity to tell us a little more about your child, likes, dislikes, what they find particularly motivating, stimulatory behaviors, etc. This is also your chance to brag a little on what a great kid you have!

OFFICE USE ONLY

Date application received _____
Amount enclosed _____ Check number _____
Accepted _____ Waitlisted _____
Class Assignment _____

CONTACT INFORMATION

Applications can be sent to
Stone Soup
c/o Faith Baptist Church
1789 Hwy 11 NW
Monroe, GA 30656

You can reach Tamila Burt, camp director at
tamilaburt@thebridgeofgeorgia.org with questions.

2015 TERMS AND CONDITIONS

1. RULES AND REGULATIONS: The camper (“Camper”) and parent(s) (“Parent”) agree to abide by all of the rules and regulations established by Stone Soup (“Camp”).
2. PAYMENT TERMS AND CANCELLATION: A \$50 deposit is due with this form. 50% of balance is due by May 20 and final payment is due two weeks prior to camp.
3. If you will be receiving funds from an outside source to pay for your child’s week of camp you must submit documentation of their approval for funds or pay tuition which will be reimbursed upon receipt of funds from said agency.
4. DISMISSAL OF CAMPER: The Camp reserves the right to dismiss, in its sole discretion, any Camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of the Camp or his fellow campers or who violates camp rules and regulations. No refunds will be made. That being said, the Camp’s highly qualified staff is prepared to address all behaviors common to children with autism spectrum disorders. The staff will make every effort to have the Camper enjoy a

- successful Camp experience. A Camper will not be dismissed until all available resources have been exhausted to provide that Camper with many opportunities for success.
5. MEDICAL CARE: Medical care provided by the Camp health care staff is included in the tuition. Parent grants Camp permission to administer medications which are provided by the parent and give permission to medical staff to provide emergency treatment and call 911 if further treatment is deemed necessary. If your child requires outside emergency care this will be at the parent's expense.
 6. LATE ARRIVAL / EARLY DEPARTURE: No allowance or reduction will be made for late arrival or early departure of Camper. There may be an adjustment made if camper health makes the Camper unable to finish the week of camp.
 7. Campers who are not picked up by end of carpool (3:15) will be charged at a rate of **one dollar per minute** until time parents arrive to pick up camper. This must be paid for the camper to return on the following day. This money is payable to the staff person who waited with your child.
 8. PERMISSION TO PARTICIPATE : Parent grants Camper permission to participate in all Camp activities and understand that injuries could occur.
 9. IMAGES , ETC: Permission is hereby given for Camp to use in promoting the Camp, training staff, raising funds, and in other ventures directly relating to the Camp (i) digital, photographic, video, and audio images or likenesses of camper; and (ii) statements, articles, names, art, photographs, audio recordings, films and videos created by Camper or originating from Camp or from a Camp related activity. If Parent has restrictions to this policy please note on application so that Camp can be certain to refrain from including your Camper in pictures outside ones to be given to camper the week of Camp.
 10. BELONGINGS : Camp is not responsible for Camper's belongings or equipment while at Camp.
 11. WAITING LIST: If your child's age group is filled at the time we receive your enrollment form, we will return your deposit and place your child's name on our waiting list in order of date received. In the event of a cancellation, waitlisted families will be contacted and offered the opportunity to enroll at that time.
 12. I understand that a parent must accompany my child at the final event on the last afternoon.

I accept and agree to abide by the aforementioned guidelines. Any exceptions or concerns have been noted on the application form.

Parent signature _____

Date _____