



Dear Parents and Guardians:

Thank you for your interest in L.E.A.P Summer Camp. Please complete and review the paperwork included in this packet. Once documentation has been completed and returned, L.E.A.P Camp Staff will review your documents and schedule an informal assessment.

Please feel free to contact Play-Place Autism & Special Needs Center at 586-254-6533 if you have questions.

Sincerely,

L.E.A.P. Camp Coordinators

<u>Form</u>	<u>Date Returned</u>
Forms included in this packet:	_____
Application Form	_____
Parent Questionnaire	_____
Permission to Dispense Medication Form	_____
Emergency Contact Information	_____
Photo, Video and Audio Release	_____



Thank you for your interest in our 2022 L.E.A.P Summer Day Camp. Our 2022 L.E.A.P. Camp begins Monday, June 28th offering four 2 week sessions and concludes Friday August 20th. The programs run Monday through Friday from 9:00am-3:00pm. Sessions will run bi-weekly and campers will be placed in camp groups according to age. Enclosed you will find the forms required to enroll your camper. Please read through the important information below and return the enclosed paperwork in its entirety to Play-Place Autism & Special Needs Center, via email or in-person. Your application will then be reviewed by camp staff to determine if L.E.A.P. Camp is appropriate for your child. Following application review, camp staff will schedule an informal assessment/tour with the child/children applying to camp. Receipt of application does not guarantee admittance. Decision on admittance will be made after all forms have been received and an assessment has been held. If your child is accepted to L.E.A.P Camp, full payment of \$350.00 for your first session will be required to secure a spot.

About L.E.A.P. Summer Camp

L.E.A.P. Summer Camp is Play-Place's flagship summer program. L.E.A.P stands for “**Learning Enrichment At Play**” and is specifically designed for children with special needs who would benefit from language and social based learning activities that improve speech, language, social, pragmatic and daily living skills. Camp sessions will run bi-weekly with a different fun-focused theme each week. Because L.E.A.P Camp participants are grouped according to age, the campers will have the opportunity to improve social and communication skills with their peers. Camper to adult ratio is 3:1. Snacks (parent-provided) will be eaten during both morning and afternoon, at the designated snack times. **L.E.A.P. is a nut-free summer camp.** Lunch is not provided, it's the parent's responsibility to provide a prepared lunch each day. Lunch will be held from 12:00 to 1:00.

Late pick-up fee: Anything after the 5 minute grace period will result in a \$1/minute past end of session time.

About Play Place Autism & Special Needs Center

Play-Place's mission is to provide a fun-filled, judgment-free, haven of hope for families affected by autism and other special needs. Through a unique play-powered environment, combining education and recreation with a variety of social, occupational

and physical therapeutic overtones, Play-Place's one of a kind model is a revolutionary compliment to the special needs equation of intervention and awareness.

Please feel free to contact Play Place Autism & Special Needs Center if you have any questions. Sincerely,

Shell Jones, Program Director, Play Place Autism & Special Needs Center

L.E.A.P Camp Application

Camper's Name _____

D.O.B. _____ Sex: M F

T-Shirt Size:

Child: S M L XL

Adult S M L XL

Age _____

Parent/Guardian Name: _____

Relationship to camper: _____

Address _____

City _____ Zip Code _____

Email Address _____

Home Phone _____ (Cell/work) _____

Participant Diagnosis: _____

How did you hear about L.E.A.P. Camp? _____

Please review the camp dates below:

I am applying to:

Session 1 June 27th – July 8th _____

Session 2 July 11th – July 22nd _____

Session 3 July 25th – August 5th _____

Session 4 August 8th - August 19th _____

Sessions run Monday-Friday 9:00 am-3:00pm. **Before/After care is available for parents who need it.** The hours for summer before care are from 8:00-9:00 a.m. (flat fee of \$20/day) and from 3:00-5:00 pm (\$20/hour). Late pickup fee: \$1/minute for every minute after 3:00 p.m.

CAMP FEES FOR EACH SESSION: Regular Registration: \$350.00 for two weeks

FEES FOR EACH SESSION: \$350.00 to be paid in full before the 1st day of camp. **Early Registration: ends May 27, 2022 - (\$50)**

Regular Registration: May 30 - June 17, 2022 - (\$100)

Late Registration: After June 18, 2022 - (\$150)

All registration fees are non-refundable

Secure your child's placement.

All payments for all registered sessions are to be paid in full prior to start of the session.

Parent/Guardian Signature

Date



Emergency Contact Information

Please include two additional contacts who may be notified in the event of an emergency and we are unable to reach primary contact.

Emergency Contact 1:

Name: _____

Relationship to Camper _____

Phone Number _____

Emergency Contact 2:

Name: _____

Relationship to Camper _____

Phone Number _____

Medical Information

Doctor's Name _____

Office Telephone Number _____

Medical Insurance Carrier _____

Policy Number _____ Group Number _____

*I agree to pay any and all charges which may become necessary during emergency treatment in the event L.E.A.P Camp Staff is unable to locate parent/guardian.

Parent or Legal Guardian Signature Date



Parent Questionnaire

Student Name: _____ Birthdate _____

Completed by: _____

My child:

1. Prefers to do things with others than on his/her own
Yes No
2. Says at least 100 words
Yes No
3. Gets upset when he/she can't pursue interests
Yes No
4. Does not get upset if daily routine is disturbed
Yes No
5. Enjoys doing things spontaneously
Yes No
6. Has a diagnosis of schizophrenia, ADHD, bipolar, or similar disorders
Yes No
7. Communicates with gestures
Yes No
8. Uses echolalia, immediate or delayed
Yes No
9. Takes a literal interpretation of comments
Yes No
10. Uses eye contact in a conversation
Yes No
11. Has routines or rituals that must be completed
Yes No

12. Has poor motor coordination
Yes No
13. Is good at turn-taking in conversation
Yes No
14. Has unusual or repetitive movements
Yes No
15. Joins in playing games with others easily
Yes No
16. Has hearing or visual difficulties
Yes No
17. Is toilet trained during the day.
Yes No
18. Seeks medical help when needed (i.e. recognizes own feelings of pain, discomfort, illness)
Yes No
19. Responds appropriately to reasonable changes in routine.
Yes No
20. Is impulsive.
Yes No
21. Has temper tantrums in school/camp setting.
Yes No
22. Is physically aggressive towards self/others.
Yes No
23. Wanders or runs away at times
Yes No

Additional information you'd like to share:

Signature_____

Date_____



Photo/Video Release

I hereby authorize Play-Place Autism & Special Needs Center to use:

- My child's picture
 My child's video image including speech

My child's image may be used for:

Any and all forms and media including without limitation use on the World Wide Web now or hereafter, and for any purpose whatever including without limitation illustration promotion, publicity, art, education, advertising, trade, fundraising, and if appropriate, to use my name, pertinent education and/or biographical facts.

Limitations:

- None
 List: _____

Parent/Guardian Signature

Date



Permission to Dispense Medication

If your child does not take medication, please indicate on line below, sign and return.

I _____ the parent/guardian of _____ give permission to the staff of Play-Place Autism & Special Needs Center to administer the designated medications (below) to _____.

Name of Medication: _____ Dose: _____ Time: _____
Specific instructions for storage and dispensing _____

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Specific instructions for storage and dispensing _____

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Specific instructions for storage and dispensing _____

My child will not require medication during camp days/hours (check here) _____

It is my responsibility to give any medication directly to Play-Place staff in individual dosage containers, clearly labeled enveloped, or in original prescription bottles. If the participant experiences an adverse reaction to the medication, Play-Place staff may (but are not obligated to) take any actions they consider to be warranted under the circumstances, including without limitation securing treatment from physicians and/or medical personnel, and I will be solely responsible for payment of any and all charges relating to such treatment; The storage and dispensing of medication involves risk of temporary and/or permanent bodily injury, illness, death and other dangers; On behalf of myself, the participant and our respective family, heirs, estate, successors, assigns and personal and legal representative(s), I fully, finally, irrevocably, unconditionally and forever WAIVE, RELEASE and DISCHARGE Play-Place Autism & Special Needs Center and their trustees, officers, employees, agents, volunteers, students and servants, individually and in their official and personal capacities, {collectively, the "Released Parties"}, of and from any and all CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION , CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE, ACTUALLY OR ALLEGEDLY ARISING OUT OF OR CARELESSNESS ON THE PART OF THE RELEASED PARTIES OR ANY OTHER CAUSE, and I will INDEMINIFY, DEFEND and HOLD HARMLESS the Released Parties from any and all CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE, ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE STORAGE AND/OR DISPENSING OF MEDICATION TO THE PARTICIPANT.

