

Camp Kaleidoscope



SPECIAL NEEDS PRE-REGISTRATION FORM

Camp Kaleidoscope welcomes campers with mild disabilities. A limited number of spaces are available. An interview is required within 14 days of registration.

Please complete the form below and send to the address below, within one week of registration. While we make every effort to accommodate camper needs, we do not provide 1:1 supervision. We reserve the right to adjust camper weeks if we find that we are unable to provide the specific accommodations that a child needs. In the event that Kaleidoscope staff determine that we cannot meet your child's needs, we will refund your deposit.

CAMPER INFORMATION

Child's Name _____ Date _____

Date of birth: Month ____ Day ____ Year _____ Age ____ Grade entering _____ Gender _____

Address _____

Parent/guardian name(s) _____

Best phone _____ Other phone _____

Email(s) _____

Please check the best way to reach you during the day.

With whom does the child live? _____

EDUCATIONAL INFORMATION

What school does your child attend? _____

What is your child's school situation? (For example, mainstream class; inclusion class; shared aide, class size)

If your child has a 1:1 aide in school, would you be able to provide one for the summer? ____ Yes ____ No

If your child is on an IEP or 504 plan, please attach a summary or relevant pages. Briefly, what is the diagnosis and accommodations? _____

May we contact the school directly? If yes, please fill out below:

Primary contact person at school _____

Phone Number _____ Email _____

SOCIAL EXPERIENCE

What social activities does your child participate in? _____

What activities does your child most enjoy? _____

What frustrates your child? _____

How does s/he deal with frustration? Does s/he ever run away or harm her/himself or others? _____

SPECIAL NEEDS PRE-REGISTRATION FORM (continued)

How does your child deal with transitions? _____

CAMP EXPERIENCE

Has your child been to camp before? _____ Where and when? _____
Briefly describe camp experience _____

MEDICAL INFORMATION

Is your child currently on any medication? ____ If so, please list _____

Does your child receive therapy? _____ What kind? If you would like us to contact the therapist or medical professionals, please provide name and phone number: _____

ADDITIONAL INFORMATION

Is there anything else we should know about your child? _____

EXPECTED BEHAVIOR

Camp is an exciting, fun, social and nurturing experience. Campers are expected to be respectful of each other, counselors and the facilities. Any campers endangering themselves or others may be asked to leave camp. Parents may request a copy of the discipline policy at any time. Refunds are not given to campers who are asked to withdraw.

We look forward to helping you find the best placement for your child. Please sign below if you would like us to contact school or medical personnel directly, and let them know to expect our call or email.

I hereby give permission for Betty Lehrman, Director, or Taaron Pitino, Assistant Director, to contact the aforementioned school and medical professionals in considering my child for enrollment in Camp Kaleidoscope.

Print Name _____ Relationship to child _____

Signature _____ Date _____