



# KAMP KALEIDOSCOPE 2018

## APPLICATION

**We are interested in:**  Full-time (Mon-Thurs 9-3)  Part-Time (Mon-Tues 9-12:30)

**Camper's Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your Relationship to the Camper:** \_\_\_\_\_

**Parent/Guardian's Name** (If different from above): \_\_\_\_\_

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

**Best Contact Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Camper's General Information:**

**Date of Birth:** \_\_\_\_\_ **School Attending/Grade:** \_\_\_\_\_

**Specific Diagnosis;** any other Health Issues/Allergies: \_\_\_\_\_

**Special Dietary Needs:** \_\_\_\_\_

**Special Restroom Needs:** \_\_\_\_\_

**Specific Communication Needs:** \_\_\_\_\_

**T-shirt Size:**  Youth S  Youth M  Youth L  
 Adult S  Adult M  Adult L  Adult XL  Adult XXL

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



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These questions are used to get a general idea of your child's level of functioning in each area. Although our goal is to challenge your child in each of these areas, the overall goal of Kamp is fun. For this reason, individual expectations will be adjusted to allow your child to participate in activities in a fun way. Remember that generalizing a previously mastered skill to the community is the ultimate goal of learning a skill, not being able to perform the skill on worksheets.

**Please indicate your camper's abilities in each of the following areas:**

	Complete Assistance	Partial Assistance	No Assistance	Comments:		
Toileting	1	2	3	4	5	_____
Eating	1	2	3	4	5	_____

**My camper communicates with others using primarily:**

- Complete Sentences
- 2-3 Word Phrases
- One Word Phrases
- Objects
- Gestures
- Picture/Symbols

**I communicate with my camper using primarily:**

- Complete Sentences
- 2-3 Word Phrases
- One Word Phrases
- Objects
- Gestures
- Picture/Symbols

**Activity/Attention Level (check all that apply):**

- Has typical attention span for age
- Very short attention span
- Less active, needs motivation
- Overactive
- Requires constant one-to-one supervision at all times

**Behaviors (check all that apply):**

- Scratches
- Hits
- Pinches self/others
- Grabs others
- Runs away often
- Throws things
- Dumps liquids or drinks
- Touches inappropriately self/others (please specify)
- Triggers (provide examples below)

Please describe any checked behaviors checked above in detail:

\_\_\_\_\_

**What would concern you the most about taking your child out into the community as part of a group?**

\_\_\_\_\_

**Please indicate the appropriate answers to the following:**

**Any special fears of which we need to be aware?**

Water  Thunder/Lightening  Animals  Darkness  Insects

Other Comments \_\_\_\_\_



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Any personality conditions of which we need to be aware?

None  Shyness  Hiding  Wandering Away  Tantrums  Aggressiveness  
 Unusually Sensitive

Comments \_\_\_\_\_  
\_\_\_\_\_

Is your camper:

Completely dependable  Somewhat dependable  Needs close supervision

Comments \_\_\_\_\_  
\_\_\_\_\_

What special talents does your camper have?

Singing  Musical instruments  Reciting  Dancing  Gymnastics  Art  Reading

Comments \_\_\_\_\_  
\_\_\_\_\_

Can your camper:

Tell time?  
 Remember instructions for future time?  
 Understand time? (minutes, hours, day, week, yesterday, tomorrow, etc.)

Comments \_\_\_\_\_  
\_\_\_\_\_

Please tell us anything that would be helpful about your camper's comprehension level:

\_\_\_\_\_  
\_\_\_\_\_

Please make us aware of any other important information about your child: (Special fears; Sensory issues; Calming mechanisms, etc.):

\_\_\_\_\_  
\_\_\_\_\_

*(Feel free to include any other relevant information that would help us to understand your camper better)*

**APPLICATION DEADLINE: MAY 4**

**Please return completed application to:**

The Arc of Gaston County Attn: Kamp Kaleidoscope  
200 East Franklin Blvd. Gastonia, NC 28052

OR

Fax to 704-864-9464 Attn: The Arc/Kamp Kaleidoscope

Contact The Arc office with any questions: 704-861-1036/[kamp@gastoncountync.org](mailto:kamp@gastoncountync.org)



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## RELEASE FORMS

### IN CASE OF EMERGENCY

CAMPER'S NAME: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CAMPER'S PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

**OTHER PERSONS TO CONTACT** (in addition to ones listed above)? **YES / NO**

**IF YES, LIST NAME, PHONE # & RELATIONSHIP TO THE CAMPER:**

\_\_\_\_\_

\_\_\_\_\_

**This form, as well as camper's registration form, will be on site at all times. Please list any additional information you would like us to know that has not been included in either form:**

\_\_\_\_\_

\_\_\_\_\_

*I give permission for my child to receive emergency care, if needed, while at Kamp Kaleidoscope. I understand an effort will be made to contact the parent or guardian as well as the camper's physician. If effort is unsuccessful, I give permission to the physician selected by the Kamp Kaleidoscope personnel to seek appropriate medical needs for my child, as named above.*

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

### **PERMISSION FOR PHOTOS:**

*I give permission for Kamp Kaleidoscope to take pictures of my camper to be used in the promotion of the camp.*

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



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## RULES/GUIDELINES/AGREEMENT

**PLEASE READ, SIGN, AND RETURN WITH COMPLETED APPLICATION**

### 1. Application, Fees, Orientation

- a. **A \$50.00 deposit per camper is required** and must be returned with the completed application. This amount will be applied to your camper's balance if all fees are paid in full by June 1.
- b. Camp fees are \$280.00 (part-time) or \$575.00 (full-time) for the summer (includes 7 ½ weeks of camp, camp DVD, camp t-shirt, all camp activities/supplies, and end of summer celebration party)  
**\*\*\* Early Bird Specials: Deadline to pay is May 4 \*\*\***
  - \$550 – Full time; \$260 – Part time
- c. At least one parent/guardian for each camper **MUST** be present at **the Orientation on Thursday June 7th** from 6:00-7:00 pm @ St. Mark's Episcopal Church. Important information will be shared and camper handbooks will be distributed.

### 2. Camper Drop Off & Pick Up

- a. Staff will begin receiving campers at 8:50 am; please have your camper dropped off by 9:00 am so the day's activities can begin on time.
- b. Parents/Guardians **MUST** arrange to pick up their campers by 12:30 pm (part-time) or 3:00 pm (full time). There is no supervision onsite after 3:05 pm.  
**\*\*\* Campers picked up after 3:05 pm will incur a fee of \$1 per minute late \*\*\***
- c. For safety precautions, campers will only be released to persons specifically identified in advance.

### 3. Medications

- a. Medications **CANNOT** be administered by Kamp personnel. Special medical conditions- medication needs/allergies/special dietary needs, etc. must be clearly stated in camp application for our awareness.

### 4. General Camp Expectations

- a. Campers must bring their lunch each day. Refrigerator and microwave are available.
- b. All personal items must be clearly labeled with camper's name (lunch boxes, day packs, clothing, etc.)
- c. Camp Staff is not responsible for personal items of campers.
- d. Campers must dress comfortably but appropriately for camp (tennis/closed-toed shoes, shirts, etc.)
- e. While we enjoy having your child participate in camp, please keep them home if they are sick or contagious.

**!! We will have a party to celebrate the end of camp: Thursday August 2 from 12-1:30 @ camp facility!!**

Every effort will be made to make your child's experience at Kamp Kaleidoscope successful, enriching, and fun. However, we reserve the right to request all campers behave appropriately based on the respective activities, as well as to make any changes in Camp deemed necessary to protect all campers and ensure the enjoyment of all.

I have read, understand, and will adhere to all of the Rules and Guidelines listed above.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date