



KAMP KALEIDOSCOPE 2019

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:** _____

List Camper's 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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The following questions are used to get a general idea of your child’s functioning level in each area. Although our goal is to challenge your child in each area, 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
- Grabs others
- Throws things
- Touches inappropriately self/others (please specify)
- Triggers
- Pinches self/others
- Runs away often
- Dumps liquids or drinks

Please describe all checked behaviors above in detail:
(use back of page if needed)

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



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Please indicate the appropriate answers to the following; provide details if necessary:

Any special fears we need to be aware of?

Water Thunder/Lightening Animals Darkness Insects

Other Comments _____

Any personality conditions we need to be aware of?

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

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. Please use back of page if needed):

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



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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 _____



KAMP KALEIDOSCOPE 2019

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 **ONLY** if all fees are paid in full by May 4.
- 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 3 *****
 - \$550 – Full time; \$260 – Part time
- c. At least one parent/guardian for each camper **MUST** be present at **the Orientation on Thursday June 13th** 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.

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

Parent/Guardian Signature

Date

RULES/GUIDELINES/AGREEMENT (continued)

CONSENT FOR CARE

I, _____ the _____
Parent/caregiver Name Relationship to child(ren)

of _____, age _____
_____, age _____
Child's Name Child's Age

give permission to the staff of Kamp Kaleidoscope to provide care for my child(ren) this summer. I have been informed of the scope of the Kamp Kaleidoscope summer program. I am aware of my responsibilities to drop my child(ren) off no earlier than 8:50 am, pick up on time at 3 pm, and send them prepared to play safely (appropriate footwear and clothing, sunscreen). I understand that my child(ren) will participate in a variety of supervised activities including exercise/movement, social & behavioral skill building, outdoor play, health & nutrition, and science & education while in a group setting with a 1:4 staff-to-child ratio. I understand that staff may use verbal cues to address my child(ren)'s behavior if it becomes unruly; and should the behavior escalate where my child or others are in serious, immediate danger, staff will remove them from the group and take them to a separate room/area to safely deescalate. If my child(ren) has to be removed from the group due to behavior challenges, it will be documented and shared with me within 24 hours. I understand that if my child(ren) is unable to behave safely after staff have tried to intervene and deescalate, I may be asked to pick up my child(ren) from camp.

Parent/Caregiver Signature _____ **Date** _____

Kamp Kaleidoscope Director Signature _____ Date _____

The Arc of Gaston Co Director Signature _____ Date _____

EXPECTATIONS FOR BEHAVIOR AND DISCIPLINARY POLICIES

Kamp Kaleidoscope staff have a responsibility to make each day a safe, secure, and fun experience for all campers. They will encourage and engage positive behavior and will work to the best of their ability to de-escalate problem situations with the hopes of providing support for campers to build skills in managing their own behaviors. Kamp Kaleidoscope staff understand that each camper presents their own unique needs and will do their best to accommodate these needs while maintaining fairness. While Kamp Kaleidoscope offers a high staff-to participant ratio, we are unable to provide constant 1:1 support to any one participant and need to consider the needs of the group as a whole when addressing behavior. Parents/Guardians have a responsibility to provide copies of their camper's IEP and Behavior Plan so that staff can help to maintain strategies for behavior already established. We want to make all camper experiences a positive one.

What will happen when the Behavior Policy is violated?

If an incident occurs where a child conducts themselves in such a manner which jeopardizes their safety, the physical or emotional safety of others:

1. Minor Violation (*hard time following directions, non-threatening touch to others*):

A staff member will address the camper with positive reinforcement, redirect the behavior, remove camper and go to a separate area/room if needed, and will re-engage the camper with the activity once settled. Staff will document incident and verbally advise Parents/Caregiver at pick-up time.

2. Major Violation (*uncooperative, repeated redirection, aggressive touch to others*):

A staff member will address the camper with a positive but firm tone, ensure the other camper/staff/person isn't hurt, remove camper and go to separate area/room, redirect the behavior, and re-engage camper with activity once settled. Staff will document the incident and have the Parent/Caregiver sign the behavior/incident report. (depending on the severity of the behavior, the parent/caregiver may be called to pick up their camper within the hour).

RULES/GUIDELINES/AGREEMENT (continued)

EXPECTATIONS FOR BEHAVIOR AND DISCIPLINARY POLICIES (continued)

3. Severe Violation (*disruptive behavior, harmful touch/injury to others, damage to property*):

A staff member will immediately remove camper from area to a separate room and address the behavior directly according to instructions from application/IEP/Behavior plan. Another staff will assess injury or damage and proceed accordingly. The incident will be documented and the parent/caregiver will be contacted immediately to pick up their child from camp. The child may be suspended for the following day or remainder of the week and/or lose privileges (ex/ field trips) depending on the severity of the incident. The Kamp Director, staff involved in incident and The Director/Board Member for The Arc of Gaston County will ask to meet with the child and parent to discuss the behavior and how we can work together to improve. Parent/Caregiver will be asked to sign a behavior/incident report.

4. Critical Violation (*non responsive to redirection, continuously disruptive, inconsolable, continues to inflict harmful touch/injury to others, damage to property*):

This will follow the same procedure as above in Severe Violation. In addition, the camper will be suspended from camp for a full week from the day of the incident. The Kamp Director, staff involved, Arc Director, and parent/caregiver will meet to discuss the behavior, if there area any options for improvement, and if the camper will be allowed to return to camp. Behavior/Incident report will be signed by all parties.

***Please Note:** We reserve the right at any time to dismiss your child from the program immediately if we deem there is unsafe placement due to environment, physical, emotional, or other harm to themselves, other children, and staff. The above guidelines have been read and discussed.

Parent/Caregiver Signature _____ Date _____

Kamp Kaleidoscope Director Signature _____ Date _____

The Arc of Gaston Co Director Signature _____ Date _____

APPLICATION DEADLINE: MAY 3

Please return completed applications to:

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

OR

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

Email: kamp@gastoncountync.org; Subject: Kamp K Application

ALL applications must include your \$50 deposit

Feel free to contact The Arc office with any questions:

704-861-1036/kamp@gastoncountync.org