

**APPLICATION**

**INSTRUCTIONS**: Complete ALL sections of this application, save your completed document, then email it to kamp@gastoncountyarc.org.

# We are interested in: \_\_\_ Full-time \_\_\_ Part-Time

# (Mon-Thurs 9-3) (specific days; director arranges with family)

# Camper’s Full Name: Click here to enter text.

# Camper’s Full Address (#, street, city, zip): Click here to enter text.

**Parent/Guardian’s Full Name(s): Click here to enter text.**

**Parent/Guardian’s Full Address** (if different from above)**: Click here to enter text.**

**Best Contact Number: Click here to enter text. Alternate Number: Click here to enter text.**

**Reliable Email(s): Click here to enter text.**

**CAMPER’S GENERAL INFORMATION:**

**Date of Birth: Click here to enter a date. Select Camper’s T-shirt Size: Choose an item.**

(MUST be age 7 by Jan. 30, 2019 to attend)

**School Name/Grade or Program: Click here to enter text.**

(participating in as of 9/1/2019)

**SPECIFIC Diagnosis; any other Health Issues/Allergies: Click here to enter text.**

**Special Dietary/Eating Needs: Choose an item. Other details Click here to enter text.**

# Special Restroom Needs: Choose an item. Other details: Click here to enter text.

# Specific Communication Needs *(verbal, non-verbal, device; provide details):* Click here to enter text.

**Click here to enter text. Click here to enter a date.**

**Parent/Guardian Signature Date**

*(your typed name will serve as your signature)*

***1***



KAMP KALEIDOSCOPE 2020

**APPLICATION**

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.

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

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

**Choose an item.** Complete Sentences

**Choose an item.** 3-5 Word Phrases

**Choose an item.** One Word Phrases

**Choose an item.** Objects/ Picture/Symbols

**Choose an item.** Gestures/Sign Language

**I communicate with my camper using:**

**Choose an item.** Complete Sentences

**Choose an item.** 3-5 Word Phrases

**Choose an item.** One Word Phrases

**Choose an item.** Objects/ Picture/Symbols

**Choose an item.** Gestures

**Please describe any behaviors checked above in detail: Click here to enter text.**

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

**Click here to enter text.**

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

* **Any certain fears we need to be aware of?**

**Choose an item.** Water **Choose an item.** Thunder/Lightning **Choose an item.** Animals **Choose an item.** Insects

Other Comments/Details: **Click here to enter text.**

* **Any personality traits we need to be aware of?**

**Choose an item.** Shy **Choose an item.** Hiding/Wandering Away **Choose an item.** Tantrums **Choose an item.** Aggressive

Other Comments/Details: **Click here to enter text.**

***2***

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

**Choose an item.** Has typical attention span for age

**Choose an item.** Very short attention span

**Choose an item.** Less active, needs motivation

**Choose an item.** Overactive

**Choose an item.** Requires constant 1:1 supervision at all times

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

**Choose an item.** Hits/Pinches/Scratches self or others

**Choose an item.** Grabs others

**Choose an item.** Runs away often

**Choose an item.** Throws things

**Choose an item.** Dumps liquids or drinks

**Choose an item.** Touches inappropriately self/others (please specify)

**Choose an item.** Triggers (provide examples below)

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

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



KAMP KALEIDOSCOPE 2020

**APPLICATION**

**Is your camper:**

**Choose an item.** Completely dependable **Choose an item.** Somewhat dependable **Choose an item.** Needs close supervision

Explain why? **Click here to enter text.**

**What special talents or interests does your camper have?**

**Choose an item.** Singing **Choose an item.** Musical instruments **Choose an item.** Dancing **Choose an item.** Art

Comments/Other talents or interests: **Click here to enter text.**

**Can your camper:**

**Choose an item.** Tell time?

**Choose an item.** Remember instructions for future time?

**Choose an item.** Understand time? (minutes, hours, day, week, yesterday, tomorrow, etc.)

Comments: **Click here to enter text.**

**Please tell us anything that would be helpful about your camper’s comprehension level: Click here to enter text.**

**If your camper gets upset, what are some ways to comfort and calm them? What works best at home or school?: Click here to enter text.**

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

***3***

**APPLICATION DEADLINE: MAY 22**

**$50 deposit is due with the completed application – Mail to:**

The Arc of Gaston County Attn: Kamp Kaleidoscope

200 East Franklin Blvd. Gastonia, NC 28052

**------------------------**

**APPLICATIONS ALSO ACCEPTED BY FAX OR EMAIL:**

F) 704-864-9464 • E) [kamp@gastoncountyarc.org](mailto:kamp@gastoncountyarc.org)

**Online $50 deposit payment available:**

Link on Kamp webpage - https://gastoncountyarc.org/kamp-kaleidoscope/



KAMP KALEIDOSCOPE 2020

**RELEASE FORMS**

**IN CASE OF EMERGENCY**

**CAMPER’S NAME: Click here to enter text.**

**PARENT/GUARDIAN’S NAME: Click here to enter text.**

**PHONE NUMBER: Click here to enter text.**

**CAMPER’S PHYSICIAN: Click here to enter text.**

**PHYSICIAN’S PHONE NUMBER: Click here to enter text.**

**INSURANCE INFO (PHONE #/POLICY NUMBER): Click here to enter text.**

**ADDITIONAL CONTACT NAMES? (in addition to ones listed above)**  **Choose an item.**

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

**Click here to enter text.**

**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: Click here to enter text.**

*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.*

\_ **Click here to enter text.**   **Click here to enter a date.**

**SIGNATURE OF PARENT/GUARDIAN DATE**

*(your typed name will serve as your signature)*

**PERMISSION FOR PHOTOS:**

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

\_ **Click here to enter text.**   **Click here to enter a date.**

**SIGNATURE OF PARENT/GUARDIAN DATE**

*(your typed name will serve as your signature)*

***4***



KAMP KALEIDOSCOPE 2020

**RULES/GUIDELINES/AGREEMENT**

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

**1. Application, Fees, Orientation**

a**. A $50.00 non-refundable deposit per camper is required and must be returned with the completed**

**application. Check, Cash, or Online Payments accepted. Visit website for online payment link.**

b**. CAMP FEES - $575.00** (full-time); \*Early Bird Special: $525.00 – MUST pay in full by May 22\*

1. **PART TIME OPTIONS**:

**PT 1** - $ 390.00  (M-Th 9-12:30); **PT 2** - $ 350.00 (2 full days 9-3); **PT 3** - $ 280.00  (2 half days 9-12:30)

*(Fees include 7 ½ weeks of camp, DVD, camp t-shirt, all camp activities/supplies, and celebration party)*

1. At least one parent/guardian for each camper MUST be present at the Orientation on Thursday June 11th from 6-7 pm @ St. Mark’s Episcopal Church. Important information will be shared, handbooks 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.

1. 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.**

\_ **Click here to enter text.**   **Click here to enter a date.**

**SIGNATURE OF PARENT/GUARDIAN DATE**

*(your typed name will serve as your signature)* ***5***

**KAMP K RULES/GUIDELINES/AGREEMENT (continued)**

**CONSENT FOR CARE**

I, **Click here to enter text.**  the **Click here to enter text.**

***Parent/caregiver Name Relationship to child(ren)***

of **Click here to enter text.**  , age **Click here to enter text.**

***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 **Click here to enter text.**  Date  **Click here to enter a date.**   *(your typed name will serve as your signature)*

Kamp Kaleidoscope Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

The Arc of Gaston Co. Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

***6***

**KAMP K RULES/GUIDELINES/AGREEMENT (continued)**

**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).

***7***

**KAMP K RULES/GUIDELINES/AGREEMENT (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 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 **Click here to enter text.**  Date  **Click here to enter a date.**   *(your typed name will serve as your signature)*

Kamp Kaleidoscope Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

The Arc of Gaston Co. Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

***8***