

Camp Giant Steps Registration 2018

7281 Sarah Street
Maplewood, MO 63143
314-932-1051 Fax: 314-932-1053

Please check all sessions your child will attend:

- | | |
|--|---|
| I. Monday June 18 - Friday June 22 <input type="checkbox"/> | II. Monday June 25 - Friday, June 29 <input type="checkbox"/> |
| III. Tuesday July 2 - Friday July 6 <input type="checkbox"/> | IV. Monday July 9 - Friday July 13 <input type="checkbox"/> |
| V. Monday July 16 - Friday July 20 <input type="checkbox"/> | VI. Monday July 23 - Friday July 27 <input type="checkbox"/> |

There is NO CAMP Wednesday, July 4, 2018

Camp hours are 9:00 a.m. to 3:00 p.m.

Enrollment Information

CAMPER's name: _____
first last

Date of Birth: _____ Current Age: _____ T-SHIRT SIZE: _____
CIRCLE: ADULT OR YOUTH

School Attends _____ District: _____ Current Grade: _____

Does child have full time assistant at school? _____ Type of classroom at school: _____

Home Address: _____
Street address City, State Zip code

Parent/Guardian Information:	MOTHER'S INFORMATION:
Name	
Cell phone	
Work phone	
Email address	

Parent/Guardian Information:	FATHER'S INFORMATION:
Name	
Cell phone	
Work phone	
Email address	

Emergency Contacts (2)

- | | |
|-----------------------|---------------|
| 1. Name _____ | Address _____ |
| Telephone Home: _____ | Cell: _____ |
| 2. Name _____ | Address _____ |
| Telephone Home: _____ | Cell: _____ |

Camper's Name: _____ DATE _____

General Information BE SPECIFIC!! This information is used to provide the best care for your child!

1. Please list ALL your child's favorite activities: (continue on back)

2. Please describe any specific activities your child does not like. Any triggers? (continue on back.)

3. Does your child experience obsessive behaviors? What item/activity triggers this compulsion?

4. Please describe how your child communicates: (continue on back.) Verbal or non-verbal. Explain.

5. Does your child use a communication device? Yes: ___ No ___ Uses: _____
6. Will your child bring their communication device to camp? Yes: _____ No: _____
7. Please describe in detail what your child does when upset: (continue on back sheet)

8. Please describe interventions or calming techniques in detail that help your child:

9. Describe any self-stimulatory or self-injurious behaviors your child may exhibit:

10. Tell us anything else you would like us to know about your child? (use back sheet)

11. Has your child been diagnosed with any neurological, developmental or chronic condition other than autism spectrum disorder? Seizures? Yes: _____ No: _____
If yes, please specify condition, and any emergency protocol:

12. Is your child currently taking any medication? Yes: _____ No: _____
If yes, List medications: _____
13. Will medication need to be administered by camp staff? Yes: _____ No: _____
14. Does your child have any specific allergies? Yes: _____ No: _____
If yes, please specify allergen, and treatment if applicable.

15. Please describe your child's swimming ability and comfort level in the water.

16. Please describe any physical, diet or medical restrictions your child has.

17. Please describe toilet needs and level of independence your child has in the bathroom.

18. Can your child dress independently? What support do they need? Bathing suit? Shoes?

Camper's Name: _____ DATE _____

Permissions and Waivers

Field Trip Permission and Transportation Waiver I hereby give my permission for my child, _____, to take part in any and all off-campus recreational outings scheduled during his or her enrollment at Camp Giant Steps. I understand that my child will be transported by bus and hereby release Giant Steps of St. Louis and Camp Giant Steps from all liability during the transportation of my child.

Signatures of Both Parents or Guardians

Emergency Information and Permission

I understand that in the event of an emergency, every effort will be made to contact a parent, guardian or emergency contact. In the event I or my designee cannot be reached, I hereby give permission for a Giant Steps staff member to secure my child's doctor, or, if he/she is not available, another physician, to provide any necessary emergency treatment. Furthermore, I hereby give a physician permission to use any necessary emergency treatment required for the health and safety of my child.

Signatures of Both Parents or Guardians

Pediatrician Information:

Dentist:

Name _____

Name _____

Phone _____

Phone _____

In case of an emergency take my child to _____ HOSPITAL

Photo Release: I do do not give permission for Giant Steps to publish my child's image in their promotional literature, newsletters, news releases or website.

I understand that Giant Steps will NOT publish my child's name or other identifying information.

* _____ *
Signatures of Both Parents or Guardians

COST of CAMP: To hold your child's place for camp, you must send in two checks with your application:

Although the cost of camp is near \$500 per week, because of grants and fundraising, we are able to provide private pay families camp at the cost of \$350 per week.

Check #1 is a Non-Refundable Registration fee: \$50.00

Check #2 covers the first week of camp: \$350.00

(All weeks of camp are \$350 - including July 4th week).

This check will be held to secure your child's place at camp and will only be deposited on June 1, 2018.

Cancellation Policy: A full refund is provided if you cancel in writing on/before May 15, 2018. After May 15, 2018 you will receive a 50% refund of the cost of camp if you cancel in writing. On/after June 1, 2018 there will be NO REFUND.

Funding sources: There are different local agencies that offer funds for camps. You must apply directly to these funding sources.