



## Summer Beach Camp



Autism Delaware is pleased to announce we are now accepting camp applications for our 2017 Summer Beach Camp! Here's the Who, What, Where, When:

- Dates: Monday- Thursday, August 21-24, 2017.
- Hours - 9:00 am to 4:00 pm
- Location - the Children's Beach House, 1800 Bay Avenue, Lewes, Delaware.
- Who: We have 30 openings for youth with autism spectrum disorder
- Age range: entering 3<sup>rd</sup> grade in the 2017-2018 school year up through and including age 17
- Fee: \$300 for DE resident (Often, your DDDS respite funding can be used to cover this camp fee)

**Purpose of the Camp:** The Autism Delaware Summer Beach Camp is designed to provide a traditional summer day camp experience with necessary supports from staff who understand the special needs of youth with ASD. Our goal is to help each child have a fun and successful summer camp experience building new peer relationships, exploring new activities, and making gains in independence. Camp also provides the opportunity for respite for families!

The camp program is highly structured and filled with new adventures within a repeating schedule. Activities include kayaking, sailing, swimming at the beach, low ropes course, arts and crafts, swimming in the pool, and more! Throughout each activity, emphasis is put on communication, social skills, and building self-esteem. We use a "Challenge by Choice" approach throughout camp activities, meaning that we encourage campers to try new things, but never force them into an activity. Emotional and physical safety are always our priority.

Program staff will include teachers, paraprofessionals and therapists with autism training and experience, Autism Delaware staff, and Children's Beach House Camp Counselors, allowing for a low staff to camper ratio.

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

**Return the form by May 19th, 2017 to Autism Delaware:**

**BY MAIL:** Autism Delaware Summer Beach Camp  
17517 Nassau Commons, Unit 1  
Lewes, DE 19958

**FAX:** 302-827-2389

Please feel free to ask questions you may have about summer day camp. Contact: Family Service Coordinator Dafne Carnright at 302-644-3410 or by email at [dafne.carnright@delautism.org](mailto:dafne.carnright@delautism.org).

*\*\* Summer Beach Camp is not a school program \*\**

*It is a program of Autism Delaware, a statewide non-profit agency*



## 2017 Autism Delaware Summer Beach Camp Application

Name of Camp Participant: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age at camp: \_\_\_\_\_ Grade for 2017-2018 School Year: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Camper's Diagnosis: \_\_\_ Autism \_\_\_ Asperger's \_\_\_ PDD-NOS Other: \_\_\_\_\_

Camper T-shirt size: \_\_\_ Youth medium \_\_\_ Youth large \_\_\_ Adult small \_\_\_ Adult medium \_\_\_ Adult large \_\_\_ Adult XL

### **CAMP DATES: Monday, August 21 - Thursday, August 24, 2017. 9am - 4pm each day**

Please send your completed application by **May 19, 2017**, to:

Autism Delaware  
Attention: Summer Beach Camp  
17517 Nassau Commons Blvd., Unit 1  
Lewes, DE 19958

or fax to: (302) 827-2389

There are 30 openings for campers; applications will be reviewed in the order in which they are received. If a completed application packet is received and camper is determined to be a match for camp, your family will be notified with a letter that will include what to bring to camp, drop off policies, etc. Camp fees (\$300) will then be due upon receipt of your confirmation letter. If you have any questions regarding Camp or the application process, please call (302) 644-3410.

No child will be enrolled in camp without having this year's application completed and on file with Autism Delaware. There will be NO EXCEPTIONS. Please check that you have included the following necessary pieces before faxing or mailing in your child's application:

- \_\_\_ Completed entire application, including medical Information and original signatures
- \_\_\_ Attached a copy of camper's insurance card
- \_\_\_ A 2016 Teacher Form has been completed and faxed to Autism Delaware by the Teacher

### **CAMP INFORMATION**

The following Summer Beach Day Camp policies will apply:

- Please keep in mind that part of camp involves being outdoors during the August heat.
- Each potential camper is considered on a case by case basis. We cannot provide one on one staffing for campers.
- You know your child is ready for camp if they are toilet trained, can participate in small group activities, and do not have frequent, intense aggressive behaviors.
- Campers will bring a lunch from home each day of camp. We have a refrigerator to keep the lunches cold until it is lunchtime.
- We will have plenty of sunscreen available during camp and will apply to every camper prior to going outside, multiple times each day. If your child uses a special sunscreen, we will ask you to provide it. If you have specific instructions for sunscreen for your child, please describe them in the application.
- If a camp participant will be absent from camp for a day or more, parents will call the Children's Beach House or the Autism Delaware Lewes office to let us know. No refunds will be given for absences.
- Autism Delaware and The Children's Beach House are not responsible for lost, broken, or stolen items.
- We do not provide transportation to or from camp. Families are responsible for providing their child's transportation. If you have transportation needs, we can help connect families to set up car pools.

*Please let us know if you have any questions. We look forward to working with your camper*

**\*\* Summer Beach Camp is not a school program \*\***



**Parent/Guardian Authorizations:**

I give permission for my child, \_\_\_\_\_, to attend Autism Delaware's Summer Beach Camp 2017.

I certify that the content of the information in this application and health history form is correct and any of the records necessary for treatment, referral, billing, or insurance are complete. If an incident occurs as a result of an omission or falsification of information, I understand that I will be held fully responsible.

The camp participant herein described has permission to engage in all camp activities, except as noted in this application.

I understand that the staff of Autism Delaware and The Children's Beach House reserve the right to send my child home early or otherwise shorten their time at camp if my child's behaviors become such that staff are unable to keep him/her or others safe.

I give my permission (both during and after), for Autism Delaware to photograph my child and use the named camp participant's likeness, name, voice, or works in media releases and promotional materials for the purpose of communicating the mission and activities of Autism Delaware.

I give my permission to my child's school teacher/staff to release the information requested on the Teacher Form and send the completed form to Autism Delaware.

I understand that if an incident occurs as a result of my child's actions, intentional or otherwise, resulting in breakage, damage, or destruction to property or equipment during the Autism Delaware Beach Camp Program at The Children's Beach House, I will be held liable for the amount necessary to repair or replace the property or equipment damaged or destroyed.

I give permission to the camp to arrange transportation for my child in the event of an emergency staff deems to require evacuation or medical care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to administer prescribed medications, and seek emergency medical treatment, including the ordering of x-rays or routine tests. I also understand and agree to abide by any restrictions placed on my child's participation in camp activities.

**\*\*Please note: parent/guardian signatures are REQUIRED Applications received without signatures will be considered INCOMPLETE and will NOT be processed until complete application packet is received.\*\***

First Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed name \_\_\_\_\_

Second Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed name \_\_\_\_\_

**PAYMENT: 2017 DE Resident Camp fee: \$300; Out-of-State Camp fee: \$400**

*If you are in need of financial assistance, please see the section to the right.*

How will you be paying for camp?

- Family (including if family will seek reimbursement from an agency after they pay)
- DLRCN, directly to Autism Delaware
- Requesting Autism Delaware bill DDDS directly
- Other: \_\_\_\_\_

I, as the parent/guardian for this camper, understand that I am responsible for the fee for camp. I may use respite funding or other funding sources, but should they not be available for any reason, I agree to pay the fee for camp for my child.

Signature of parent/guardian \_\_\_\_\_

Phone: \_\_\_\_\_

If an agency (ie: DDDS) is paying, please submit their written authorization to do so to Autism Delaware by **June 30th, 2017**

**FINANCIAL ASSISTANCE FOR CAMP**

-Your child's **DDDS respite funds** can be used to pay the camp fee. If you would like to use respite funds, you can either pay Autism Delaware the camp fee up front and get reimbursed by DDDS, or Autism Delaware can bill DDDS for the \$300.00. Please indicate your preference in the box on the left.

- To verify the DDDS respite dollars you have available, please contact DDDS respite coordinator Bonnie Hummer, at (302) 933-3145.
- To apply for services with DDDS, please call their Applicant Services department at 1-866-552-5758.

-Camp is also eligible to be reimbursed by **Delaware Lifespan Respite Care Network** through their Financial Assistance program. See their website ([www.delrespite.com](http://www.delrespite.com)) or call 1-800-677-3800 for information.

PLEASE NOTE: Please put "Autism Delaware Summer Day Camp at the Children's Beach House" in the answer for question #13 on the DLRCN application, so they know that you intend to use the funds to pay for camp.

- Autism Delaware also has a limited number of **scholarships** available. Please check "other" in the box on the left and write in "scholarship requested"

Camper Name: \_\_\_\_\_



**CONTACT INFORMATION**

**Parent/Guardian #1 Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Please circle the best phone to reach you on while your child is at camp)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Works at: \_\_\_\_\_ City: \_\_\_\_\_

\*\*\*\*\*

**Parent/Guardian #2 Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Please circle the best phone to reach you on while your child is at camp)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Works at: \_\_\_\_\_ City: \_\_\_\_\_

\*\*\*\*\*

**If the above Parent/Guardians are not available in an emergency, notify:**

**Emergency Contact Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Works at: \_\_\_\_\_ City: \_\_\_\_\_

**EDUCATIONAL**

Name of camper's school: \_\_\_\_\_ State: \_\_\_\_\_

Is the camper in a special autism educational program? \_\_\_Yes \_\_\_ No

Does this camper have an IEP? \_\_\_ No \_\_\_ Yes - If so, what is the camper's educational classification? \_\_\_\_\_

Does this camper require 1:1 support in the following at any time? \_\_\_ No \_\_\_ Yes: If yes, why?

\_\_\_ School \_\_\_\_\_

\_\_\_ Home \_\_\_\_\_

Camper Name: \_\_\_\_\_



**CAMPER HEALTH INSURANCE INFORMATION**

Is the participant covered by family medical insurance? \_\_\_Yes \_\_\_No

Health Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Member #: \_\_\_\_\_

**\*A photocopy of the front and back of camp participant health insurance card must be attached to this form. \***

**PHYSICIAN INFORMATION**

Name of Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Camper's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**CAMPER MEDICATIONS**

Please bring to camp enough medication to last the entire 4 days of camp. You will give it to the nurse the first morning of camp. Please keep it in the original packaging/bottle that identifies the prescribing doctor and place of origin.

Please list ALL medications, including over-the-counter or nonprescription:

\_\_\_ This camper takes NO medications on a routine basis.

\_\_\_ This camper takes medications as follows:

Med #1 \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

Specific times taken each day \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

Specific times taken each day \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

(Attach additional pages for more medications.)

**ALLERGIES** (List all known. Also describe reaction and management of the reaction.)

\_\_\_ NO ALLERGIES

Medication allergies (list): \_\_\_\_\_

Food allergies (list): \_\_\_\_\_

Other allergies (list): — include insect stings, animal dander, etc.: \_\_\_\_\_

**RESTRICTIONS** (attach additional pages if necessary)

Participant does not eat: \_\_\_Red meat \_\_\_Pork \_\_\_Dairy products \_\_\_Poultry \_\_\_Seafood \_\_\_Eggs \_\_\_N/A-no restrictions

Other (describe): \_\_\_\_\_

\_\_\_ Due to special diet, we will send in snacks/edible reinforcers for our child

Explain any restrictions to activity \_\_\_\_\_

Can we apply our sunscreen to your child during camp?

\_\_\_ Yes \_\_\_ No, the family will provide sunscreen for our child to use during camp

Camper Name: \_\_\_\_\_

**GENERAL MEDICAL HISTORY**

Is camper currently healthy? \_\_\_\_\_ Current medical conditions: \_\_\_\_\_

	Has/does the camper:	YES	NO
1	Ever had/have seizures?		
2	Had any recent injury, illness or infectious disease?		
3	Have a chronic or recurring illness/condition?		
4	Wear glasses, contacts or protective eye wear?		
5	Persistent medical history/event in the past month?		
6	Have frequent headaches?		
7	Has ever had a head injury?		
8	Has ever had frequent ear infections?		
9	Has ever been knocked unconscious?		
10	Has ever had surgery?		
11	Has ever been hospitalized?		
12	Has ever passed out during or after exercise		
13	Has ever been dizzy during or after exercise?		
14	Has ever had chest pain during or after exercise?		
15	Has ever had high blood pressure?		
16	Has ever been diagnosed with a heart murmur?		
17	Has ever had back problems?		
18	Has ever had problems with joints (e.g., knees, ankles)?		
19	Have any skin problems (e.g., itching, rash, acne)?		
20	Have diabetes?		
21	Have asthma?		

Explain any "yes" answers, noting the number of the question first: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Which of the following has the participant had? (Circle to indicate "Yes")

Measles      Chicken pox      German measles      Mumps      Hepatitis A      Hepatitis B      Hepatitis C      TB

Mantoux Test (Date of last test \_\_\_\_\_) Result: \_\_\_ Positive \_\_\_ Negative

**IMMUNIZATION DATES** (OR Submit a similar record from your doctor)

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____
or Measles		_____	_____	_____	_____	_____
or Mumps		_____	_____	_____	_____	_____
or Rubella		_____	_____	_____	_____	_____

Camper Name: \_\_\_\_\_

**COMMUNICATION**

How does the camper communicate to ask for things, ask for help, indicate yes/no, etc.?

MODE	PLEASE LIST EXAMPLES
<input type="checkbox"/> SPEAKS CLEARLY	
<input type="checkbox"/> SPEAKS but MAY BE DIFFICULT TO UNDERSTAND	
<input type="checkbox"/> PECS / PICTURES	
<input type="checkbox"/> SIGN LANGUAGE	
<input type="checkbox"/> COMMUNICATION BOARD OR DEVICE	
<input type="checkbox"/> GESTURES	
<input type="checkbox"/> OTHER:	

Language spoken/understood: \_\_\_\_\_

**Vision:** \_\_\_ Normal \_\_\_ Mild/Moderate Loss \_\_\_ Severe/Total Loss \_\_\_ Wears corrective lenses

**Hearing:** \_\_\_ Normal \_\_\_ Mild/Moderate Loss \_\_\_ Severe/Total Loss \_\_\_ Wears hearing aides

**Mobility**

\_\_\_ Walks independently \_\_\_ Walks with assistance: \_\_\_\_\_ \_\_\_ Uses wheelchair : \_\_\_ manual \_\_\_ power

**SELF-CARE**

Skill	Independent- No assistance needed	With Prompting Only	With Supervision	With Assistance	Comments
Using Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For girls: menstruation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Get dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wash hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eat lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\_\_\_ Camper needs prompting to use the bathroom \_\_\_ Camper will request to use the bathroom by: \_\_\_\_\_

Is this camper on a toileting schedule? \_\_\_ No \_\_\_ Yes: please provide the schedule: \_\_\_\_\_

Does this camper ever use diapers? \_\_\_ No \_\_\_ Yes: under what circumstances are diapers needed? \_\_\_\_\_

Has camper had toileting accidents in swimming pools in the past 2 years? \_\_\_ Yes \_\_\_ No  
*(when there is a toileting accident in the pool at camp, the pool must close for all)*

**SWIM EXPERIENCE**

Familiarity with pool/beach:	<input type="checkbox"/> None- has not been in a pool or ocean/ beach	<input type="checkbox"/> Minimal experience with water at pool/beach	<input type="checkbox"/> Has spent some time at either pool or beach	<input type="checkbox"/> Has spent a lot of time in pool/beach, very comfortable
Level of swimming skill:	<input type="checkbox"/> Cannot swim at all, not comfortable in water	<input type="checkbox"/> Cannot swim but is comfortable in pool/beach. Likes the water	<input type="checkbox"/> Can swim a little. Should not go in deep end.	<input type="checkbox"/> Good swimmer. Can support self in water

Camper Name: \_\_\_\_\_



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Is there anything else you feel is important for us to know about the participant's medical history, health, communication, or self-care skills? Please note: behavior will be addressed below.

Three horizontal lines for handwritten notes.

BEHAVIOR

Check any item(s) identifying behavior exhibited by this camper:

- Self-injury: Bites Hits/kicks Pulls hair Picks self Other:
Aggression towards others: Bites Hits/kicks Pulls hair Other:

Date of most recent aggressive behavior:

- Wanders/runs from group Excessive cursing/vulgarity Screams
Cries or becomes upset easily Temper tantrums Overly fearful
Exaggerates pain/illness Elevated emotional needs Teases others
Difficulty taking direction Overly dependent on others
Seeks steady attention Seeks steady entertainment Elevated sexual interest

List details to help explain behavior areas checked above and any specific methods to resolve behavior difficulties:

Three horizontal lines for handwritten details.

Does the camper have any other behaviors of which the staff needs to be aware?

Table with 4 columns: What is the behavior?, Why does he/she do it?, How do we help/respond?, How can we prevent it? and 2 empty rows.

Does this camper currently have a behavior management plan? Yes No

If Yes, PLEASE SEND A COPY WITH THIS APPLICATION for informational purposes only.

Does the camper understand dangerous situations? (i.e. running in parking lot, entering water without supervision?)

Yes No

Triggers: What makes your child upset, angry, anxious, and/or overwhelmed?

- Being touched Encroachment of personal space New places or schedules
Loud Noises Bright or flashing lights Crowds
Yelling Specific people or peers Heat/hot outside
Having to rush/hurry Introduction to new foods Not being able to finish something before moving on
Other:

Camper Name:





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BEHAVIOR CONTINUED

List any circumstances that will increase the likelihood of negative behavior (i.e. loud noises, animals, the dark, etc.). List situation and behavior displayed.

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

Warning Signs: What are some warning signs that your child exhibits when frustrated or in distress?

- \_\_\_ Pacing \_\_\_ Face turns red \_\_\_ Breathing hard/fast
\_\_\_ Crying \_\_\_ Not talking \_\_\_ Excessive or fast pace talking
\_\_\_ Yelling \_\_\_ Swearing \_\_\_ Being rude
\_\_\_ Sweating \_\_\_ Running \_\_\_ Not eating
\_\_\_ Clenching teeth \_\_\_ Clenching fists \_\_\_ Throwing objects

\_\_\_ Verbal Comments: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Explain: \_\_\_\_\_

Calming Strategies: What helps your child calm down?

- \_\_\_ Taking a walk \_\_\_ Getting a drink of water \_\_\_ Taking a break/removal from environment until calm
\_\_\_ Listening to music \_\_\_ Reading a book \_\_\_ Talking to staff
\_\_\_ Wrapping in a blanket \_\_\_ Dark room (dim the lights) \_\_\_ Writing/drawing
\_\_\_ Stuffed animals \_\_\_ Calling family member

\_\_\_ Other: \_\_\_\_\_

Explain: \_\_\_\_\_

Are there key actions, words, or phrases used to stop behavior and redirect? \_\_\_ No \_\_\_ Yes - If yes, please explain:

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

Please list any reinforcers your child likes, or things he or she will work for: \_\_\_\_\_

\_\_\_\_\_

Please be sure you to submit this application by 5/19/17, along with a copy of your child's health insurance card & the Teacher Form.

Once your child's complete application is reviewed, you will be notified. If your child has not been to our camp before, we will contact you to schedule a brief meeting. If your child is approved for camp, you will receive a letter detailing what to bring to camp and other camp policies.

THANK YOU!

Camper Name: \_\_\_\_\_