



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# COOPERATE DISCOVER IMAGINE

Autism Summer Day Camp  
PAULA G. MANSHIP YMCA



The Paula G. Manship YMCA will be offering a Specialty Summer Day Camp for children ages 4-12 with autism. The camp will run in conjunction with the regular Summer Day Camp program.

Children will participate in activities such as swimming, field trips and structured games and character development.

Specialty camp times are: 9:00 AM - 4:00 PM for the following sessions:

Session 1—June 5th—June 9th

Session 2—June 19th—June 23rd

Session 3—July 10th—July 14th

Session 4—July 24th—July 28th

\*\*There are only four (4) spots available for each session

Registration Fee: Members—\$20/ child; Program Participants—\$30/ child

\$160/ week for members; \$200/ week for program participants

Please contact Billie Babin at 225-767-9622 or at [bbabin@ymcabr.org](mailto:bbabin@ymcabr.org) for more information.



YMCA of the Capital Area  
 2017 Autism Summer Day Camp Registration Form  
 Paula G. Manship YMCA  
 225-767-9622

Ages: 4 – 12 (All children must be 4 by January 1st, 2017.)

Member Registration Fee: \$20 per child      Program Member Registration Fee: \$30 per child

- Late Fee for Members & Program Members: \$20.00 (Applied after May 12<sup>th</sup>)

Member Weekly Fee: \$160 per week      Program Participants Weekly Fee: \$200 per week

All information on this form is required by the YMCA to ensure the safety of your child. Please thoroughly fill out all information so that it is legible and accurate. Only completed registrations will be accepted.

**Participant Information:**

Child's Name \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: [Male] [Female]

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

When a parent is NOT authorized to pick-up, we must have a copy of court documentation. Please provide copies of court documentation with registration as needed.

Child's Shirt Size (choose one) \*additional shirts may be purchased for \$7 (per shirt)

Youth XSm(2-4)  Youth Sm(6-8)  Youth Med(10-12)  Youth Lg(14-16)  Ad Sm  Ad Med  Ad Lg  Ad XL

**Camp Dates** (please check the week your child will attend)

\*There is a registration fee per child and a \$10 deposit for each week that you wish to reserve your child's spot. Please check only the weeks your child will be attending. Registration fee and deposits are non-refundable.

Session 1—June 5<sup>th</sup> – June 9<sup>th</sup>

Session 3—July 10<sup>th</sup> – July 14<sup>th</sup>

Session 2—June 19<sup>th</sup> – June 23<sup>rd</sup>

Session 4—July 24<sup>th</sup> – July 28<sup>th</sup>

**EMERGENCY INFORMATION** (Must list at least one additional emergency contact. No one under the age of 18 is permitted)

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

People authorized to pick up my child are:

\_\_\_\_\_

Child's General Health: \_\_\_\_\_

Allergies \_\_\_\_\_

Childhood Diseases: \_\_\_\_\_

Specify any past or present significant illnesses \_\_\_\_\_

Prescribed Medications/drugs that the day camp staff will have to handle \_\_\_\_\_

I recognize that participation in YMCA sponsored activities may expose my child to risk of injury. I agree to hold the YMCA (and the school system offering the program if applicable) harmless from any claims that may occur

through participation in any activity at the YMCA, or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for my child to an appropriate facility for treatment.

## CONFIDENTIAL CAMPER INFORMATION FORM

This form is designed to improve communication between the camp and the families we serve. Please take time now to complete it carefully. A follow-up form will be completed by your child's counselor and mailed to you following camp. We would then ask you to complete an evaluation form and return it to us so that we may have your feedback.

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_  
School Grade in fall \_\_\_\_\_ Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Teacher to Student Ratio: \_\_\_\_\_

Child has one to one aide at all times:  Yes  No

Child participates in inclusion during school:  Yes  No

Child participates in inclusion based recreation activities:  Yes  No

How does your child communicate?

\_\_\_\_\_ Complete Sentences                      \_\_\_\_\_ 2-3 Word phrases                      \_\_\_\_\_ Single Words

\_\_\_\_\_ Sign Language                      \_\_\_\_\_ Gestures/Points                      \_\_\_\_\_ Pictures

Does your child use a visual schedule at home or at school?  Yes  No

Describe assistance needed at meals, if any \_\_\_\_\_

Describe assistance needed with toileting, if any (children must be fully toilet trained to participate in Summer Camp) \_\_\_\_\_

Will your child ask to go to the bathroom any  Yes  No

If your child is on a toileting schedule, how often do you take them? \_\_\_\_\_

Please circle any behaviors that your child engages in:

Bites Self	Hits Self	Bangs Head	Scratch Others	Throws items	Hits Others
Spits On Others	Runs Away	Bites Others	Takes Off Clothes		

Please describe how often the behaviors that you circled occur? \_\_\_\_\_

Is your child able to swim?  Yes  No

### Fieldtrip & Transportation Permission

My child may be transported by the YMCA in a passenger van or school bus to and from fieldtrips while he/she is enrolled in this program.

### Media Promotional Materials

In further consideration of my child being allowed to participate in YMCA activities, I hereby grant permission for my child's name, voice, picture and basic personal information to be used in any YMCA marketing publication or related materials. I also grant permission for my child to appear on television as a participant in YMCA activities. As a YMCA participant, I authorize the YMCA to use any images taken of my child for promotional purposes of the YMCA.

\*The YMCA does not provide accidental/medical insurance for program participants.

\*There is a \$25.00 charge on all returned checks.

\*A \$10.00 processing fee is charged on all refunds.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_