

Last Name: _____

Season/ Session: _____

Inclusion Program Application Form

Directions: Please carefully read and thoroughly complete each answer. Clearly print all responses. This form has been prepared to help us determine if we can provide accommodations and support for your child to safely grow and thrive while attending our Day Camp program

Please Note: All campers are accepted on a case by case basis. The Kroc Center Day Camp Inclusion Program cannot provide specialized 1-on-1 supervision/care for any individual campers. Staff to camper ratio levels range from 1:6 to 1:10 based upon age-appropriate guidelines. As part of the Inclusion Application process, each child (and at least one parent) will be required to attend an interview with the Inclusion Coordinator to discuss/determine if we can provide reasonable accommodations to meet your child's needs and (most importantly) keep them safe while at camp.

The Inclusion Coordinator will reach out to schedule any interview within two weeks of receiving the Inclusion Application Form.

Contact Information

Child's Name: _____ Nickname: _____

Date of Birth: _____ School: _____ Grade: _____

Parent(s)/ Guardian(s) Name: _____

Home Address: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Best time to call: _____

Ability Profile

Describe your child's level of ability: _____

Will your child be taking medications either at home or at camp during the camp session? If yes, please list the medications. *(Note: Any medications dropped off at camp must be in their original container with prescription label; parents must complete the **Medication Information Sheet** before leaving the medication with camp staff).*

What type of daily assistance/ accommodations does your child need? _____

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Indicate which of the following camp activities you foresee your child needing accommodations for in order to successfully participate. If known, please list the type of accommodation(s) requested below.

Morning Game

Computers/Electronics

Swimming

Arts & Crafts

Rock Climbing

Tag games

Playground

Library

Other _____

Dancing

Lunch

Traditional Sports

Movies

List three goals you would like to see your child accomplish in our program:

1. _____
2. _____
3. _____

Does your child have any previous camp or daycare experience? If so, please briefly describe the setting, structure, etc.

If known, how would you describe your child's learning style? (*example: visual, auditory, kinesthetic*)

List anything that upsets/stresses your child: (*example: loud noises, lots of people, transitions, having to stop an enjoyable activity, etc.*) _____

List techniques or "tools" that help your child calm down when stressed: (*example: speaking quietly, having something to hold or "fidget" with, taking deep breaths*) _____

What tips or tricks work well at home, school, or other recreation settings to help your child with the following?

- ✓ Making new friends: _____
- ✓ Speaking respectfully to others: _____
- ✓ Prevent using hands or feet in ways that might hurt himself/herself or others: _____

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✓ Remaining with his or her assigned group: _____

✓ Following directions: _____

✓ Being helpful in group settings (*teamwork, cleaning up a game, etc*): _____

What positive reinforcements help your child to recognize when he or she is doing a good job? _____

I am interested in using the following support strategies for my child:

His or her own copy of the group schedule each week

Verbal reminders (*example: "It's time to get ready for the next activity."*)

Visual reminders (picture cards with "5 and 1 minute" warnings) of when it's time to get ready for a new activity

Incentive/ sticker chart

Sensory or fidget toy for calm behavior

To sit next to a counselor (when and why):

Communication Journal between Counselors and Parents

Parents, please read the below expectations (for all of our campers) with your child and sign (or mark), acknowledging your understanding. Additional age-appropriate group expectations are reviewed at the beginning of each session with the group counselors. Camper safety is our top priority. Accordingly, the Kroc Center Day Camp program reserves the right to suspend or expel any campers who are repeatedly unable to adhere to the below expectations.

1. *Stay with the group at all times.*

2. *Keep hands, feet and all objects to oneself.*

3. *Listen to all instructions given by staff. (If a child needs alternative ways of receiving information and instructions, please be sure to indicate such needs on this form.)*

Thank you for considering the Kroc Center Day Camp program for your child! God bless!

Parent Signature: _____

Date: _____

Camper Signature: _____

Date: _____

Day Camp Staff Signature: _____

Date: _____