

Camp SSTAR

Social Skills, Technology Asperger Recreation Camp

Please complete the following application form and return it to CARE. All acceptances are based not only on a "first come first served" basis, but also on the availability of slots and the best available candidate (i.e. match) for a particular group.

Child Information

First Name _____ MI _____ Last Name _____

Addresses _____ Apt # _____

City _____ State _____ Zip Code _____

Telephone # _____ Male/Female _____ Date of Birth _____ Age _____

Child's Primary Language _____ Type of Communication System _____

How did you hear about us or who referred you? _____

Parent/Guardian Information

Child lives with (Circle One):

Mother Father Both Split/Joint Custody Other, Please Specify: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Check if legal guardian

Check if legal guardian

Home Address: _____ Home Address: _____

Email Address: _____ Email Address: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Hours at work: _____ Hours at work: _____

Siblings living at home (first name, gender, and current age): _____

Child's Full Name: _____

School Information

Child's Current School _____ Location _____

Current Grade _____ Does your child receive special education services? _____

What kinds of supports, if any, does your child receive at school? (For example, occupational therapy, speech, and language therapy, social skills groups, learning center support, in-school counseling, modified behavior plan, 1:1 teaching assistant, reduced class size, adaptive PE, etc.)

Medical Information

Child's Physician _____ Location _____

Is your child currently taking any medication? (Note: medications will **not** be administered at camp. Please plan accordingly)

Chronic Health Conditions: _____

Allergies/Special Diet: _____

Special limitations or concerns: _____

Developmental Information

What are your child's strengths and interests? (Please include specifics regarding computers or cameras)

Has your child been diagnosed with Asperger's Syndrome or high function Autism? (Please include any behavioral challenges as well as a copy of current Behavioral Intervention Plan if applicable)

Please describe your child's learning style:

What interventions or services have been helpful in meeting the needs of your child?

Child's Full Name: _____

It is important that you fully provide the information that we request so that we can assess and address your child's needs as effectively as possible. Withholding of pertinent information can not only jeopardize your child from receiving the best care possible, but also hinder our ability to handle any challenges or crises that may arise.

I/We hereby make an application for my child/ward to attend Camp SSTAR. I/We have filled out all the information to the best of my/our knowledge.

Parent/Guardian Signature

Parent/Guardian Signature

Date

IF POSSIBLE
PLEASE
ATTACH RECENT PHOTO
OF APPLICANT
HERE

Contact Information:

Connie Coulter
Director of CARE and Autism Outreach
8700 East 29th Street North
Wichita, Kansas 67226
Phone 316.634.8862

Payment information:



**Photograph, Videotape and Information
Release Consent**

Please circle the appropriate response for each of the following statements:

As the parent/guardian/power of attorney of _____, I give Heartspring permission to use video recordings and /or photographs of the individual named above, as well as any correspondence I share with Heartspring staff, including testimonials, for production of educational or promotional materials, publications, Heartspring Web sites and/or releases to the news media that may be viewed by the general public. I understand photographs of the child named above may be used even upon completion of services.

YES

NO

Permission is given to use the child's name as follows (please circle one).

First name only

no name

I also agree that characteristic, diagnostic, and other information about the child named above may be used in educational or promotional materials, publications, Heartspring Web sites and/or releases to the news media that may be read by the general public.

YES

NO

I hereby give Heartspring permission to release my name, address, e-mail and/or telephone number to other families who might wish to contact me regarding Heartspring.

YES

NO

In an effort to share with Heartspring patron organizations how their financial support is used by Heartspring, I give permission to share the information outlined above as requested for patron newsletters, stewardship reports, and/or proposals for additional funding.

YES

NO

I recognize that Heartspring often receives requests from parents for information regarding their child's program at Heartspring, such as photographs, video recordings, and other documentation relating to Heartspring activities. I give permission for such documentation that includes the child named above to be shared with other Heartspring parents.

YES

NO

Signature of parent/guardian

Date