

Camp SSTAR Application

This application is the second step in the intake and enrollment process for summer camp (Camp SSTAR) at Heartspring. Camp runs from 9 a.m. to 4 p.m. We use this information to decide how to best serve your child. Upon receipt and review of the form, we will follow up with you to discuss your family's needs in more detail and review the next steps.

1. Child's Name**2. Child's Birth Date****3. Parent's/Guardian's Name****4. Enrollment Status**

We have **never** been enrolled in a program at Heartspring.

We are **currently** enrolled in a program at Heartspring (please explain):

We were **previously** enrolled in program at Heartspring (please explain):

5. T-shirt Size

Youth XS
Youth Small
Youth Medium
Youth Large
Youth XL
Adult Small
Adult Medium
Adult Large
Adult XL
Adult 2XL
Adult 3XL

6. I would like to enroll in the following sessions (select all that apply):

June 1-5
June 8-12
June 15-19
June 22-26
July 6-10
July 13-17
July 20-24
July 27-31

7. Identify three top priorities for skills that you would like to see addressed in Camp SSTAR. Please choose targets that you feel will have the most impact for your child and your family.

1.
2.
3.

8. Challenging Behaviors (Please check if there is occurrence in the last six months)

Self injury
Aggression towards peers
Aggression towards adults
Elopement (leaving area without permission/wandering off)
Property destruction
Tantrum (screaming/flopping to floor - length of time or intensity beyond what is "typical" for child's age)
Foul language
Loud vocal stereotopy
No problem behavior of this kind

9. Toileting

- 100% independent
- May require minimal support or prompting
- Not toilet trained

10. Classroom Placement

- In district self contained
- In district inclusion
- In district other
- In district general education
- Out of district specialized program
- Homeschool
- Other

11. Communication

- No formal mode of communication
- Alternative communication (sign, PECS, communication device)
- Single words
- Phrases
- Sentences

12. Independence

- Requires consistent 1:1 support
- May require 1:1 support dependent upon activity
- Does not require 1:1 in small group

13. Describe your child’s interest in other kids/ forming friendships.

- I am unsure
- Very resistant
- Seems disinterested
- Interested
- Very interested

14. Diet Restrictions

- Yes
- No
- If yes, please describe below:

15. Medications Needed During Camp

- Yes
- No
- If yes, is he or she able to self-administer?

16. My child’s interests include:

17. My child does NOT enjoy:

18. How did you hear about Heartspring’s CARE Program?

- Personal referral from currently or previously enrolled family
- School personnel
- Medical provider
- Social media
- Resource fair
- Google search
- Other

19. Any additional questions or comments for our team?



Heartspring

Consent to Treat Minor Children

Name of Patient: _____ Date of Birth: _____

Account #: _____

Address: _____

Phone: _____ Last Tetanus: _____

Food/Drug Allergies: _____

Medications, Blood Type, or Pertinent Information:

Primary Physician: _____ Physician's Phone: _____

Insurance: _____ Policy #: _____

Preferred Hospital: _____

I, _____, parent or legal guardian of _____, date of birth _____, do hereby appoint, authorize, and constitute an authorized Heartspring staff member to act in our behalf as parents to authorize and consent to medical treatment for our said child. In case of need, we authorize any family or specialist physician, dentist, or other licensed health care professional and also any licensed health care facility to provide any and all necessary treatment to our said child.

This consent and authorization includes routine, emergency, inpatient/outpatient, and the administration of anesthesia determined by a physician to be necessary for the welfare of my child. Any health care professional or health care facility is authorized to accept and rely on Heartspring staff's representation if we cannot be reached.

I agree that in the case of a health or accident emergency or any other situation which might arise en route to and from camp, or while attending ABA, clubs, or camp, none of the facilitators, staff, or sponsors of the Heartspring representatives will be held liable in any way.

This authorization is effective for one year from the day of signature.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.



Significant Behavior Agreement

Child's Name: _____

Heartspring CARE program provides Camp SSTAR (Social Skills, Technology, Arts, and Recreation) for families to have a safe place for their child to learn and grow over the summer months. While camp counselors are trained in the basic principles of applied behavior analysis and may have experience managing challenging behaviors in other settings, Camp SSTAR is not designed to be a behavior-intervention program with a focus on reduction of problem behavior, but rather a skill-acquisition program with an emphasis on teaching new skills and providing access to new experiences.

It is our top priority to keep our participants safe and promote an environment that is conducive to group learning. If your child has a recent history of self-injury (intensive enough to cause bodily injury or require adult intervention), aggression towards staff or peers, elopement, property destruction, or tantrum behavior that cannot be quickly redirected, Camp SSTAR may not be an appropriate placement for your child at this time.

If your child does engage in any of the above target behaviors during their time at camp on two separate occasions, the CARE program will offer a transition plan to more appropriate services, and your child will be discharged. When your child is discharged, the remaining camp balance for the active session will not be refunded; however, future sessions may be canceled or refunded. After the session has started, there will be no refunds.

Please initial the following statements.

_____ I understand that a recent history of self-injury, aggression, property destruction, elopement, and extended tantrum may exclude my child from Camp SSTAR at this time.

_____ I understand that if my child does engage in any of these behaviors in a group, putting him/herself or the safety of peers/instructors at risk, a transition plan will be offered and group placement will be terminated.

_____ I understand once my child has attended the first day of a camp session, the camp session will not be refunded if my child is discharged from camp. Future sessions of camp will be refunded.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



Bug Spray & Sunscreen Consent

Name of Child: _____

As the parent/guardian of the above named child, I give permission for Autism Services Camp SSTAR staff to apply a **sunscreen** product of SPF-15 or higher as well as a child-safe **bug spray** to my child, as specified below, when he or she will be outside for longer than 10 minutes between the hours of 9 a.m. and 4 p.m. in the months of June, July, and August of the current year.

I understand that a SPF-15 or higher sunscreen and a child-safe bug spray may be applied to all exposed skin, including, but not limited to, the face, tops of ears, nose, and bare arms or legs.

I have checked all the applicable information regarding the types and use of sunscreen for my child:

I do not know of any allergies my child has to sunscreen, and staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.

I have provided the following brand/type of sunscreen for use on my child:

For medical reasons, please do **not** apply sunscreen to the following areas of my child's body:

I have checked all the applicable information regarding the types and use of bug spray for my child:

I do not know of any allergies my child has to bug spray, and staff may use the bug spray of their choice following the directions or recommendations printed on the bottle.

I have provided the following brand/type of bug spray for use on my child:

For medical reasons, please do **not** apply bug spray to the following areas of my child's body:

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



Transportation Authorization Form

I, _____, give Autism Services permission to transport
_____ to/from outings in the community.

Emergency Information

Child's Date of Birth _____

First person to contact in case of emergency:

Name: _____

Day Phone: _____

Relation: _____

Second Phone: _____

Address: _____

Second person to contact in case of emergency:

Name: _____

Day Phone: _____

Relation: _____

Second Phone: _____

Address: _____

Health Insurance Company: _____ **Group #:** _____

Child's Doctor: _____

Phone #: _____

Address: _____

Allergies: _____

I give Autism Services permission to obtain emergency medical treatment for my child.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____