

~Celebrating 51 Years~



CAMP



HUNTINGTON

A Special Camp for the Special Camper

2011 CAMPER APPLICATION

Your child will enjoy the Magic of camp!



A Special Invitation for Enrollment

HIGH FALLS, NEW YORK

An Aspen Education Group program, a division of CRC Health Group

We proudly begin our 51st year of special needs camping, benefiting children and young adults with Autism, developmental, intellectual and learning disabilities, and attention deficits. A tradition of enthusiasm for providing residential therapeutic recreation continues with unique programming. Activities are designed safely to blend fun with learning, based on our understanding of a child's psychological, behavioral and social needs and abilities. Campers experience the joys of fun-filled activities and personal growth. Caring staffs provide constant support and encouragement for campers to be positively engaged, motivated, happy, independent, and socially successful. A great summer awaits your child!

THE BENEFITS WE STRIVE TO ACHIEVE *within our supportive environment:* successful peer and group socialization, social skills and independence building, improving hygiene, participation, personal enjoyment/fulfillment, friendship-making, self-confidence, developing positive attitudes and approaches, flexibility (trying new things, reducing anxiety and unhelpful habits), organizational skills, relaxation, progress with fine and gross motor skills, and project completion.

The serenity of the camp's surroundings represents a harmony of life upon which we pattern our programs. Each summer the joys of camp evolve through providing safe care, program structure for social and intellectual growth and excellently trained staff that offers your child a nurturing and beneficial summer. We are dedicated to generating positive and rewarding opportunities and outcomes for children with learning and developmental disabilities.

An excellent summer experience awaits your child!



• **Enjoy our fun daily programs (5 daily plus an evening activity):**

- Swimming, Music, Arts, Drama and Cooking
- Ropes Course and Indoor Climbing Wall and various sports
- Sensory Room and positive play, social integration
- Animal Care and Petting Zoo trips
- Professional Educators/Therapists Design and Supervise Programs
- Professional Medical and Healthcare Staff
- American Camp Association Accredited
- New York State Health Department Permitted

*Professional Accreditation and Associations include: NY State Health Department; The American Camp Association (ACA), OMRDD, NY State Camp Directors Assoc. Research and consulting for program development include: Columbia University, SUNY Stonybrook's Cody Center for Autism, Nordoff-Robbins Music Therapy program at NYU, The Child Study Center at NYU Medical School, and the Art and Drama Therapy program at SUNY Purchase.

HOW TO APPLY

Please complete the following application along with a deposit of \$450 to reserve a space for your child. Email or call to set up a campus visit and interview assessment. Include the most recent IEP and 2 professional reports, which can also be submitted separately after your initial application submission, but are necessary for our final admission decision. Do not fax an IEP. You can email scanned copies, but we also require an original signature document to be mailed. Please email us a recent photo of your child. Parents must verify the camp's reception of all application, payment and follow up paperwork required for admission and attendance.

Application Deposit

\$450 application deposit included with your child's application is required to confirm an interview and campus tour, and is fully refundable if you choose not to enroll your child. If you enroll your child, \$450 can be applied as tuition payment if they are admitted to the program, and is non-refundable if registration is cancelled after acceptance of an admission offer. If you are unable to afford the deposit amount, please discuss this with our admissions staff, and an alternative plan will be discussed. Deposit refunds are completed within 4 to 6 weeks after being approved.

Campus Tour and Interview scheduling

Please contact our director to schedule a campus tour and interview assessment for your child. No walk-in tours or assessments are possible. Campus visitation of any kind is only by appointment or scheduled invitation.

•Terms and Conditions for Camper Enrollment (please review carefully before signing)

Eligibility: Coed, for children 6 and older with Autism, a Learning Disability (LD), Attention Deficit Disorder or Hyperactivity Disorder (ADD/ADHD), Mild to Moderately Developmental or Intellectual Disability (MR or other related developmental syndromes, such as Down Syndrome), Asperger's Syndrome, PDD, and PDD-NOS, who demonstrate the social maturity and developmental ability to participate successfully in a residential group recreation setting may apply for enrollment.

Campers with emotional or behavior disorders as a primary diagnosis are not eligible to apply. The directors may disqualify acceptance or discontinue service to a camper due to: Failure to provide accurate information about your child during the interview, application, professional reports, or post-acceptance intake periods; or due to oppositional or aggressive behavior that arises prior to or while at camp that is deemed detrimental to self or others, medical needs that surpass our health center's capability, and for needs or behaviors arising during a child's stay that are too demanding for our staff supervision and training system to manage, and/or that disrupt the experience of other children in their group, such as excessive non-compliance or anti-social behaviors, such as biting. Any early departure determination by the camp requires immediate parent/guardian pick up at the participant's expense.

Any camper who has great difficulty in adjusting to camp life or who proves to be a detriment to self or others may be discharged at the Director's and camp's discretion. Tuition refund for early departure of any kind is subject to a 50% pro-rated refund of unused base tuition; all other fees are not returned, such as extra supervision or additional activities. Parents agree not to hold the camp responsible for program cancellation, and/or changes in opening or closing dates of camp, for any reason. The director, based on review of a child's needs during an interview or while in attendance, can assess extra supervision beyond the basic 1:3 level (one counselor for three campers) as part of our regular program and tuition (such as an increase to 1:2 or 1:1) or daily care fees (such as extra laundry for bed-wetting). Extra fee amounts are listed in our enclosed payment plans sheet. Note: 1:2 supervision is required for any child with seizure history. No allowance will be made for late arrival or early departure.



Medical Information, preliminary: Parents are required to take their child for a physical examination within 6 months of attendance. You must notify us of any sudden health changes prior to attendance. Camp Medical forms and medication instructions will be posted for download on our website after February 1st in the FORMs section of our website. Please download and complete all Preparation Forms for your child for the year they will attend; forms from a prior year will need to be updated to the current year, so please wait until they are updated on our website.

WE ONLY ACCEPT MEDICAL OR HEALTH CARE INSTRUCTIONS FROM YOUR CHILD'S PRESCRIBING OR DIRECT CARE PHYSICIAN. Parent notes are not accepted, due to NY state nursing rules. Our nurses can and will only act on information that is submitted on doctor's letterhead, signed. This includes the camper's medications list, dosage amounts, administration times and any form of delivery, such as pills crushed and mixed with yogurt or apple sauce, apple juice, etc. For any PRN, or as-needed medication, your child's doctor will also have to write a clear description of the precise conditions a nurse would need to observe to alter the prescription information, or to administer an as-needed medication, such as for a sudden recurrence of seizures, headaches, menstrual pains, or acute behavioral changes. Please do not call nurses to change medication procedures, only written updates from a doctor are accepted. Nurses will inform you of medical information that arises based on a doctor's instructions, such as a seizure, illness, hospital or local doctor visit. Communication required by NY State nursing licensure is only direct with physician. The camp maintains health care records as per NY State Health Department regulations and operation permit requirements, and are only made available based on approval from our consumer affairs department.

While at camp, your child is covered by our accident insurance. Parents/guardians are responsible for all other medical bills, such as visits to a local physician, dentist, optometrist, x-rays, hospitalization and any prescribed medication. •Parents should register with our medication packaging service, KidsMedPacks (new for 2011; www.kidsmedpacks.com), and send any other prescription medication items KidsMedPacks can't fill two weeks prior to attendance, pre-packaged by a pharmacist in blister pack form only. Only pharmacist-sorted and packed medications are accepted. Loose pills are not accepted. Parent-packed medication is not accepted, including vitamins and supplements. Non-prescription medications/supplements, should be sent to camp 2 weeks prior to a child's stay so our nurses can sort them properly. KidsMedPacks is our new medication supplier, and parents need to register with and acquire medication and supplements from (their information is included in our preparations forms). Contact the director if KidsMedPacks cannot serve you to make other arrangements. The camp is not responsible for lost or dropped medication, and parents will need to replace such items at their expense. Parents are responsible for any and all prescription charges filled by the camp during the summer, not covered by your insurance. Extra medication fees apply for all medications as stated in the payment plan sheet. A medical insurance card (front and back) must be sent with your completed medical forms.

Parents are responsible to verify the following: the camp's reception of all application and preparation forms and payments, all medication orders with KidsMedPacks; and that medication orders are sent to camp on time for your child's stay. Your child will not be admitted until all forms are received and payment complete. The camp reserves the right to refuse entry for any child who lacks proper form completion or tuition payment.

Transportation: Parents are responsible for transportation to and from camp. If special transportation is needed, such as, airport pick up or drop off, we refer families to: Scott Sutton car service: 800-487-3809; scottsutton@mindspring.com. Call them for a quote.

Laundry Service: A list of suggested clothing is in our FORMs section of the website, the preparations forms. Camp is not responsible for loss or damage to personal property. A \$75 weekly fee is charged for extra laundering needed for bed-wetting or lack of bowel or bladder control, as needed and discussed with the director.

General Camp Rules: A) Visiting the camp is by appointment only. B) Permission is given to the Camp for camper to participate in all on-camp and off-camp activities and trips, our ropes course, swimming program, and additional activities, such as horseback riding, if selected. C) Permission is given to use photos of camper on our website or photo site, and for marketing purposes.

Visiting Day, 2011: Saturday, July 9, 2011, 1:00pm – 4:30pm. Please confirm your visit beforehand via email or phone. Family members are welcome to visit and see our activity centers and projects campers have made. Bring bathing suits if you'd like to swim, enjoy our ropes course and tour our campus. You must sign a waiver form in order to participate in high-risk activities. You can visit our creek-front area. Snacks and merchandise will be available. No unauthorized or non-therapy-trained animals are allowed on campus, as some campers and staff can be frightened or are allergic. No visitors with contagious illnesses are allowed to enter the campus.

FINANCIAL ASSISTANCE

Clark Education Loans: offers a range of loan options. Please contact them directly to get pre-approved: <http://www.clarkbhf.com>.

School District funding: we encourage families to request full or partial tuition payment from their school district, since our program can meet most IEP directives. Parents must inquire about and work with their district to acquire any available funding.

School District or any other Third-party Payments, Insurance Claims

We require full tuition payment prior to attendance and by May 1st. Inform your school district or payment source of this schedule. All payments scheduled or received after May 1st are subject to a 1% monthly finance charge, so inform providers so they are aware of this requirement.

-Parents are responsible for tuition payment if a third party provider refuses to complete their commitment. The camp will provide you with a payment receipt to claim from another provider. If the provider must issue payment to the camp, once payment has been received, plus any late-payment finance charges, the camp will issue a refund to a family that paid in advance. We will deduct from your refund any late-payment finance charges not included by a provider.

-A provider must submit a commitment letter to the Camp guaranteeing payment for a camper prior to attendance. This letter must be on the provider's letterhead and signed, stating the child's name, full contact information, intended attendance dates, tuition amount they will pay, and by what date. We will review whether this date is acceptable to our payments schedule, and final admission will be pending based on this review. Parents may need to provide full or partial payment while the camp waits to receive third-party payment, after such reception, the camp can refund your initial payment.

-Insurance claims: must be made by parents, and forms pre-filled that the camp can review and sign.

Forms of payment

Acceptable forms of payment: 1) a regular or certified check from a United States (US) bank paid in U.S. dollars, payable to *Camp Huntington, Inc.*; 2) a money wire, plus wire fee; 3) Credit cards, please review our credit card sheet for list of accepted cards.

Penalties

Tuition payment received after May 1st is subject a 1% monthly finance charge, including all third-party payments. Children accepted after May 1st will not be charged for late payments until they begin their session, upon which full payment is due, thus any non-payment at that time forward is subject to a 1% finance charge and may also cause termination of enrollment. Payment for extended weeks or sessions is due in full by the first day of the extension, or a 1% finance charge will be applied. Payment not received by 4 weeks after a child's departure will be sent to collections. Payment for activities requiring a physician's prescription cannot be started and will not be refunded if you have not provided a doctor's prescription. Preparation forms received after May 15th are subject to a \$250 late forms fee.

Early Termination of Enrollment

If the camp terminates enrollment for any reason, such as, due to lack of payment or safety concerns of a child's behavior, parents agree to pick up their child immediately within 24 to 48 hours. In extreme situations where parents refuse to pick their child up, or are unreachable, the camp reserves the right to remove a child from campus to a safe location, such as, but not limited to a local hospital or treatment center for proper professional healthcare, as needed.

Application Review and Processing

Camp Huntington does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, disability, or status as a person with a neurological disability or any other factor unrelated to a participant's ability to experience successful program attendance. However, factors such as self-injurious or externally directed destructive or dangerous behavior are taken into account in the admission process. Applicants will be considered for admission as long as space is available. To maintain the quality of therapeutic recreation programs, the number of new campers admitted each summer will be determined by the level of camp resources available. The camp seeks a wide-inclusion camper body to simulate a realistic setting we find most effective for rapid personal growth and development within a recreation setting and program. Applicants who meet admission eligibility and criteria will be notified of an admission decision as soon as possible following the completion of: a camper application, deposit and personal interview and assessment. An enrollment agreement will be sent to you *after* we deliver an admission acceptance decision and must be returned to us in order for your child to be admitted to camp.

Original signature documents: must be submitted for your child's application, and please keep a copy for your records, or in case items get lost in the mail, or mistakenly misplaced in our office system. You can fax or scan and email items to us for initial assessment or return enrollment, but please mail the original signature documents to complete your child's registration.

Payment: your child's registration will not be confirmed unless we receive payment according to our published schedule below, and the balance paid in full prior to their arrival at camp, and all late payments are subject to stated payment penalties above. Payment within a two-week time period before a child's start date can only be: certified bank check or wire transfer payments. A child will be admitted to camp only after full payment is completed, or a certified commitment letter guaranteeing full payment by an authorized third-party provider the camp's approves is submitted.

Canteen Fee: \$15 is a weekly canteen fee charged to all campers during their stay for spending money or personal items that may be needed and for items during off-camps trips, like snacks or user fees.



Summer preparation forms (in addition to Camper Application): (medical information, including our camp medical form, OTC medication form, immunization record, enrollment agreement form, behavioral goals sheet, daily living information from parents sheet) will be on our website after January 15th, and will be required by May 15th, or a late fee of \$250 will be applied. For late enrollments, all application and preparation forms are due at least 2 weeks prior to a child's arrival at camp or by special arrangement with the director.

Medication packaging and new items for 2011: all medication and supplements must be acquired through KidsMedPacks (www.kidsmedpacks.com), a medication service we have parents use. Medications must be sent to our campus office at least 2 weeks prior to a child's stay. All prescription medication must be packaged by a licensed pharmacy in the United States. International families must ensure that any medication brought into the country for their child takes is approved for use within the United States. Our nurses cannot administer non-FDA approved medication, so please check their website for a list of approved medications within the United States: <http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm>.

Medication Service (Required): KidsMedPacks is a medication packaging service we require all families to register with to acquire medication and supplements a child will take at camp. Parents must verify confirmation with this packaging service. The camp is not responsible for processing your child's prescriptions and confirming their medication order. No allowances will be made for parents not confirming their child's medication order with KidsMedPacks in time for their child's session start. If KidsMedPacks is not able to serve you, please speak with our director to plan an alternative.

- Loose pill bottles will not be accepted.
- Refrigerated items can be brought on check-in day, but please schedule an earlier arrival time, at least 1 hour.

New Medication Packaging Update for 2011: KidsMedPacks (www.kidsmedpacks.com) is our new medication packaging company, and their parent registration letter is included in this application and in our website's FORMS section. Non-prescription vitamins and/or supplements that KidsMedPacks cannot acquire or provide are to be sent to our campus office in original containers only, sealed and unopened for accurate nurse verification. Our nurses will handle daily sorting and administration of these non-prescription items. We no longer accept parent packaged non-prescription supplements, unless by special arrangement with our head nurse and director.

NOTE: Each type of medication or supplement will be charged separately and according to our listed medication handling rates. Separate dosages of the same medication or supplement will be charged separately, since they require separate sorting, administration and recording.

CERTIFICATION SIGNATURE For Parent/Guardian Agreement to above Application Terms and Conditions for the 2011 camper season:

–I agree to the terms and conditions listed above for camper application, enrollment and participation in Camp Huntington 2011 residential summer’s program, and understand that withholding or falsifying information requested on this application will make my child ineligible for admission to the camp or subject to immediate dismissal at parent/guardian expense. I certify that the statements I have made on this application are correct and complete. *(Your signature below is required before the Camp can process this application.)*

CHILD’S NAME _____ RELATION TO CHILD _____

PRINT PARENT/GUARDIAN NAME _____

SIGNATURE _____

DATE _____

-Print this page and include a copy with your application, including pages 8 through 16 of this packet.



Admissions Office:

Box 37, High Falls, NY 12440

Phone: 866-514-5281

Email: admissions@camphuntington.com

Admissions Contact:

Daniel Falk, *Executive Director*

Phone: 866-514-5281; Cell: 917-751-0781

Fax: 845-853-1172

www.camphuntington.com

Camper Registration Checklist: New and Returning Campers

Dear Parent,

Camp Huntington's program is an incredible adaptive recreation and skills-building experience for your child! We proudly enter our 51st year of providing high quality residential therapeutic programs for campers with special needs. The checklist below will help guide you through our application process. Our website contains complete information about our programs, staff and facilities: www.camphuntington.com. Applications can be submitted any time during the year. Interviews are conducted throughout the year to assess a child's eligibility and the program's ability to meet their needs. Due to high demand, we recommend reserving a space for your child early.

Follow the checklist below to schedule an interview for your child, or to confirm re-enrollment as a returning camper. Once our office reviews these items, we will contact you to schedule an appointment or confirm re-enrollment. Please use this form as a check-sheet and mail a copy together with the completed information and deposit to our admissions office. Thank you.

Your Child's Name _____ Age _____

Parent/Guardian's Name _____ Date _____

_____ Application for Enrollment and all signature pages (pages 8 through 16), please return pages with all information fields and all signature pages completed. *Save a copy for your records.

_____ \$450 Registration Deposit (Refundable until you confirm registration)

_____ A recent photo of your child, mail, or email: admissions@camphuntington.com

_____ IEP – most recent copy (by mail only, please do not fax)

_____ 2 Professional reports about your child: 1) Teacher's, 2) Psychological; a third report would be appreciated from another therapist. (Report form is included in our application packet, print and hand to your child's teacher.)

Note: Part 2 of the camper application: an Enrollment Agreement will be sent to you after we receive your 2011 application to enroll and we complete an interview with your child, and is necessary to complete your child's registration. Thank you.

-We reserve the right to refuse enrollment to any camper who has experienced behavior challenges that would be detrimental to themselves or others prior to or while at camp. Please contact the director if you have concerns.



Camp Huntington Camper Name: _____

Camper Application 2011 Complete and send to our admissions office

Admission Office Use Only

Date application received, initials: _____
 Deposit received: _____
 Date sent to finance manager: _____
 Date of interview: _____
 Interview completed: _____
 Admission Recommendation: _____
 Parent Notified of Admission: _____
 Parent Accepted, date: _____
 Preparations Email sent: _____

Submit a \$450 application fee with your Application for Admission.

- Check enclosed Money order enclosed
- Credit card (*Complete information below.*)
- MasterCard Visa Discover AMEX
- Card # _____

 -Name on Credit Card _____
 -Expiration date _____ Sec Code _____
 -Authorized signature _____

Dates and Rates • Rates may increase after February 1st and again after May 1st so please register early

Sessions	Dates	Cost	Check Choice
Session 1 and 2 combined: (6 weeks)	6/19 (Sunday) to 7/30/2011 (Saturday)	\$10,995	
Session 1: (3 Weeks)	6/19 (Sunday) to 7/9/2011 (Saturday)	\$5,995	
Session 2: (3 Weeks)	7/10 (Sunday) to 7/30/2011 (Saturday)	\$5,995	
Session 3: (2 weeks)	7/31 (Sunday) to 8/13/2011 (Saturday)	\$3,995	
Session 4: (1 week)	8/14 (Sunday) to 8/20/2011 (Saturday)	\$1,995	
Add or extend a week , please specify, we will discuss and confirm with you if we can offer it and the cost, if different.		\$TBD	
•Canteen Fee: \$15 weekly fee, added to all registrations			

Additional Activities: Select individual tutoring and/or additional programs. A licensed professional supervises academic and therapeutic activities; delivery may be assigned to an unlicensed, trained aide. **The cost for each selection is \$110 per week**, a 1-hour session. Weight loss is priced according to necessary planning and weekly/daily monitoring. Reports are sent home within 4 weeks after a child's stay. We do not complete insurance paperwork. Please request a report earlier if needed.

Additional Activities/Special Programs	Check Choice
Horseback Riding (off-campus ranch, ½ inch heeled boots and long pants required to ride)	
Speech and Language Development (physician's prescription required)	
Occupational Therapy/Perceptual Training (Physician's prescription required)	
Academics: Reading, Writing, Mathematics (IEP and 2 professional reports required)	
Computer Learning/Digital and Interactive Media (Campers participate in video game design and programming, discuss with director)	
Weight Loss – Nutrition and Exercise Program (Requires initial evaluation by nutrition professional, which the camp can arrange)	
Counselor Assistant Program (Campers participate in an enriching vocational skills training program through a planned and guided daily routines and responsibilities)	
Request another activity you'd like us to provide...	

An activity can be cancelled due to low enrollment, for which the camp will refund 100% of the amount paid by a parent of provider. The camp will not refund activities fees due to cancelation because of the lack of submission of a required prescription.

Camper and Parent Information (All required, please print clearly)

Camper's Full Legal Name _____

Nickname, if any _____

Returning Camper?: (yes/no); Last year attended? _____ Which Session? _____

Gender (check): male ___ female ___

Birthday: Month _____ Day _____ Year _____ Age as of June 1st _____

Home Address _____

City _____ **State** _____ **Zip** _____

Parent's Email address _____

Parent/Guardian Name/s _____

Relation to Child _____

Address, if different than above _____

City _____ **State** _____ **Zip** _____

Occupation and Firm Name _____

Address of Firm _____

City _____ **State** _____ **Zip** _____

Home Telephone (_____) _____

Cell Phone (_____) _____ (mother)

Cell Phone (_____) _____ (father)

Business Telephone (_____) _____ (mother)

Business Telephone (_____) _____ (father)

Emergency Contact - Name _____

Emergency Contact Telephone (_____) _____

Camper's School _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone (_____) _____

Type of Class _____

Teacher's Name _____

Teacher's Phone and Email _____

Recommended to camp by _____

•Camper Profile and Daily Living Skills •Child's Name: _____

•Child's Age: _____

Disclosure Information about your child's healthcare and behavioral history and needs:

Camp Huntington is committed to maintaining a safe environment for campers and staff. Applicants are responsible to fully disclose all information necessary to ensure we can assess a thorough evaluation for program participation.

The Basics (required), you must circle either Yes or No; please attach further explanations:

Seizure history? Yes or No; if so, list year began and current status _____

Medications taken? Yes or No; please list _____

Diabetes? Yes, or No; please explain _____

Suicide ideation? Yes or No; please explain _____

-Has your child ever attempted suicide? (y/n) _____

-Has your child ever been hospitalized due to a suicide attempt or threat? (y/n) _____

-Has your child ever been treated for suicide concerns or prevention? (y/n) _____

Child's Disability Diagnosis: (list all that apply) _____

Applicant's present school program: Mainstreamed _____ Self-contained _____ Residential _____ Other _____

Date of last IEP _____ (send us a copy by mail only please)

•An accurate assessment of your child's current intellectual and social abilities will allow us to determine their eligibility and proper placement and individual support in our summer program. Failure to provide accurate information about your child will disqualify acceptance and may cause early termination. **Returning campers must complete as well.**

Social/Behavioral Abilities

_____ Participates and plays well with others

_____ Has some difficulty around other children

_____ Prefers limited contact with others

_____ Occasionally resents group activity

_____ Does not get along with others

_____ Prefers solo activities, needs encouragement

_____ Shy, withdrawn, does not participate

_____ Engages in harmful behavior to others

Never _____ *Rarely _____ *Often _____

*Explain _____

_____ Engages in harmful behavior to self

Never _____ *Rarely _____ *Often _____

*Please explain _____

_____ Destroys property:

Never _____ *Sometimes _____ *Often _____

*Please explain _____

•Please check all that apply•

_____ Tantrums: Never _____ *Rarely _____ *Often _____

*Please explain _____

_____ Sexual behavior; if of concern, or give status

Please explain _____

_____ What is your child's understanding/acceptance of their limitations?

Full _____ Partial _____ Unclear _____

_____ What helps calm tensions? _____

Need for Attention

_____ Satisfied with reasonable amount

_____ Requires more than average amount

_____ Requires inordinate amount

_____ Other, please specify _____

_____ Your Child's Education Classification:



Communication

- ___ Uses speech, full and/or short sentences
- ___ Clear, single words
- ___ Difficult to understand
- ___ Attempts words, unclear speech
- ___ Non-Verbal
- ___ If non-verbal:
- ___ Uses sign language
- ___ Uses gestures
- ___ Has communication board, device or pictures
- ___ Does not outwardly appear to communicate
- ___ Other _____
- ___ Please comment on your child's vision:
No Problem ___ Wears Glasses ___ Partial Vision ___ Legally Blind ___
- ___ Your child's hearing:
Very Good ___ Good ___ Partial ___

Comprehension

- ___ Understands most conversations:
Often ___ Sometimes ___ Never ___
- ___ Understands most directions:
Often ___ Sometimes ___ Never ___
- ___ If sometimes or often, please explain _____

Perceptual Ability

- ___ Visual: Good ___ Fair ___ Limited ___
- ___ Fine Motor Coordination;
Good ___ Fair ___ Limited ___
- ___ Gross Motor Coordination;
Good ___ Fair ___ Limited ___
- ___ Child's IQ _____ Reading Level _____
- ___ Math Level _____

Camper Name: _____

Medication and Medical Care

___ **Your child's medication/s:** specify name, dosage, times: _____

___ **Allergies/restrictions to medications/other,**
Specify: _____

___ Comprehension of medications and treatments
Full ___ Partial ___ Unable ___

___ Cooperation with receiving medications/ treatment
Always ___ Usually ___ Sometimes ___
Medication usually given as:
Pill ___ Crushed ___ Liquid ___

___ Crushed/liquid medications are given with:
Water ___ Juice ___ Applesauce ___
Ice Cream ___ Other ___

___ **Food Allergies,** please specify foods, reactions and immediate care requirements _____

___ Is a special diet required to prevent life-threatening food allergy or other medical condition? Yes ___ No ___
Please specify _____

___ **Seizure History** (Any history requires 1:1 supervision during swimming, NYS Health Department Rule, and 1:2 at camp.)
None ___ Yes ___ Grand Mal ___ Petit Mal ___
If Yes, is seizure under control? _____

___ Frequency of seizures _____
*Important, please describe child's behavior before, during and after seizure _____



Camper Name: _____

Activity Level

- _____ Very active, at times impulsive
- _____ Usually restless, hyperactive
- _____ Initiates activities, shares interests with others
- _____ Engages willingly in most activities with minimal supervision
- _____ Requires occasional encouragement to complete activity
- _____ Engages in and completes activities of personal interest only
- _____ Does not initiate activities, however participates with continual encouragement and/or supervision
- _____ Wanders/Runs away if unattended
- _____ Does not willingly participate in most activities

Interests

- ___ Dance ___ Acting ___ Music
- ___ Drawing ___ Cooking ___ Writing
- ___ Photography ___ Basketball ___ Soccer
- ___ Pool ___ Boating ___ Horses
- ___ Gardening ___ Animal Care ___ Jogging
- ___ Reading ___ Singing ___ Hiking
- ___ Swimming ___ Movies Other: _____
- _____ Favorite leisure activity is _____
- _____ Favorite type of music is _____
- _____ Favorite sports activity is _____
- _____ While at camp, applicant is most looking forward to? _____
- _____ Does applicant have any known fears?
- _____ If so, please explain _____

Mobility

- _____ Walks independently
- _____ Requires occasional assistance walking over uneven ground, up stairs and over difficult terrain
- _____ Requires direct assistance of one person while walking at all times
- _____ Please specify walking aid usage (cane, walker, etc.) _____
- _____ Please specify any mobility issues _____
- _____ Ambulation: Walks freely ___ Walks with difficulty ___
- _____ Uses aids ___ Non-Ambulatory ___

Dressing

- _____ Independent, no assistance
- _____ Requires verbal prompting and assistance dressing
- _____ Needs assistance with buttons, zippers, shoes
- _____ Total assistance required with all tasks
- _____ Will cooperate and follow directives with task
- _____ Unable to cooperate or assist with task

Dining Skills and Habits

- _____ Uses fork, knife and spoon
- _____ Uses fork and spoon only
- _____ Drinks hot and cold liquids with no assistance
- _____ Requires assistance to drink liquids from cup
- _____ Uses an adaptive cup, Yes ___ No ___
- _____ Known risks for choking, Yes ___ No ___
- _____ Eats rapidly
- _____ Difficulty with chewing
- _____ May "stuff" food
- _____ Appetite: Fair ___ Average ___ Excessive ___
- _____ Specify special needs during meals _____
- _____ Favorite foods include _____



Camper Name: _____

Toileting Skills

- _____ Uses toilet independently, fully trained
- _____ Requires supervision on toilet
- _____ Not trained
- _____ Requires incontinence pads for urine
- _____ Requires incontinence pads for stool:
Day ___ Night ___ Both ___
- _____ Currently on a bowel and bladder schedule
(please supply)
- _____ Uses word or method to indicate need,
please specify _____
- _____ Usual time of day for bowel movement ___
- _____ Usually has a bowel movement every ___ days
- _____ Usual length of time on toilet ___
(Female only)
- _____ Menstrual Care Assistance needs:
Independent ___ Some assistance ___
Total assistance needed ___

Bathing and Showering

- _____ Independent, no assistance
- _____ Requires verbal prompting, reminders
- _____ Some physical assistance required
(preparing shampoo amounts, obtaining supplies)
- _____ Hand over hand physical assistance required
to complete task
- _____ Total assistance required with all bathing tasks

Sleeping Habits and Routines

- _____ Always keeps same sleep time and hours
- _____ Takes nap during day at _____ o'clock
- _____ Usually goes to sleep at _____ PM
- _____ Usually wakes up at _____ AM
- _____ Does not keep routine hours
- _____ Has difficulty sleeping at night
Rarely ___ Sometimes ___ Always ___
- _____ Gets out of bed during the night
Rarely ___ Sometimes ___ Always ___
- _____ Requires repositioning throughout the night
- _____ Usually sleeps on: Back ___ Side ___ Stomach ___
- _____ Makes sounds in sleep
Rarely ___ Sometimes ___ Always ___
- _____ Requires bed rails at night
- _____ Wets bed at night
- _____ If difficulty sleeping,
usual intervention is to _____

Additional Comments _____

Person completing form _____

Relationship to applicant _____

Date _____

PLEASE provide 2 current professional reports (4-page form below):

-Include a Psychological or Educational Evaluation/Summary with your application.

-**Mail** us your child's most recent IEP (please **do not fax it**). Thank you.



Criminal History: please state whether your child has any prior or pending criminal charges, or have been convicted of a crime (other than a routine traffic offense) to disclose this information as a mandatory step in the application process.

-In addition, if they have ever been expelled or dismissed from an educational institution for disciplinary reasons, an accurate and complete explanation of the circumstances and your current status is required as part of the admission process.

All applicants must answer both of the following questions:

-Do they have criminal charges pending against you or have you been convicted of a misdemeanor (other than a routine traffic offense or a juvenile offense) or felony crime?

- Yes - No

-Have they ever been expelled or dismissed from an educational institution for disciplinary reasons.

- Yes - No

-If you answered "Yes" to any of these questions, you must submit the following information: a brief, accurate explanation, location (city, state, country) of conviction pending criminal charge(s), suspension(s), or expulsion, dates and court disposition, in English. This statement must also include a grant of irrevocable authorization to the Camp for complete access to criminal records, if any. Applicants are responsible for verifying receipt by the Camp. Complete information must be sent at the time of application for admission to:

-Review Process: submit all information to our campus address in High Falls, NY.

-A previous conviction, pending criminal charges, or other expulsion or dismissal does not automatically bar admission to the camp, but does require review and evaluation.

•Applicants are responsible for verifying receipt of all application information and payments by the Camp. Complete information must be sent at the time of application for admission to our Camp Admissions address, Camp Huntington, PO Box 37, High Falls, NY 12440.

•**CERTIFICATION Signature for accuracy of daily profile information:**

I understand and agree to that information I've provided for my child's application to Camp Huntington is accurate and current. I understand that that withholding information requested on this application or giving false information will make me ineligible for admission to the camp or subject to dismissal. I authorize the camp to contact my child's school officials, therapist or aides provided with my application so they can acquire information relevant to admission assessment. I certify that the statements I have made on this application are correct and complete. (Your signature/date is required before Camp Huntington can process this application.)

Signature _____ Date _____

Mailing Address for Application Submissions: (Please make sure to sign where indicated)

Camp Huntington – Admissions
PO Box 37, High Falls, NY 12440

Admissions email: admissions@camphuntington.com
Director, Daniel Falk: dfalk@camphuntington.com

Phones:

Toll-free: 866-514-5281

Director's mobile phone: 917-751-0781

Campus address for interview appointments: 56 Bruceville Road, High Falls, NY 12440

Picture of your child: attach with paper application when mailing in; email photos are preferred.

Camp Huntington

PO Box 37 (56 Bruceville Road)

High Falls, NY 12440

Phone: 866-514-5281

www.camphuntington.com

[PARENTS: Provide two reports with application]

Professional Report, Summer 2011 (4 pages)

(•To be completed only by a child's teacher and/or therapist able to provide thorough information)

Camp Huntington provides a residential therapeutic recreation summer program that serves children and young adults with learning and developmental disabilities. This report is a required item of our admissions process. Please complete and return it to us by email (preferred, as a scanned document) or by mail. Now in our 51st year, our unique recreation programming approach combined with social and independent skills development, promotes a therapeutic setting to help children move beyond difficult issues and make important progress. Licensed special educators and psychologists supervise the program.

•We invite you to observe our summer program and assess whether your students may find it beneficial. Please schedule a visit with our director, Daniel Falk: admissions@camphuntington.com.

Camper's name: _____

Gender: _____ Birthdate: _____ Age: _____

Person completing report (please print): _____

Title: _____

Signature: _____ Date: _____

Name/Address of School, Agency or Practice: _____

Street Address: _____

City _____ State _____ Zip Code _____

Telephone: () _____ Hours can be reached: _____

What services do you provide to this child? Please describe (type, frequency, duration, goals, etc.):

List currently goals/objectives and progress, and key challenges?

Describe any concerns you think might affect this child's participation at a residential summer program:



Camper Name: _____

•Please provide details for the following:

•Professional Report, Page 2

Abilities (main strengths/challenges):

Interests (key personal and broader community-based):

Talents (offer insight into encouraging participation):

Please describe your concerns about this child's behavior/s, and responses you recommend:

SOCIAL ABILITIES: (Please Circle the letter that best describes the child.)

Relationship to other children: A. Works and plays well with others B. Does not get along with others C. Tends to prefer to be alone than being with others.

Relationship to adults: A. Friendly and cooperative B. Cooperative, but shy or withdrawn C. Uncooperative, appears not to listen or follow directions.

Attitude toward a social group: (with adult direction): A. Responds well to group control B. Occasionally resents group control C. Usually non-conforming.

Need for attention: A. Satisfied with reasonable amount of attention B. Requires great deal of attention.

Temperament: A. Usually even tempered B. Occasional temper outbursts C. Frequent temper outbursts.

Group participation: A. Participates actively in group projects B. Participates when encouraged C. Shy, withdrawn, does not participate.

Self-confidence: A. Usually works with confidence B. Needs frequent encouragement C. Lacks confidence, needs constant encouragement.

Activity level: A. Usually passive B. Typical engaged C. Usually restless, hyperactive.



Camper Name: _____

•Professional report, Page 3

Please circle best option indicating child's current skill level in the following areas:

Communication (asks questions, starts conversations, expresses feelings, asks for help, etc.)

Excellent Good Fair Poor

Motor (jumps, runs, draws recognizable pictures, etc.)

Excellent Good Fair Poor

Self Help (dresses self, brushes teeth, washes self, etc.)

Excellent Good Fair Poor

Relationship Building (asks other children to play, expresses concern for others, apologizes when appropriate, etc.)

Excellent Good Fair Poor

Responsible Behaviors (stays away from dangerous situations, respects others' space and privacy, follows directions, etc.)

Excellent Good Fair Poor

Attitude and Adjustment (likes to try new things, tries again - even when frustrated, etc.)

Excellent Good Fair Poor

Which of the following activities/times of day may be difficult for this child at Camp?
(Please check as many as you would like. Please explain why in the space provided)

- Wake up (dormitory residence, 5 to 8 campers) _____
- Meal times (small group eats together family style) _____
- Helping with cabin clean up _____
- Athletics/Group Games, Swimming activities _____
- Cooking/Home Economics activities _____
- Crafts activities (arts, fabric) _____
- Music and Drama activities _____
- Nature/hiking/gardening activities _____
- Transitions between activities _____
- Showering, Dressing _____
- Bedtime, Sleeping _____



Camper Name: _____

•Professional report, Page 4

What precursors and/or circumstances cause this child to become frustrated or exhibit negative behaviors?

What are the most successful ways to manage this child's behavior when s/he exhibits difficulties?

What approaches are *not* advisable or counterproductive when responding to him/her?

Describe any known family history or concerns that may influence child's behavior:

Please provide any other information you feel is important for us to know. You may use the other side of this page or attach additional sheets if necessary. Thank you for completing this report! ☺

Payments, Plans and Schedules 2011 Season

- **Extra Attention Fees:** 1:2 - \$395 per week; 1:1 \$765 per week.
- Regular Supervision of 1:3 is included in tuition. (For children with seizure history, 1:2 supervision is required to be compliant with NY State Health Department law for 1:1 supervision during swimming).
- **Medication/Supplements Fees:** (charged for each prescription medication, or same medication with different dosages is charged separately, non-prescription medications: supplements, vitamins, powder/liquid, injections: 1-3 per day: \$75 per week; 4 per day: \$95 per week; 5 per day: \$135 extra per week; 6-7 meds per day: \$195 extra per week; 8-9 per day: \$250 per week; 10 plus, please inquire for a cost evaluation. Injection fees may be assessed separately based on type required and whether we are able to provide this type of service at camp.
- **Extra Laundry fee:** \$75 per week.
- **Canteen Fee:** \$15 per week for incidental needs during a child's stay or for off-camp trips.
- **Credit Card Payments:** please complete our credit card payment form, and fax to: 845-853-1172, Attn: Michael Bednarz.

• **2011 Registration – Payment Schedule of base tuition (please refer to your statement for extra costs associated with increased supervision, medication or additional activities.**

<u>Session Lengths</u>	<u>6 Weeks</u>	<u>3 Weeks</u>	<u>2 Weeks</u>	<u>1 Week</u>
Deposit	\$450	\$450	\$450	\$450
January 15, 2011	\$3645	\$1945	\$1295	\$545
March 1, 2011	\$3450	\$1800	\$1250	\$500
May 1, 2011	\$3450	\$1800	\$1000	\$500
Total (base tuition)	\$10,995	\$5995	\$3995	\$1995

- Camp Tuition is payable in full by May 1, 2011. All registrations received after May 1, 2011 are charged a 1% per-month late fee. Tuition must be fully paid and all necessary enrollment and attendance forms completed prior to your child's arrival, no exceptions can be made and admissions may be delayed until these items are complete or cancelled.

Payment Address and Contact Information:

Admissions Office: PO Box 37, High Falls, New York 12440
 Toll-Free: (866) 514-5281
 Michael Bednarz, Operations Director: 917-710-4285;
 email: mbednarz@camphuntington.com

General Admissions email: admissions@camphuntington.com

Camp Huntington

PO Box 37
High Falls, New York 12440
Phone: 866-514-5281
www.camphuntington.com

Daniel Falk, Executive Director
dfalk@camphuntington.com
admissions@camphuntington.com
Michael Bednarz, Operations Director
mbednarz@camphuntington.com

Credit Card Payment Authorization (Please print, complete and return by fax)

Fax: 1-845-853-1172

Attn: Registrations (records secured for cardholder authorized transactions only)

Date: _____

Child's name (print): _____

Cardholder's Name (print): _____

Billing Street Address: _____

City, State, Zip: _____

Phone Number for Billing Address: _____

Credit Card Type (circle one: Visa, Master Card, Amex)

Card Number: _____

Expiration Date: _____

VPN Security Code, 3 digits on back of card (for Amex: front 4 digits): _____

Balance Due: _____

Payment Amount You're Authorizing: _____

Cardholder Signature: _____

Today's Date: _____

A Special Camp for the Special Camper





The fun we have at camp!

