

# Camp ASPIRE

Autism Social Skills Program for Interaction and Relationship Education

Location: Springfield First Church of the Nazarene

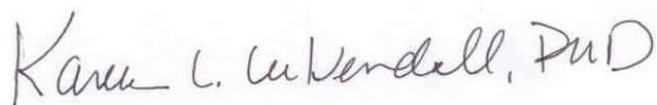
Dear Parents,

Thank you for your interest in Camp ASPIRE. We have had 7 great years of camp experience and are thrilled to be able to offer this wonderful opportunity to our families once again in June of 2016. Each year we review the camper applications to make sure that the children who attend our camp are a good fit for this experience and will benefit from the curriculum. It is extremely important that you present an accurate picture of your child's functioning level during this application process and provide all the materials that are requested so that we may determine whether Camp ASPIRE is suitable for your child.

The children who attend Camp ASPIRE must be potty trained, have completed kindergarten, have some inclusive school experience and do not exhibit aggressive and destructive behavior. The first week of camp will be an observational and trial period. At the end of the first week of camp if we do not believe the placement of your child is suitable, we reserve the right to terminate our agreement. Please understand that our first and foremost concern is to maintain the safety of our campers and our counselors.

We are looking forward to a great summer experience. Please let us know if you have any questions. Applications are due on May 1<sup>st</sup> so that we may appropriately staff Camp ASPIRE.

Sincerely,



Karen Kirkendall, Ph.D.  
Board Member, Camp Trainer/Consultant

## CAMP ASPIRE

Autism Social Skills Program for Interaction and Relationship Education

Dates for Camp: June 6 – July 14, Monday – Thursday

Hours: 8:30 a.m. to noon

Application due: May 1<sup>st</sup>, 2016

ASCI Website: [www.autismcil.org](http://www.autismcil.org)

Camp Address: 5200 S 6th Street Frontage Road East, Springfield, IL

ASCI Mailing: P.O. Box 8781, Springfield, IL 62791-8781

ASCI Phone: 217-585-1421

ASCI Email: [info@autismcil.org](mailto:info@autismcil.org)

# Camp ASPIRE

Autism Social Skills Program for Interaction  
and Relationship Education

## 2016 Camper Interest/Application Form

**Dates for Camp:** June 6-July 14 Monday-Thursday

**Hours:** 8:30 a.m. to noon

**Location:** Springfield First Church of the Nazarene

**Tuition due:** \$250 by May 1st, \$250 by June 6th

**Application due:** May 1st, 2016

## Camper Interest Application Form (ages 6—16)

- Please remember that mailing this informs Camp ASPIRE staff that you are interested in having your child participate in camp and does not indicate acceptance.
- Completed registration forms received with a postmark date not later than **May 1st** will be considered within the first pool of applicants. Forms received after that date will be accepted but will likely be placed on a waiting list.
- All *Interest Forms* MUST be mailed. We will not accept registrations via fax, internet, or personal delivery.
- Information regarding each child's status will be communicated within two weeks. Further details about each camper will be gathered following this deadline that is determined needed to help provide a successful camp experience.

### General Information

Camper's name (First, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Grade in school: \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ IL Zip code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In case of Emergency Call: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**TRANSPORTATION:** My child is being transported to **camp** via:

\_\_\_\_\_ Child's own parents/carpool/babysitter \_\_\_\_\_ Name of person transporting: \_\_\_\_\_

\_\_\_\_\_ Unclear as of today

Name of Person responsible for transportation: \_\_\_\_\_

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

Relationship to the child: \_\_\_\_\_

**Current Educational Setting:** Public School \_\_\_\_\_ Private School \_\_\_\_\_ Home Schooled \_\_\_\_\_

**Regular Classroom Placement:** none \_\_\_\_\_ nonacademic only \_\_\_\_\_ (specify areas) full placement with some pull out \_\_\_\_\_ full placement \_\_\_\_\_

**Current Services:** Speech \_\_\_\_\_ One to One Aide \_\_\_\_\_ OT \_\_\_\_\_

Other: \_\_\_\_\_

**Diagnostic Label:** \_\_\_\_\_

Physician who diagnosed: \_\_\_\_\_

**Behaviors:** Please mark off any behavior that has been observed within the past two years.

\_\_\_ Hits \_\_\_ Scratches \_\_\_ Tantrums \_\_\_ Oppositional \_\_\_ Bites \_\_\_ Pinches \_\_\_ Yells \_\_\_  
Anxious \_\_\_ Runs away \_\_\_ Verbally aggressive \_\_\_ Other

Does your child have a behavior plan (BIP) at school? \_\_\_ Yes \_\_\_ No (If yes, please attach a copy)

**Please describe some of your child's strengths:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Concerns/goals for your child's regarding social communication development:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What are your child's favorite areas of interest?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Medications (prescription or non-prescription) are not permitted at Camp and no medications will be administered during camp times.**

**Please attach a photo of your child to this application. This photo will be used for social skills lessons during camp.**



**You must include verification of diagnosis, copy of your child's current IEP and BIP (if any) with this application.**

**Release for Emergency Permission to Treat Medically** In the event of an emergency, I give my permission for the staff of **Camp ASPIRE** to treat my child and/or release information to appropriate medical staff regarding my child.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Valuables Policy** :**Camp ASPIRE** is not responsible for your child's personal property. Please do not permit your child to bring in valuable or personally significant items. I understand this policy and will not hold **Camp ASPIRE**, it's employees, or the Autism Society of America Central Illinois Chapter liable for any lost property.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Admission to Camp** I understand that my child is not approved for admission until I receive notification of acceptance and the tuition deposit has been made in full.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Release for Photography:** I give permission for my child's photo to be used in **Camp ASPIRE** related publications. Yes\_\_\_\_\_ No\_\_\_\_\_

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**General Release:**

I/We agree to indemnify and hold harmless Camp ASPIRE, the Autism Society of America Central Illinois Chapter, and any employee, team member, or student against any and all claims by or on behalf of any person or legal entity arising from the camper's participation in this program and will further indemnify and hold those parties harmless from and against all costs, attorney's fees, expense and liabilities incurred in or about any claim or proceeding brought thereon, all to the extent of liability under state or federal law.

My signature on the line below certifies that I agree to the above general release.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail your completed application with required attachments to:**

ASCI  
P.O. Box 8781  
Springfield, IL 62791

**APPLICATION MUST BE POSTMARKED BY May 1, 2016!**

**Call ASCI, Karen Kirkendall at 217 585-1421 for more information.**