Please complete and mail to:

The Arc of Dearborn County
c/o Camp Director
13146 State Road 101
Sunman, IN  47041

Camp fees are $120 for members; and $150.00 for non-members.

Sign up as a complementary new member at the time of registration and pay the lesser fee! A $20 (family/individual rate); $5 (self-advocate rate) will become due in October with a renewal notice.

For those who may not be able to attend the full eight days, the fee will be $15.00 (members), $18.75 (non-members) per day, payable at registration with designated days of attendance noted for staffing and transportation planning. Refunds for days unattended will not be offered.

Become a member prior to camp and receive the reduced rate.
The Arc of Dearborn County
2015 Summer LIFE SKILLS Day Camp Registration Form

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<tr>
<th>FOR OFFICE USE</th>
<th>□ MEMBER</th>
<th>□ NON-MEMBER</th>
<th>□ NON-MEMBER, SIGNING UP FOR MEMBERSHIP</th>
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**Parent / Guardian Questionnaire**

Individual’s Name: ____________________ Nickname: ____________________
Gender: ___ Male   ___ Female   Date of Birth: __________   Age: _______
Home Address: __________________________________________________________
City: ________________   State: ____   Zip: ______   School Attended: ________________
Name of Parents/Guardians: ___________________________________________________
Home phone: (__________)___________   Cell phone: (__________)___________
Work phone: (__________)___________   Email _______________________________
In Case of Emergency, Contact: _____________________________________________
Relationship: ____________________   Telephone: (__________)___________

Due to the nature of our funding, it is recommended that we gather statistical data related to total household income. We will send a handout home during camp week to collect the data. It is not necessary to sign or provide your household identity. This data will be collected and forwarded to United Way of Greater Cincinnati as we complete our annual report.

Camp fees may be waived based on the Income Eligibility Guidelines of the USDA if current circumstances affect your ability to pay. Please check here _____ and the camp director will contact you.

Camp begins at 9:00 a.m. and ends at 2:00 p.m. daily.
We request that individuals not arrive before 9:00 a.m. and that they be picked up promptly at 2:00 p.m. Thank you.
About Day Camp Attendee

Medical Information
Diagnosis: ____________________________________________________________________________

Does this individual have any medical concerns that our staff should be attentive to? Please also note any other medical needs, i.e., use of Hoyer lift, catheter, g-tube, etc.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

List all medications this individual presently takes:
____________________________________________________________________________________
____________________________________________________________________________________

**We cannot guarantee a registered nurse will be on staff each day. If this individual requires medication during camp hours, please make arrangements.**

Respiratory
___ Does not apply/has no respiratory needs and/or equipment
___ Inhaler (please explain) _______________________________________________________________________
___ Nebulizer (please explain) _____________________________________________________________________
___ Other (please explain) _________________________________________________________________________

Communication
___ Speaks completely clearly ___ Speaks mostly clearly ___ Uses sign language
Other ______________________________________________________________________________________

How does this individual communicate wants or needs?
___ Words ___ Gestures ___ Phrases
Other ______________________________________________________________________________________

Socially, this individual is ___ Shy ___ Frustrated in social settings ___ Outgoing
Other ______________________________________________________________________________________

Eating and Drinking
Level of Assistance
___ Independent ___ Needs partial assistance ___ Needs total assistance

Please explain any eating/drinking/dietary restrictions, needs, wants or habits:
____________________________________________________________________________________
Dressing
Level of Assistance
___ Independent  ___ Needs partial assistance  ___ Needs total assistance
Please explain as needed: _____________________________________________________________
_____________________________________________________________________________

Toileting
Level of Assistance
___ Independent  ___ Needs partial assistance  ___ Needs total assistance
___ Yes  ___ No  Tells in advance? How long? _____________________________________________
___ Yes  ___ No  Specific routine/procedure ____________________________________________
___ Yes  ___ No  Wears briefs/diapers _________________________________________________
___ Yes  ___ No  Needs help going to the bathroom? _________________________________

Behavior and Habits
Does this individual display any behaviors that require behavior management?  ___Yes  ___ No
If yes, please explain noted behaviors and behavior management plan. Include positive and negative consequences that are most effective.
____________________________________________________________________________________
____________________________________________________________________________________

Are there times or situations where this individual requires 1:1 attention and/or supervision?
___ Yes  ___ No
If yes, please explain _________________________________________________________________
____________________________________________________________________________________

Does this individual deal well with changes in routine?  ___ Yes  ___ No
If no, please explain __________________________________________________________________
____________________________________________________________________________________

Does this individual display any aggressive behaviors?  ___ Yes  ___ No
If yes, please explain _________________________________________________________________
____________________________________________________________________________________

Does this individual display any sensory issues or matters?  ___ Yes  ___ No
If yes, please explain __________________________________________________________________
____________________________________________________________________________________
General Information

Individual’s likes (please specify foods, activities, routines, etc.)
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Individual’s dislikes (please specify foods, activities, routines, etc.)
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What other information would you like to share? (Strengths, Personality, Habits, Tendencies, etc.)
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Consent Agreement

The information listed in this application is correct to the best of my knowledge. The child/person herein described has permission to engage in all camp activities, except as noted by me in this application. I hereby give my permission to the camp to secure proper medical treatment and/or injection, anesthesia, or surgery for my child as considered necessary by the attending physician. In such an instance, I understand that I will be notified as soon as possible.

Full permission and authority are also granted to The Arc of Dearborn County and its representatives to photograph or record the voice of the applicant to use, publish, and release for publication such photos or tapes relating The Arc of Dearborn County camp, including the web and web-based technology. The names of such person(s) photographed or videotaped may be used in connection with the above. There will be no exploitation of the child, and any photographs so used will conform to standards of good taste.

I knowingly and freely assume all risk associated with The Arc of Dearborn County camp both known and unknown even if arising from the negligence of the releases and assume full responsibility for my participation.

The Arc of Dearborn County reserves the right to exclude any participant that may pose a risk of harm. Program Administration will consider behavior, health and safety and potential risk before recommending exclusion. In further consideration of acceptance of the child/person herein described I further agree to defend, indemnify and hold harmless The Arc of Dearborn County, their officers, volunteers, and any other agent from and against any and all claims, demands, actions, causes of action or injuries, or obligations of any nature whatsoever, arising out of or in any way related to any activity held at The Arc of Dearborn County camp.

I hereby release and discharge The Arc of Dearborn County and any and all other parties in interest from all claims, demands, grievances, and causes of action of every kind whatsoever, including but not limited to, all liability for damages of every kind, nature, or description which may arise from or out of any injury, disability, death, or loss of damaged property incurred by my child/person herein described while in attendance at The Arc of Dearborn County camp, whether arising from the negligence of the releases, to the fullest extent of the law.

THIS MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

Name of Camper: ____________________________________________________________________

Signature of Parent/Guardian: _________________________________________________________

Relationship to Camper: _______________________________________ Date: _______________