Please complete and mail to:

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

Camp Registration Fee:
* $75.00 Members of The Arc
* $100.00 Non-members
* Campers are invited to bring a packed lunch, however, while we are without a camp dietician and unable to meet specific dietary restrictions, for an additional $15 we can provide a lunch from healthy choices for your child for the week.

Sign up as a complementary new member at the time of registration and pay the lesser fee! A $20 (family/individual rate).

BECOME A MEMBER PRIOR TO CAMP AND RECEIVE THE REDUCED RATE.
The Arc of Dearborn County
2015 Summer Sensory Day Camp Registration Form

Parent Questionnaire

FOR OFFICE USE □ MEMBER □ NON-MEMBER □ NON-MEMBER, SIGNING UP FOR MEMBERSHIP

Child’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: (        ) _________________

Sensory camp participants only:
The Arc will provide campers with a T-Shirt at no extra charge. Please circle the appropriate size
for your child from these youth sizes:    S     M     L     XL
For an additional $15 we can provide a lunch for your child. However, please be aware that we
are without a dietician and presently unable to accommodate dietary restrictions for preparing
lunches. I would like lunch prepared for my child each day:  Yes _____  No _____

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.

Your child’s 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 children not
arrive before 9:00 a.m. and that they be picked up promptly at 2:00 p.m. Thank you.
About My Child

Medical Information

Diagnosis: ____________________________________________________________

Does your child 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 the child presently takes:

____________________________________________________________________________________

____________________________________________________________________________________

**We cannot guarantee a registered nurse will be on staff each day. If your child
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 your child communicate wants or needs?

___ Words            ___ Gestures            ___ Phrases

Other _____________________________________________________________________________

Socially, my child 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 the camper 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 the camper requires 1:1 attention and/or supervision?
___ Yes ___ No
If yes, please explain _______________________________________________________________
____________________________________________________________________________________

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

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

Does your child display any sensory issues or matters? ___ Yes ___ No
If yes, please explain __________________________________________________________________
General Information
Your child’s likes (please specify foods, activities, routines, etc.)
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Your child’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: ____________