



CAMP #54

Wabash Center's Camp #54 is a summer day camp for children with disabilities ages 5-22 and their siblings. Camp #54 provides an inclusive camp experience. Children with disabilities are accommodated and supported in the camp environment and participate alongside their non-disabled siblings. At camp #54 children socialize, have fun, learn and play. Campers have fun in an environment that promotes social skills, independence, builds self-esteem and creates friendships. Camp #54 and Wabash Center strive to promote a positive image of people with disabilities in our community.

Dates: June 26th- July 21st, 2017 (Weekdays) (No Camp on July 4th)
Time: 1:00pm – 5:00pm
Place: Glen Acres Elementary School – 3767 Kimberly Drive, Lafayette, IN 47905
Cost: \$350 per camper – Private Pay OR Can bill Medicaid Waiver

Parent's camp orientation open house: Thursday, June 22, 2017 5-7pm

To register, please complete the attached application forms and return them by **May 31, 2017**. You may mail or email the application. Camp fees must be paid in full by the first day of camp if using private pay. Space is limited & camp is filled as registrations are received. Registration is complete only when the registration forms, and camp fee are received.

Mailing a check for payment:
Payable to: **Wabash Center**

Emailing Application: bbell@wabashcenter.com
Subject line should include child's last name and Camp #54

Mailing Application:
Camp #54
Wabash Center
2000 Greenbush St.
Lafayette, IN 47904

Questions? Call the office at 765-423-5531 ext. 366 or email at bbell@wabashcenter.com

Camp #54 Parent Permission

I give my permission for my child to participate in Wabash Center's **Camp #54** program, including swimming and field trips. I will not hold Wabash Center or any of its employees or volunteers liable for any injuries that may occur during participation in the camp or in transit to and from an activity.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____

Camp #54 Photo Release

This is to indicate that I (*please circle*) **do** / **do not** grant permission for any photographs to be taken of my child while participating in activities connected with **Camp #54** that will be used for any purpose by Wabash Center. Photos may be taken at times for newspapers, television, brochures, social media, Wabash Center's website or professional publication.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____

Camp #54 Parent Authorization for Emergency Medical Treatment

Camp #54 Medical Authorization for Treatment of a Minor (persons under 18 years). Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize Camp #54 and Wabash Center STAFF, medical personnel, agents, and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations, warranties, or guarantees can be made with respect to any medical care or treatment provided.

I also understand that, as a result of my child's participation in this program, it will be necessary for supervisors and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Further, I hereby grant permission for my child(ren):

To attend the Camp #54 Program by signing below. A signature from one or both parents/legal guardians and a witness signature are required.

Signature Parent/Legal Guardian (*required*) Date _____

Signature Parent/Legal Guardian/Witness (*required*) Date _____

Camp #54 Registration
Please complete for each child attending Camp #54

Child's Name: _____ Phone: _____

Child's Address: _____

Gender: Female Male Age: _____ Birthday: ____-____-____

School _____ Grade Completing _____

Primary teacher: _____ School Corporation: LSC TSC WLSC Other

T-shirt size (circle one): Child Small Child Medium Child Large

Adult Small Adult Medium Adult Large Adult X-large Adult XX-large

Child lives with: _____

Parent Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Sibling Name: _____ Attending Camp? _____

Sibling Name: _____ Attending Camp? _____

Sibling Name: _____ Attending Camp? _____

Sibling Name: _____ Attending Camp? _____

Email Address to receive camp information: _____

Emergency Contacts (used if neither Parent/Guardian listed above can be reached):

Name & Relationship to Camper & phone #: _____

Name & Relationship to Camper & phone #: _____

Does your child wear or need any special equipment? (hearing aids, braces, wheelchair, etc.) Please describe:

Is your child's primary language something other than English? If so, describe:

Please List Current Medications: *** If camp staff is to administer medications, your child's physician will need to list them on the physician form with their name and the dosage to be administered. The medication must be supplied in a pharmacy bottle and given to the Camp Director.*

Does your child have any allergies? Yes No If yes, please list allergen below with possible reactions:

Special Diet: _____

Does your child have any sensory, physical or other medical restrictions/considerations: Please describe:

Does your child enjoy swimming? ____yes ____no please describe your child's swimming abilities:

Does your child have any special hobbies or interest? What does your child enjoy doing?

Can your child participate in vigorous outdoor or indoor games/sports? Yes No

If no, can you please specify limitations on activities or any activities that must be avoided?

Are there any campers that your child enjoys being with? _____

Are there any campers that your child does not get along with? _____

Is there anything else you wish to tell us about your child that would help camp staff? (Behaviors, activities, and treats they enjoy, motivating items, things staff should watch for etc.). Please feel free to give as much detailed

information as you feel is appropriate. Thank you for your help in making Camp #54 a fun experience for your child!

Please select 2-3 goals you would like to see your child work on at camp this year.

	I want my child to socialize with peers.
	I want my child to trying new things.
	I want my child to follow rules and learn about sharing of communal responsibilities.
	I want my child to participate with a group of peers.
	I want my child to work on better handling change.
	I want my child to be able to adapt to new situations and meet and interact with new people.
	I want my child to know how to build friendships to have a social support network.
	I want my child to become more independent and resilient.
	I want my child to make friends and develop stronger social skills.
	I want my child to focus on talking and relating to other campers.
	I want my child to learn from positive adult and peer role models.
	I want my child to acquire new athletic, artistic and outdoor living skills.
	I want my child to focus on having fun!
	I want my child to recognize acceptable behavior across different community settings
	I want my child to work on making eye contact and recognizing personal space
	Other:

Camp #54 Pick-up People

For the safety and security of your child/ren, we at Camp #54 would like a list of eligible "Pick-up People". A "pick-up person" is a person/s that you authorize to pick up your child/ren from the program each afternoon. We would like to ensure all your children's safety and security by creating an authorized list of people that you (parents/guardians) designate as the only people allowed to pick up your child/ren from Camp #54.

THIS FORM ONLY NEEDS TO BE COMPLETED IF THE PARENTS/GUARDIANS WHO COMPLETED THIS REGISTRATION PACKET ARE NOT GOING TO BE PICKING UP THE CHILD/REN.

We may request identification from EVERYONE (including parents/guardians) who picks up a child each afternoon, so please inform anyone who may be picking up your child/ren that they will need photo identification.

Child/ren's Name/s: _____

Pick up Person #1: _____

Relationship to child: _____

Telephone #: _____

Pick up Person #2: _____

Relationship to child: _____

Telephone # _____

Complete this portion of the application only if your child has a disability.

Please provide a copy of your child's IEP with your registration. For each student providing an Individual Education Program (IEP) that participates in Camp #54, all portions of the IEP will remain confidential. Camp #54 staff will use the information provided to better serve your child and the IEP will be destroyed at the end of camp.

May we contact your child's teacher? Yes No

Did your child have a one-on-one aide during the school year? Yes No

List the disabilities on your child's IEP or as diagnosed by the doctor (check ALL that apply):

- | | | |
|---------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Language/Speech Impairment | <input type="checkbox"/> Blind/Low Vision |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Traumatic Brain Injury |

Does your child have a medical diagnosis for their disability or condition(s)? If so, please describe.

If you answer YES to any question below, please explain.	
Does your child need one-on-one support? Please describe any staff you are providing.	YES NO
Does your child need one-on-one support to swim?	YES NO
Does your child need help getting dressed and undressed for swimming? Does your child require a swim diaper?	YES NO
Does your child need assistance toileting? Please explain. (Pull-ups? Diapers?) What can they do independently?	YES NO
Does your child need assistance eating or drinking? (sippy cup, straw, thickener)	YES NO

Is your child a runner?	YES NO
Is your child able to board a bus independently?	YES NO
Does your child wear a (harness) car wrap or star seat while riding on the bus? If yes, that must come with them.	YES NO
Does your child use Augmentative and Alternative Communication (AAC)? For example sign language, picture board, gestures, electronic device, etc.	YES NO
Does your child exhibit any inappropriate behaviors?	YES NO
Do you suggest any calming techniques to use with your child?	YES NO
Does your child have aggressive behavior toward others?	YES NO
Does your child have any stress triggers?	YES NO

******Wabash Center and Camp #54 are not liable for any loss or damage to equipment during camp hours and outings. Staff will be diligent in monitoring and protecting equipment but cannot be responsible for accidental breakage or loss.**