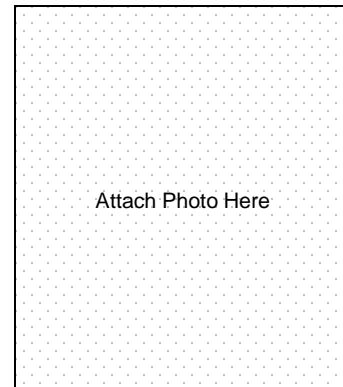




CAMP GONNAWANNAGOAGIN REGISTRATION FORM

Please return this application to FACT:

520 Viking Dr
Virginia Beach, VA 23452
Phone: 757.422.2040
Email: pam4fact@peoplepc.com



SPRING BREAK CAMP WILL BE:

April 5-9 Monday-Friday 9:00 am - 3:00 pm

CHILD'S T-SHIRT SIZE: S M L **ADULT T-SHIRT SIZE:** S M L XL

*If you do not select a size, one will be selected for you

Cost of camp is \$275 for the week

Pay by Check (Please make checks payable to **F.A.C.T**)

OR

Pay with Visa/Master Card

Name on Card _____ Card Number _____ Exp. Date _____

Billing Address if different than home _____ CVC# on back of card _____

CAMPER / STUDENT INFORMATION

Camper's Name (Last) _____ (First) _____

Nickname _____

Date of Birth _____ Age _____ Sex _____ Approximate Height _____ Weight _____

Present School _____ Teacher's Name _____

Type Classroom (Aut, Cross Cat., EBD, etc.) _____

Home Address _____

Home Phone _____ City _____ State _____ Zip _____

PARENT / GUARDIAN INFORMATION

Primary Contact _____ Relationship _____

Email Address _____ Cell Phone _____ Business Phone _____

Secondary Contact _____ Relationship _____

Email Address _____ Cell Phone _____ Business Phone _____

TRANSPORTATION INFORMATION

Person(s) Authorized to Pick Up Child _____

Person(s) NOT Authorized to Pick Up Child* _____

*Appropriate legal documents must accompany this form if someone is not authorized to pick up the child.

MEDICAL INFORMATION

Your child's doctor _____

Doctor's phone number _____

Your child's primary diagnosis _____

Allergies _____

Medication taken at home: _____

IMPORTANT: FACT employees cannot administer ANY medications.

Date of last tetanus: _____

Injury or illness that might limit your child's physical activity or participation in the camp programs.

Please provide any other information Camp Gonnawannagoagin should have in order to safeguard the health of your child.

Are you comfortable taking your child into the community?

Please list activities that your child finds aversive: (Ex. loud places, crowded places, beach, movies, etc.)

Please list activities that your child particularly enjoys:

I give my consent and approval for my child's participation in Camp Gonnawannagoagin 2008. I give authorization for my child to participate in the pool programs as designated by the camp. I certify that my child is physically fit to take part in all activities. I understand that accident insurance is not provided. I will not hold Camp Gonnawannagoagin responsible in case of accident or injury as a result of participation. Camp Gonnawannagoagin agrees to notify the parent/Guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. Camp Gonnawannagoagin and its representatives have my permission, in an emergency when I cannot be located immediately, to provide emergency medical attention, and if necessary to transport my child to the nearest hospital, at my expense, and that hospital and its medical staff have my authorization to provide treatment which is deemed necessary for the well-being of my child.

Parent/Guardian Signature _____ Date _____

COMMUNICATION ASSESSMENT OF _____ :

Name of Child _____

Can your child communicate his/her wants and needs?

Yes No Speech Describe: _____

Yes No Gestures Describe: _____

Does your child use any communication systems?

Yes No Describe: _____

Does your child ask for help?

Yes No Describe: _____

Does your child follow simple directions? Does he/she require prompts or gestures?

Yes No Examples: _____

Is your child prone to emotional upsets/tantrums? How can we assist your child if they become upset?

Yes No Comments: _____

Does your child: Never Rarely Sometimes Frequently

Head Butt

Hit

Pinch/Scratch

Kick

Bite

Spit

Use Expletives

Run

Scream

Cry

Self Injury

Throw Objects

Undress

Refuse to Walk

Does your child transition from one activity to another?

Yes No Comments: _____

Does your child pay attention to warnings of danger? Please explain.

Yes No Examples: _____

Does your child show appropriate fear of unsafe situations? Please explain.

Yes No Examples: _____

Does your child require assistance with toileting?

Yes No Describe: _____