



CAMP DISCOVERY

Summer Camp

*A social skills day camp
for children with special needs*

Serving children 3-14
Session 1: June 19th-30th
Session 2: August 21st-September 1st

Welcome to Camp Discovery, a camp program dedicated to serving children with special needs! Camp Discovery is conveniently located at 1256 Marlkress Road in Cherry Hill, NJ. The overall goal of Camp Discovery is to teach and implement age appropriate social skills. This will be completed through a complete curriculum which has been created by a Board Certified Behavior Analyst. Each activity and lesson that the children are taught will be in an ABA format and conducted by highly trained ABA therapists.

The final summer camp registration deadlines are June 1st for session 1 and July 21st for session 2. In order to guarantee a spot in the program, we will need to receive your registration form and payment by these dates. If you are unable to pay in full and would like to work out a payment plan please indicate this on your registration packet. Packets can be emailed back to: Adrienne Norman at anorman@firstchildrenservices.com.

Packets can also be mailed to: Adrienne Norman
First Children Services
330 South Ave,
Fanwood NJ 07023

We offer an early registration discount of 10% off the full or half day rate if you register by April 15th. We also offer a sibling discount of 10% off the second child (full or half day rate). Discounts cannot be combined.



Emergency Contact/Parental Consent Form

Camper's Name: _____	Date of Birth: _____
Primary Telephone Number: _____	Primary Email Address: _____
Address: _____	City: _____ State: ____ Zip Code: _____
Allergies: _____	

Mother's Name/Legal Guardian: _____

Home address: _____	Telephone Number: _____
Employer Name and Address: _____	
Employer Telephone Number: _____	Email Address: _____

Father's Name/Legal Guardian: _____

Home address: _____	Telephone Number: _____
Employer Name and Address: _____	
Employer Telephone Number: _____	Email Address: _____

Emergency Contact Person(s)

Name and Relationship	Telephone Number
1) _____	1) _____
2) _____	2) _____

Person(s) to whom Child May be Released:

Name and Address (Relationship)	Telephone Number
1) _____	1) _____
2) _____	2) _____

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care	Admin. Of Minor First-Aid Procedures
Emergency Restraints for Safety	Outdoor Activities

X _____
Signature of Parent/Guardian

Date



Child Background and History

SCHOOL INFORMATION

School District: _____	Type of Classroom: _____
Behavior Plan? ___y / n_____	*If yes please provide a copy of the plan*
Services Received (inschool): _____	

COMMUNICATION

Please indicate how your child communicates by checking all that apply:

___ Verbal ___ Sign ___ Device ___ other (please specify) _____

BEHAVIORS

Please check all behaviors below that your child exhibits. Where applicable indicate frequency.

Aggression _____	Frequency _____
Self Injury _____	Frequency _____
Elopement _____	Frequency _____
PICA _____	Frequency _____
Tantrum _____	Frequency _____
Other (specify) _____	Frequency _____

Is your child toilet trained? ___y / n _____



Additional Information

LIKES AND DISLIKES

Please list and describe your child's likes and motivators:

Please list and describe your child's dislikes and triggers:

ADDITIONAL INFORMATION

Please provide a brief narrative of your child's strengths:

Please provide a brief narrative of your child's areas of need:

Please provide any other important information you would like to share about your child:



Rates and Registration

Full Day (9am-5pm) \$600/week Before Care (8am-9am) \$15/day
 Half Day (9am-1pm or 1pm-5pm) \$300/week After Care (5pm-6pm) \$15/day

Registration (Please check all that apply)

Week Of:	Full Day Week @ \$600	Half Day Week @ \$300 AM/PM?	AM Care \$15/day	PM Care \$15/day	Weekly Total
6/19/17		AM PM			
6/26/17		AM PM			
8/21/17		AM PM			
8/28/17		AM PM			
Early registration discount or sibling discount (10% full or half day rate) *					-
*Only one discount may be applied per camper					
Total=					

(Approved method of payments include insurance reimbursement, cash, check & credit card)

If a camper is picked up late, parents will incur a late fee of \$10/15 min that the pickup is late. Please make every effort to contact us if you will be late picking up your camper.



Payment Form

I am paying by check* (Please make checks out to First Children Services)

*There will be a \$35 fee for returned checks

I am paying by cash (Must be received prior to camp start date)

Other funding source _____

Credit Card Payments

Visa

MasterCard

American Express

Account Number: _____ Expiration Date: _____

Amount \$ _____

CCV code (security code-3 digit number on back for Visa/MC, 4 digits on front of AMEX): _____

Cardholder's Signature: _____ Date: _____