



# ***CAMP DISCOVERY***

## ***Summer Camp***

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

Serving children ages 3-14 years old  
June 26<sup>th</sup>-August 25<sup>th</sup>

Welcome to Camp Discovery, a camp program dedicated to serving children with special needs! Camp Discovery is conveniently located at 330 South Ave, Fanwood, NJ 07023. 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 deadline is June 1<sup>st</sup>.** In order to guarantee a spot in the program, we will need to receive your registration form and payment by this date. 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](mailto:anorman@firstchildrenservices.com).

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

We offer an early registration discount of 10% off the full or half day rate if you register by April 15<sup>th</sup>. 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:

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

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### ADDITIONAL INFORMATION

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

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

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

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## 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 <small>Circle AM or PM</small>	AM Care \$15/day	PM Care \$15/day	Weekly Total
6/26/17		AM PM			
7/3/17		AM PM			
7/10/17		AM PM			
7/17/17		AM PM			
7/24/17		AM PM			
7/31/17		AM PM			
8/7/17		AM PM			
8/14/17		AM PM			
8/21/17		AM PM			
<b>Early registration discount or sibling discount (10% full or half day rate) *</b> <b>*Only one discount may be applied per camper</b>					-
<b>Total=</b>					

(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: \_\_\_\_\_