



The Help  Kids like me
Group CAMP SUNSHINE

CAMP APPLICATION

Camp Sunshine is a unique day camp designed especially for children ages 5-18 who have mild to severe Autism and other developmental disabilities. Our multidisciplinary team of professionals ensures a creative and fun summer program designed to maximize a child's potential and develop his/her strengths and abilities. Camp Sunshine campers are grouped by ability and age with a 1:3 counselor to camper ratio.

Our camp provides fun enriching activities in a safe nurturing environment while building campers confidence, self-esteem, practical life skills and growth towards independence. The camp program facilitates physical and social growth through a wide variety of exciting activities which includes sports, music, games, art, drama, special events, and much, much more!

Admissions

The admissions process includes submission of an application and an interview with the family and child. Once the child is accepted a \$50 non-refundable deposit will reserve his/her space. Please make checks payable to The Help Group Child and Family Center


The Help Group *kids like me*
CAMP SUNSHINE
Camp Sunshine Application 2010

Camper Name: _____

Date: _____

Part A: Check All That Apply

- Session I June 22nd – June 25th

<u>Tuesday & Thursday</u>	<input type="checkbox"/> 9:00 – 2:00 \$220
<u>Tuesday, Wednesday & Friday</u>	<input type="checkbox"/> 9:00 – 2:00 \$330
<u>4 days</u>	<input type="checkbox"/> 9:00 – 2:00 \$440

- Session II June 28th – July 2nd

<u>Tuesday & Thursday</u>	<input type="checkbox"/> 9:00 – 2:00 \$220
<u>Monday, Wednesday & Friday</u>	<input type="checkbox"/> 9:00 – 2:00 \$330
<u>5 days</u>	<input type="checkbox"/> 9:00 – 2:00 \$550

- Session III July 6th - July 9th

<u>Tuesday & Thursday</u>	<input type="checkbox"/> 9:00-2:00 \$220
<u>Tuesday, Wednesday & Friday</u>	<input type="checkbox"/> 9:00-2:00 \$330
<u>4 days</u>	<input type="checkbox"/> 9:00-2:00 \$440

- Session IV August 9th – August 13th

<u>Tuesday & Thursday</u>	<input type="checkbox"/> 9:00 – 2:00 \$220
<u>Monday, Wednesday & Friday</u>	<input type="checkbox"/> 9:00 – 2:00 \$330
<u>5 days</u>	<input type="checkbox"/> 9:00 – 2:00 \$550

- Session V August 16th – August 20th

<u>Tuesday & Thursday</u>	<input type="checkbox"/> 9:00 – 2:00 \$220
<u>Monday, Wednesday & Friday</u>	<input type="checkbox"/> 9:00 – 2:00 \$330
<u>5 days</u>	<input type="checkbox"/> 9:00 – 2:00 \$550

- Session VI August 23^d – August 27th

<u>Tuesday & Thursday</u>	<input type="checkbox"/> 9:00 – 2:00 \$220
<u>Monday, Wednesday & Friday</u>	<input type="checkbox"/> 9:00 – 2:00 \$330
<u>5 days</u>	<input type="checkbox"/> 9:00 – 2:00 \$550

- Interested in transportation to and from camp for a fee

Please make checks payable to: The Help Group Child and Family Center

Camp Location: The Help Group Sherman Oaks Campus, 13130 Burbank Blvd Sherman Oaks, CA 91401
 Call: 877-943-5747 Fax: 818-779-5295 Email: campsunshine@thehelpgroup.org Web: www.thehelpgroup.org

Part B:

Camper's Name: _____ DOB: _____ Age: ____ Gender: ____

School Name: _____ Grade in Sept: _____

Phone Number: _____ Recent Teacher's Name: _____

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ Address: _____

Phone # (h) _____ Phone# (h) _____

Phone # (w/c) _____ Phone # (w/c) _____

Email Address (s): _____

Please list all siblings:

_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

What type of educational setting does your child attend?

- Regular Ed/Inclusion
- Special Education (part of day)
- Special Education (full day)
- Non-Public Special Ed School
- Private School
- Has a 1:1 aid at school

What other services is your child currently receiving?

Part C

1. Does your child have any specific diagnoses? **YES** **NO**

If YES, please list each diagnosis, when the child was diagnosed.

DX _____ Age _____

DX _____ Age _____

DX _____ Age _____

2. Is your child on any medication?	YES	NO
If YES, Please list medications, dosage & time of administration.		
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____

3. Does your child have any allergies, medical restrictions or physical restrictions?	YES	NO
If YES, please explain.		

4. Is your child on a restrictive diet (e.g. dairy free, gluten free)?	YES	NO
If YES, please explain:		

5. Are there foods that your child will not eat? Are there specific food items that trigger behaviors?

Part D

1. What are your child's main areas of interest and favorite activities?

2. What activities/tasks does your child NOT like to engage in or is restricted from participating in?

3. Please list your child's strengths or special talents (e.g. music, art, building things)?

4. What are your goals for your child while they are involved with this camp?

5. Please check all of the following behaviors that apply to your child:

Socialization

- Joins in play with other children
- Shares toys and takes turns unassisted
- Responds to adult directions
- Appropriately shows affection to family members and friends
- Touches people in unusual or inappropriate ways
- Does not like to be touched, including affection
- Pushes, shoves, hits, bites, scratches or kicks friends in a group play situation
- Little or no interaction with other children, plays alone
- Attached to specific objects or toys and plays in a highly specific and often repetitious way with these objects
- Participates in pretend play with friends
- Does not look at people when spoken to or when speaking
- Enjoys playing sports
- Initiates play dates
- Does well with transitions

Emotional

- Frequent Tantrums
- Unpredictable Behavior
- Easily Frustrated
- Withdraws from family/friends
- Has a fixed facial expression that appears to lack feeling
- Easily angered
- Regularly screams or screeches
- Unusually fearful
- Does not cry or express emotion, even when in pain
- Does not appear to understand danger
- Difficulty sleeping
- Difficulty with eating
- Impatient and unable to wait for things, even for a short period of time
- Has anxiety

Body Management

- Catches a thrown ball
- Maintains balance when running
- Jumps and lands on two feet
- Frequently trips and falls
- Poor coordination
- Has difficulty climbing, stairs and/or climbing equipment
- Easily places objects in specific areas, pegs; puzzle pieces
- Has difficulty with writing
- Low muscle tone

- Body seems “stiff,” as if bending at the waist or joints is very difficult
- Messy when eating most of the time
- Drooling
- Body appears to “fidget” for no reason
- Is able to maintain safe behavior while being transported in a bus

Language and Communication

- Generally gets needs met with words
- Large and expressive vocabulary
- One or two word utterances
- Speech is difficult for most people to understand
- Talks only to family members
- Doesn't appear to understand when adults are speaking
- Has difficulty following directions
- Responds appropriately to simple questions
- Child's response to spoken language is typically not relevant -- “off topic”
- Has difficulty with voice modulation, often speaking in an unusually loud tone
- Unusual voice quality/cadence or whispering

If no language what tools does your child use to communicate? _____

Sensory Systems

- Struggles with bathing and water play at school
- Uncomfortable with seams in socks; tags in clothing; certain types of shoes; “rough or scratchy” fabric
- Will not brush teeth, visit the hair salon for a haircut or cooperate during a doctor visit
- Generally tactilely defensive, does not enjoy shaving cream; sandbox; finger painting; playdoh; sticky substances of any kind
- Regularly covers ears to shut out sound or show discomfort with level of stimulation
- Rocks back and forth while sitting or standing
- Is unable to tolerate loud noises
- Puts non-food items in mouth

List any other self stimulatory behaviors: _____

The School Environment

- Cannot sit still during group instructional time
- Cannot focus on an activity, easily distracted
- The teacher mentions that your child frequently is inappropriate
- Cannot work independently
- Difficulty solving problems
- Difficulty retaining information
- Limited general knowledge
- Difficulty grasping concepts presented by adults
- Cannot consistently generalize information
- Can think abstractly
- Wanders from the group

Self-Help Skills

- Cleans up after activities
- Toilet trained
- Can tie shoes
- Can wash hands independently
- Can eat independently

6. If you have any other information that you feel would be helpful to us, or that you would like us to know, please feel free to add your comments to the area below:

7. How did you hear about our Summer Day Camp?

Please return the completed camp application to:

The Help Group Admissions Office
13130 Burbank Blvd
Sherman Oaks, CA 91401

Fax: (818)779-5295

For Questions, please call 818-779-5262

**** All children must be interviewed and accepted into the camp.**

Authorization and Agreement

“I authorize investigation of all statements contained in this Application to the camp program as may be necessary in arriving at an admission decision. In the event of admission, I understand that false or misleading information, given in the application of my child, or in any interviews, may result in rescission of any admission.”
