



**GLADE RUN**  
**ADVENTURES**  
*a bridge to a brighter future*  
*through lifelong learning*

## Specialized Adventures Summer Camp 2017 Application

**PLEASE RETURN COMPLETED FORM TO**  
 GLADE RUN ADVENTURES  
 P.O. Box 70  
 Zelienople, PA 16063

*For more information, call (724) 452-4453 ext. 1236*

### **SUMMER CAMP SESSIONS:**

Both Sessions are Monday – Friday 9 am – 3 pm

Session #1 – June 19<sup>th</sup> – June 30<sup>th</sup> \_\_\_\_\_

Session #2 July 31<sup>st</sup> - August 11<sup>th</sup> \_\_\_\_\_

### **Camp Information:**

Specialized Adventures Camp is located on the Main Campus of Glade Run Lutheran Services  
 (40 Muntz Run Rd. Zelienople, PA 16063)

Specialized Adventures Camp is for children ages 8-18 in need of social skill development.

Camp is specially designed for campers with high functioning ASD, but all abilities are considered for camp.

Camps run 9:00 am till 3:00 pm. Daily lunch and transportation are not provided by Glade Run Adventures.

For more information, call (724) 452-4453 ext. 1236

### **Application Information:**

All application information must be completed to be considered for camp.

All applications must be accompanied by a \$100 deposit.

Deposits are 100% refundable to campers not accepted into camp.

Camp space is limited; applications are due April 15<sup>th</sup>.

After April 15<sup>th</sup>, call (724) 452-4453 ext. 1236 for availability.

### **Acceptance Information:**

Applicants will be contacted by email regarding participation after April 15<sup>th</sup>.

Visits are required for new campers. Call (724) 452-4453 ext. 1236 to schedule a visit.

A separate packet of camp releases must be completed and returned on or before the start of camp.

### **Payment Information:**

The Specialized Adventures Summer Camp is not funded by Medical Assistance.

Arrangements for payment must be made by the parents or guardians of the camper.

Checks should be made to **GLADE RUN LUTHERAN SERVICES**.

The cost of each two week session is \$1,000.00

After acceptance, the balance is due a minimum of two weeks prior to the start of your camp session.

Refunds incur a \$25 processing fee and must be requested a minimum of 2 weeks prior to the start of the camp session. Refunds are not made after the start of the camp session unless approved by the Program Director.

### **Scholarship Information:**

Limited Scholarship funding is available through Glade Run Foundation.

To receive a scholarship application, please contact [Foundation@gladerun.org](mailto:Foundation@gladerun.org) or call (724) 452-4453 x1244

Scholarship applications are due by April 1<sup>st</sup> and will be notified by the Foundation department by April 15<sup>th</sup>.

Date of Application \_\_\_\_\_

Returning Camper? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of visit (for office use) \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at the start of camp \_\_\_\_\_

Choose Session(s): Session #1 – June 19<sup>th</sup> – June 30<sup>th</sup> \_\_\_\_\_ Session #2 July 31<sup>st</sup> - August 11<sup>th</sup> \_\_\_\_\_

Parents/Guardian Name(s) \_\_\_\_\_

Parent/Guardian email address (please print clearly) \_\_\_\_\_

Cell Phone Number(s) \_\_\_\_\_

Home Telephone Number (\_\_\_\_) \_\_\_\_\_ Work Telephone Number (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact (after parent/guardian contact listed above)

Name \_\_\_\_\_ ph. # (\_\_\_\_) \_\_\_\_\_

**CAMP PAYMENT** - Please mark one of the following;

- I will be providing personal payment for camp  
(Please do not send payment balance until acceptance. Payment balance due by 2 weeks prior to the start of camp)
- My school district will be funding this camp (Please provide contact information)

Name of School District \_\_\_\_\_

Name of school contact \_\_\_\_\_

Phone Number or email of school contact \_\_\_\_\_

- I am applying for a Glade Run and/or other grant funding and will not be able to attend if funding is not received.
- I am applying for a Glade Run scholarship and/or other grant funding but will personally pay if funding is not received.
- Other (Please provide details) \_\_\_\_\_

**OPTIONAL CREDIT CARD INFORMATION** - You may choose to make a payment by credit card by completing the information below or by calling the Glade Run Finance Dept. at (724)452-4453x. 1228

Please check the credit card deduction you would like processed

- \_\_\_\_ \$100 deposit
- \_\_\_\_ \$1,000 session
- \_\_\_\_ Other Amount (Please explain \_\_\_\_\_)

Name on Credit Card \_\_\_\_\_

Type of Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

(If not above) Cardholder address \_\_\_\_\_

Phone # \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have a clinical diagnosis?  Yes  No

If yes, what is your child's current diagnosis? \_\_\_\_\_

Does your child currently display significant acting out, ritualistic, or self-stimulating behavior?  Yes  No  
If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Will your camper be attending with a TSS?  Yes  No

Does your child have any allergies or other medical concerns?  Yes  No  
If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Is your child currently taking medications?  Yes  No

***If child takes medication during Summer Camp hours, the attending physician's written instructions and the family's written instructions must be submitted at the start of camp with the medication in a sealed Ziploc bag. Staff will not administer medication. Child must administer their own medication, with staff monitoring.***

Has your child had any of the following;

- |                           |  |                         |  |
|---------------------------|--|-------------------------|--|
| Autism Spectrum Disorder  | <input type="radio"/> Yes <input type="radio"/> No | Injury to Self          | <input type="radio"/> Yes <input type="radio"/> No |
| Aggression towards peers  | <input type="radio"/> Yes <input type="radio"/> No | Injury to Others        | <input type="radio"/> Yes <input type="radio"/> No |
| Aggression towards adults | <input type="radio"/> Yes <input type="radio"/> No | Running Away or Bolting | <input type="radio"/> Yes <input type="radio"/> No |
| Behavior Problems/Home    | <input type="radio"/> Yes <input type="radio"/> No | Learning Disabilities   | <input type="radio"/> Yes <input type="radio"/> No |
| Behavior Problems/School  | <input type="radio"/> Yes <input type="radio"/> No | Mental Retardation      | <input type="radio"/> Yes <input type="radio"/> No |
| Destruction of property   | <input type="radio"/> Yes <input type="radio"/> No | Noncompliance           | <input type="radio"/> Yes <input type="radio"/> No |
| Emotional Disturbances    | <input type="radio"/> Yes <input type="radio"/> No | Repetitive Acts         | <input type="radio"/> Yes <input type="radio"/> No |
| Hyperactivity             | <input type="radio"/> Yes <input type="radio"/> No | Hearing Impairment      | <input type="radio"/> Yes <input type="radio"/> No |
| Vision Impairment         | <input type="radio"/> Yes <input type="radio"/> No | Toileting Concerns      | <input type="radio"/> Yes <input type="radio"/> No |

Describe in detail behaviors demonstrated by your child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have seizures?  Yes  No If yes, describe \_\_\_\_\_

\*All campers with seizure precautions require medical history clearance from physician for mounted activities\*

Does your child use verbal language to communicate?     Yes     No  
If no, how does your child communicate needs? \_\_\_\_\_

Are there any other medical concerns that would limit your child’s participation in the camp?  Yes     No  
If yes, please describe \_\_\_\_\_

Are there any activities in which your child is not permitted to participate?                     Yes     No  
If yes, please specify \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_  
\_\_\_\_\_

How does your child get along with adults? \_\_\_\_\_  
\_\_\_\_\_

What specific behavior problems should the camp staff be aware of? \_\_\_\_\_  
\_\_\_\_\_

What can you suggest that might distract or redirect your child from inappropriate behavior? \_\_\_\_\_  
\_\_\_\_\_

Please describe any concerns that you may have relevant to your child’s camp experience \_\_\_\_\_  
\_\_\_\_\_

Please list any individualized goals that you may have for your child’s camp experience \_\_\_\_\_  
\_\_\_\_\_

Please add any other specific information that you feel will help the staff to better provide a beneficial experience for  
your child in summer camp \_\_\_\_\_  
\_\_\_\_\_

- ✓ Application is complete
- ✓ Deposit is included
- ✓ If new, a visit is scheduled (*New campers, please call (724) 452-4453 ext. 1236 to arrange a visit*)
- ✓ Ready for summer camp fun!

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**PLEASE BE SURE TO COMPLETE ALL INFORMATION.**

**ALL INFORMATION IS CONFIDENTIAL**

**AND WILL ONLY BE USED BY THIS AGENCY TO BETTER SERVE YOUR CHILD.**

**GLADE RUN RESERVES THE RIGHT TO DETERMINE WHICH APPLICANTS ARE ADMITTED INTO  
SUMMER CAMP REGARDLESS OF WHEN THAT APPLICANT’S APPLICATION WAS RECEIVED.**

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