



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 19th - June 30th _____

Session #2 - July 31st - August 11th _____

Camp Information:

Specialized Adventures Camp is located on the Main Campus of Glade Run Lutheran Services (485 W. Beaver St. 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 15th.

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

Acceptance Information:

Applicants will be contacted by email regarding participation after April 15th.

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 or call (724) 452-4453 x1244

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

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 19th – June 30th _____ Session #2 - July 31st - August 11th _____

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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