

Clarkston SCAMP 2010

Date: June 28, 2010 - July 28, 2010

Time: 9:00 am - 2:00 pm
Monday, Tuesday and Wednesday of each Week

Site: Clarkston Junior High School
6595 Waldon Road
Clarkston, MI 48346

Outdoor recreational activities such as swimming, boating and picnics will be arranged at Independence Oaks Park.

Activities: Clarkston SCAMP provides: swimming, boating, arts and crafts, music, outdoor education, motor skills, special activities on campus, field trips and classroom activities designed to offer appropriate challenges.

Lunch: Each SCAMPer brings a lunch that does not need refrigeration. Beverages are provided by SCAMP.

Transportation: **No transportation is provided to and from the SCAMP Program this year.**

Financial Aid: Information regarding financial aid is in your packet. All information must be complete to be considered for aid.

Parent Meeting: Clarkston SCAMP will host a parent meeting at Clarkston Junior High School the week before SCAMP starts. Parents will be notified of meeting details. This is a good time for parents/guardians to get more information, meet with the teacher and have questions answered. This is not a time for SCAMPers to attend.

Questions: Call Clarkston Community Education at 248/623-4326.
The telephone number directly for the SCAMP program, beginning June 28th will be 248/623-5690.



ENROLLMENT APPLICATION

Clarkston SCAMP
Clarkston Community Education Center
6558 Waldon Road
Clarkston, MI 48346
248/623-4326

"A Special Camp for Special Kids!"

Name of Child: Age: Birth Date: Male/Female
Address: City: Zip:
Parent/Guardian: Relationship:
Home Phone: Cell Phone: Work Phone:
Group Home: Contact Person:
Home School District: Grade Completed (as of June 2010):
School of Attendance: Teacher:
Email:

** In Case of Emergency, if parent or guardian cannot be reached, notify:
Name: Phone Number:

Name of Medical Insurance: Number:

Present Certification/Impairment:

- Cognitive - CI Speech and Language - SLI Emotional - EI
Early Childhood - ECDD Hearing - HI Learning Disability - LD
Visual - VI Severe Multiple - SXI Physical - PI
Autistic - AI Other Health - OHI Traumatic Brain Injury - TBI
General Education

** Special Needs: Walker Wheelchair Other

Is your child on medication? Yes No Type
Will your child need to take medication while at SCAMP? Yes No

** If Child is taking Medication while at SCAMP - an Authorization to Administer Medication form must be completed by the parent/guardian and physician**

Please Note: No transportation will be provided to and from SCAMP this year. Please contact individual school district transportation departments with specific questions regarding transportation outside of Clarkston.

T-Shirt Size for Participant (Circle One): Child Small Child Medium Child Large
Adult Small Adult Medium Adult Large Adult XL Adult 2XL Adult 3XL

Please list last Clarkston SCAMP attended: Year Group Teacher

AUTHORIZATION FOR SCAMP PARTICIPATION

- All possible precautions will be taken by our staff to protect the safety of your child.
In the event of an emergency, SCAMP officials are authorized to take appropriate action, including medical intervention(s).
I hereby relieve the school district of all responsibility for accidents or injury resulting from any SCAMP activity including activities for field trips.
I hereby authorize use of pictures of my child for information or publicity relating to future SCAMP programs or fundraising.
I authorize my child to go on SCAMP field trips.

Signature of Parent/Guardian: Date:



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OUT OF DISTRICT TUITION PAYMENT RECORD

Clarkston SCAMP
Clarkston Community Education
6558 Waldon Road
Clarkston, MI 48346
248/623-4326

CHILD'S NAME HOME PHONE

PARENT'S NAME

HOME ADDRESS (number) (street) (city) (zip)

Please select the payment plan which best suits you.

Option A - Tuition \$700.00 (subsidized by North Oakland SCAMP Funding Corporation)
*One payment - submitted with application
*3 payment plan
** \$ 50.00 due with application
** \$ 325.00 due May 1
** \$ 325.00 due June 1 (must be paid in full by June 1st)

Option B - Request for Financial Aid
(You MUST also complete the Financial Aid Application, provide income verification and send a \$50.00 deposit with the application)
Partial Aid or Full Financial Aid
Please complete Financial Assistance Request form and include one of the following:
** 2009 MI or Federal Tax Return
** Current ADC Benefits Documentation
** Current SSI Benefits Documentation

Option C
** I plan on using my Respite Care money for tuition. (Please check the appropriate source of funding.)
Easter Seals
MORC Respite Budget
Other - Please Specify
** You MUST include a signed billing form from the appropriate agency **
AND
** A \$50.00 deposit or letter from the agency stating the amount they will pay **

Our family would like to make a donation to Clarkson SCAMP.
Amount \$

Date: Signed:

Please send your completed SCAMP application, the \$50.00 deposit and this completed Tuition Payment Record to:

Clarkston SCAMP
Clarkston Community Education Center
6558 Waldon Road
Clarkston, MI 48346



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FINANCIAL ASSISTANCE REQUEST

Clarkston SCAMP
Clarkston Community Education Center
6558 Waldon Road
Clarkston, MI 48346
248/623-4326

PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE. INCOMPLETE FORMS, FORMS RETURNED WITH OUT THE REQUIRED \$50.00 DEPOSIT OR FORMS RETURNED WITHOUT INCOME VERIFICATION WILL NOT BE CONSIDERED FOR FINANCIAL ASSISTANCE.

This information is only used by the Funding Corporation to obtain tuition funds for your child.

Student's Name _____ Age _____ Phone _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Daytime Phone _____

School District of Residence _____

Has applicant previously received financial assistance for SCAMP? _____ Through what organization? _____

FAMILY INFORMATION: No. of children in the home _____ No. of adults in the home _____

Yearly Income _____ \$20,000 or less _____ \$25,000 or less _____ \$30,000 or less
_____ \$35,000 or less _____ Over \$35,000 with special circumstances - explain below

Is family receiving ADC? _____ Case No. _____ SSI? _____ Other ? _____

*To provide funding, we MUST have verification of your income. No Financial Assistance will be given without a copy of one of the following documents...
2009 MICHIGAN or FEDERAL TAX RETURN (first page only)
CURRENT ADC BENEFITS DOCUMENTATION
or CURRENT SOCIAL SECURITY DISABILITY BENEFITS DOCUMENTATION*

WE NEED SOME FINANCIAL ASSISTANCE. WE CAN PAY \$ _____.

WE ARE ASKING FOR \$ _____ IN FINANCIAL ASSISTANCE.

Circumstances of financial need: Provide any additional information which would help us understand why you are requesting financial aid. Examples: family illness, unemployment, unusual expenses, or special need of this child

For consideration, please complete this entire form, provide documentation and send deposit with application.

Signature of Parent/Guardian _____ Date: _____



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AUTHORIZATION TO ADMINISTER MEDICATION

Clarkston SCAMP
Clarkston Community Education Center
6558 Waldon Road
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248/623-4326

SCAMP 2010 (June 28, 2010 - July 28, 2010)

The prerequisite of a School District and SCAMP in administering medication during school/program hours and/or for overnight camp-outs necessitates written authorization by the parent as well as the physician.

APPROVAL OF PARENT/GUARDIAN

Student's Name

Birthdate

Authorization is hereby granted to SCAMP personnel to administer or provide medication to the above student in accordance with the following physician's directives.

Parent's Signature

Date

MEDICAL DIRECTIVE --- DAYTIME (9 am - 2 pm)

Provide or administer medicine only from pharmaceutical labeled bottle bearing child's name and dosage limitations.

1. Condition Requiring Medication _____
2. Name of Medication _____
3. Dosage (amount) _____ To Be Given At (hour) _____
From (date) _____ To (date) _____
4. Directions For Administering _____

5. Comments (include any other special directions for teacher observation, reporting, or possible side effects of the medication) _____

Physician's Signature _____ Date _____

Printed Name or Stamp _____

Address _____ Phone _____

REMINDER

***Medication authorization must be signed by physician in order to dispense medication to your child.

***Medication must be sent to SCAMP in original prescription bottle.

PARENT QUESTIONNAIRE



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SCAMP is a social and recreational program designed to provide a unique summer of fun for mentally and physically challenged children and youth. Please provide any information you feel may be helpful in planning a relevant and meaningful recreational program for your child.

PLEASE BE ADVISED THAT THIS IS THE ONLY
INFORMATION WE HAVE ON FILE.

****Please Be Specific****

* Behavior Concerns (runner, touching, etc.) _____

* Strategies (counting, time out, stickers, etc.) _____

* Interests / Likes _____

* Dislikes _____

* Bathroom Issues _____

* Medications _____

* Special Diet _____

* Allergies _____

* Preferred Activities _____

* Activities That Can Be A Problem _____

Does your child wear: _____ Hearing Aides _____ Glasses _____ Other

Will they be wearing them at SCAMP? _____ Yes _____ No

Does your child utilize: _____ Walker _____ Stroller _____ Other

Feel Free to include any additional information you feel would be helpful to your SCAMPer's teacher.



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TEACHER QUESTIONNAIRE

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Clarkston Community Education Center
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Clarkston, MI 48346
248/623-4326

***** PARENTS - PLEASE NOTE *****

Return the rest of your application as soon as possible. Give this questionnaire to your son/daughter's teacher and they will return it to SCAMP.

***** TEACHERS - PLEASE NOTE *****

Please complete and return this form to:
Clarkston SCAMP
Clarkston Community Education Center
6558 Waldon Road
Clarkston, MI 48346

Dear Colleague:

The following student is enrolled in the Clarkston SCAMP program for the summer. We need your assistance to better meet his/her needs. Please complete the following survey as soon as possible and return it to Clarkston SCAMP at the above address.

Student's Name: Birth Date: Male/Female
Teacher's Name: School District:
School: Phone (during school)
Phone (during summer - only for emergency use):

Certification of Student:

What kinds of behavior should we be aware of:

Preferred Activities:

What strategies have you used that are helpful:

Likes:

Dislikes:

Activities that can be problematic:

Thank you for your anticipated cooperation.

Teacher's Signature: Date: