

Scottsdale Unified School District

# Special Needs Summer Camp

## Registration packet Summer 2008

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**Please complete pages 5, 6, 7, and 8  
and return with payment  
by Friday May 30<sup>th</sup>.**

**Registration questions:**

Chris Thuman  
SUSD Enrichment Coordinator  
480-484-8612

## SUSD Special Needs Summer Camp

### Mission statement:

To enrich the lives and meet the needs of special needs youth and families by providing the opportunity for special needs kids to successfully participate in a traditional summer camp experience.

### Description of modifications:

SUSD Special Needs Summer Camp is a traditional camp experience with modifications for special needs children (including but not limited to autism).

These modifications include:

- ❑ low student /teacher ratios with aides that provide a 3 to 1 ratio. Children can bring their own habilitators if your family has this service. Children that need their own aide will be provided one at camp. Teachers are qualified and certified by SUSD and experienced aides will also be assisting.
- ❑ individual profiles for each child to design individual programming to meet their needs.
- ❑ back up options for children when a particular activity isn't working for them.
- ❑ teacher and aide awareness and attention to sensory needs to provide programming that minimizes sensory issues, and
- ❑ a facility that provides many options and resources to meet sensory needs.

### 2008 Dates: one week sessions

6/9 - 6/13

6/16 - 6/20

6/23 - 6/27

*\* no camp week of July 4<sup>th</sup> holiday*

7/7 - 7/11

7/14 - 7/18

7/21 - 7/25

7/28 - 8/1

### Registration

Registration deadline is May 30th and payment is due with registration.

### Times:

9:00am – 2:00pm

### Ages:

6-12 years (with older exceptions if developmentally appropriate)

### Fees:

\$180 per week session

Scottsdale Bible Church can provide some scholarships for those families in financial need.

Please contact Steve Lee at Scottsdale Bible Church for more information at 480-824-7200.

### Transportation

Parents/Guardians will be responsible for their student's transportation to camps. Safe driving practices and proper procedures must be observed at all times.

## SUSD Special Needs Summer Camp

### Camp Location:

Scottsdale Bible Church  
7601 East Shea Blvd.  
Scottsdale, AZ 85260

### Facilities description:

Scottsdale Bible Church is the host facility providing many program resources including a special needs sensory room, computer/technology room, several multi-media rooms designed for youth programs, a gym, a stage, a movie theater room, playground, and several classrooms for small group rotations.

### Weekly routine:

- ❑ Daily components will include structured activities and rotations.
- ❑ Each week will have a theme and a field trip.
- ❑ Lunch: Children must bring their own lunch. Morning and afternoon snacks will be provided; if your child has special dietary requirements, please also pack your child snacks and note this on your profile form.

### Program objectives:

The objectives for this camp experience are:

- ❑ to successfully attend a summer camp
- ❑ engage children in structured meaningful activities that promote needed social skills and life skills to maintain their progress and avoid backsliding over summer break
- ❑ to learn new skills
- ❑ above all for them to have fun in a comfortable environment where they feel they "fit in".

### Pilot program and vision:

A collaboration of Scottsdale Unified School District staff, Scottsdale Bible Church staff, AZA United staff, and parents of special needs children created this program. The planning committee members for this camp and the program staff have a strong desire and heart for special needs kids, and have the understanding and experience to provide an environment where these kids can feel understood, feel safe, have options that meet their needs, and have fun.

Our vision is to create a successful model that can be reproduced to meet the needs of any child in our community that currently does not have such an opportunity. We hope to serve more families by creating a camp model that can be offered at various locations next summer.

### Parent involvement:

It is essential that we have parent involvement and feedback for our pilot program. This is necessary to better serve your child and implement our vision to create a successful model. In addition to your feedback, please let us know if you would like to contribute your gifts of volunteering, administration, financial contribution, or other special skill to this camp.

## SUSD Special Needs Summer Camp Registration Information & Instructions

Registration deadline is May 30th and payment is due with registration.

TO REGISTER, ALL STUDENTS MUST HAVE THE FOLLOWING:

- Registration form
- Emergency Medical Information form with parental consent signed
- Student Profile forms
- A check, money order, or cash made payable to: **SUSD**

### To register by mail

Please send the above to:

SUSD Community Schools  
9313 N. 95th Way  
Scottsdale, AZ 85258

Tel# 480-484-8614

### To register in person

Monday – Friday  
8am – 5pm (closed Memorial day)

SUSD Community Schools  
9313 N. 95th Way  
Scottsdale, AZ 85258

Tel# 480-484-8614

### Refunds

Full refund if class is cancelled due to lack of enrollment.

No refunds after the first day of camp.

Partial refunds only for not being able to complete camp due to disability.

# SUSD Special Needs Summer Camp Registration Form

Student Name: \_\_\_\_\_

Student Age: \_\_\_\_\_

Coming w/Habilitator: Yes \_\_\_\_\_ No \_\_\_\_\_

Need full-time one-on-one assistance: Yes \_\_\_\_\_ No \_\_\_\_\_

Guardian(s)/Parent(s):  
\_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Registration: Enrollment is for weekly sessions  
Fee: \$ 180.00**

check	Dates: week sessions	Fee
	6/9 - 6/13	\$180.00
	6/16 - 6/20	\$180.00
	6/23 - 6/27	\$180.00
	7/7 - 7/11	\$180.00
	7/14 - 7/18	\$180.00
	7/21 - 7/25	\$180.00
	7/28 - 8/1	\$180.00
Total # weeks:		Total Fee: \$

***Office Use only:***

- Date received: \_\_\_\_\_
- Emergency Medical Information form complete
- Student profile forms complete
- Payment received

**SUSD Special Needs Summer Camp**  
**EMERGENCY MEDICAL INFORMATION**

Student Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_

Coming w/Habilitator: Yes \_\_\_\_ No \_\_\_\_  
Need full-time one-on-one assistance: Yes \_\_\_\_ No \_\_\_\_

Guardian(s)/Parent(s) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please list**

Medical conditions: \_\_\_\_\_

Medications taken and why: \_\_\_\_\_

Allergies: \_\_\_\_\_

There will not be a nurse on campus for Camp. If your child requires medication during camp, please see the camp director for information.

**Emergency Contact (if parents cannot be reached):**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**I/we give permission for the above named student to participate in organized activities.**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT PROFILE

Dear Parents and Caregivers:

Your child's success is of the utmost importance to us. We feel that, in order to fully understand him/her, we need your input. Please take some time to write down your thoughts for each of the following items as they relate to your child. Please make your comments relevant, specific and brief. Thank you for giving us a more detailed look at your child as we work together to create the most productive program possible.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

## ***SOCIAL COMMUNICATION***

**-Receptive Language Skills:**

**-Expressive Language Skills**

**-Effective Communication Methods/Tools:**

**-Peer Relations:**

## ***EMOTIONAL REGULATION***

**-Fears and/or Insecurities:**

**-Stressors and/or Sensitivities:**

**-Calming Strategies (to respond to Fears/Insecurities and Stressors/Sensitivities. Please include sensory needs):**

**-Medical History (include allergies, medications, and special diets):**

**-Behavior Management Strategies (include effective and ineffective):**

## **STUDENT PROFILE (con't)**

### ***TRANSACTIONAL SUPPORTS***

**-Interests/Motivators:**

**-Visuals (include effective and ineffective):**

**-Schedules (Have they been used? Successfully or unsuccessfully? Pictures, words, both,etc.):**

**-Social Stories (Have they been used? Successfully or unsuccessfully? Topics in use/needed):**

**-Objects and/or Places Used to Regroup/Calm (include effective and ineffective):**

### ***ACADEMICS***

**-Work Habits ( 1-to-1, small group, large group, independence, easily distracted, etc.):**

**-Strengths:**

**-Difficulties:**

*If there are any other comments you would like to make or any information that the previous headings did not cover that you feel is important for us to know, please use the space below.  
Thank you.*