



848 Executive Dr. Oviedo, FL 32765  
Interventions Unlimited, Inc. Tel: 407-678-8889, Fax: 407-678-8885  
Email: [info@interventionsunlimited.com](mailto:info@interventionsunlimited.com) Website: [www.interventionsunlimited.com](http://www.interventionsunlimited.com)

## **2010 SOCIAL SKILLS SUMMER CAMP POLICIES**

Dear Parent/Guardian,

Thank you for your interest in our 2010 Socials Skills Summer Camp. Please review the following policies and complete all the enclosed forms in your application packet. Please note that the application does not guarantee acceptance of your child into the program. It is our intent to provide a positive learning experience while maintaining the safety of all children and staff. For this reason, some children may be accepted on a trial basis. Space is limited, and we encourage you to apply at your earliest convenience.

During the camp, our staff will work on social and language skills, as well as classroom related skills and behaviors. However, we will not be able to work on individualized issues such as toilet training or eating problems. You will receive weekly notes regarding your child's performance during the camp, and a progress summary at the end of the camp.

After we receive your application, we will notify you of your child's acceptance. We look forward to the prospect of meeting you and having your child with us this summer. In the mean time, if you have any questions or concerns, please contact us.

**Camp Dates:** June 21 to August 6 (7 weeks), Monday to Friday

### **Payment**

The application fee is nonrefundable.

At the time of application, payment is required in full for the weeks registered.

A full refund of payment will be issued if your child is not accepted into the camp.

Children who are accepted on a trial basis will be refunded the remaining balance if he or she is dismissed from the camp.

50% of the payment will be refunded if the child is dismissed from the camp due to health and behavioral issues that are not disclosed in the application.

## **Cancellation**

75% of your payment will be refunded if a written request of cancellation is received on or before May 21, 2010.

50% of your payment will be refunded if a written request of cancellation is received between May 22, 2010 and June 25, 2010.

No refund will be issued if the parent/guardian cancels after June 25, 2010. This includes non-attendance due to illness or other reasons.

## **Sick Policy**

Your child will be sent home if he or she has any of the symptoms below. For the well being of all the program staff and other children, please keep your child at home if he or she has any of the following Symptoms:

- 1) A fever of 102 or higher. If your child has had a fever. He or she must be fever free for 24 hours before returning to the camp.
- 2) Vomiting
- 3) Visible mucus (green/yellow)
- 4) Conjunctivitis (pink eye)
- 5) Diarrhea
- 6) Cough that has lasted more than 5 days.
- 7) Head Lice

## **Pick up**

Your child must be picked up at the allotted time. A late fee of \$5 will be incurred for every 5 minutes that the parent/guardian is late.

## **Supplies**

Parents are responsible for supplying the snacks, drinks, extra change of clothes, diapers, pull ups and wipes for your child. Please label everything with your child's name.

I have reviewed the above policy and hereby give my consent for my child  
\_\_\_\_\_ to participate in the 2010 Summer Camp.

Child's name

---

Parent/Guardian Signature

Please Notarize

State of Florida

County of \_\_\_\_\_

The forgoing information was acknowledged before me the \_\_\_\_\_ day  
of \_\_\_\_\_, 2010 by \_\_\_\_\_ who is  
personally known to me and / or produced \_\_\_\_\_ as  
identification and did take an oath.

\_\_\_\_\_  
Notary



848 Executive Dr. Oviedo, FL 32765  
Interventions Unlimited, Inc. Tel: 407-678-8889, Fax: 407-678-8885  
Email: [info@interventionsunlimited.com](mailto:info@interventionsunlimited.com) Website: [www.interventionsunlimited.com](http://www.interventionsunlimited.com)

### 2010 SOCIAL SKILLS SUMMER CAMP APPLICATION

On behalf of my son( ) daughter( ) \_\_\_\_\_ / \_\_\_\_\_  
(first or given name) (last or family name)

I wish to apply for admission to Interventions Unlimited Inc.'s 2010 summer camp.

I attest that to the best of my knowledge, the information provided on the application is accurate.

**Parent Signature:** \_\_\_\_\_

**Background Information:**

Child's Name: \_\_\_\_\_

S.S. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present School Grade \_\_\_\_\_ Name of the School \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

With whom does the child live with? \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Please list the name(s) of individuals authorized to pick up your child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Please indicate the programs and sessions you would like to enroll**

Applicants applying for the entire 7-week half-day or full-day program will be given priority in acceptance.

\_\_\_ **Program One (ages 3-6): 7 weeks** \_\_\_ or weeks of \_\_\_\_\_

\_\_\_ Morning session: 9:00 a.m.- 12:00 p.m. \_\_\_ Afternoon session: 1:00 p.m.- 4:00 p.m.

\_\_\_ Full-day session: 9:00 a.m.- 4:00 p.m.

\_\_\_ **Program Two (ages 7-13 and ages 14-16): 7 weeks** \_\_\_ or weeks of \_\_\_\_\_

\_\_\_ Morning session: 9:00 a.m.- 12:00 p.m. \_\_\_ Afternoon session: 1:00 p.m.- 4:00 p.m.

\_\_\_ Full-day session: 9:00 a.m.- 4:00 p.m.

**Does your child have a medical diagnosis?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what diagnosis? \_\_\_\_\_ Diagnosed By: \_\_\_\_\_

Age at Diagnosis: \_\_\_\_\_

**Behavior: Does your child engage in the following behaviors?**

Non compliance: \_\_\_ Yes \_\_\_ No

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Tantrum: \_\_\_ Yes \_\_\_ No

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Aggression: \_\_\_ Yes \_\_\_ No

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Running Away: \_\_\_ Yes \_\_\_ No

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Self Injurious Behaviors: \_\_\_ Yes \_\_\_ No

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Stereotypical Behaviors (hand flapping, flicking, toe walking, rocking, twirling, etc.)

\_\_\_ Yes \_\_\_ No

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Other behaviors not listed above: \_\_\_\_\_

Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_

Repeat previously heard words: \_\_\_ Yes \_\_\_ No

Difficult with transitions or changes in routine: \_\_\_ Yes \_\_\_ No

Unusual interest in the sight, feel, sound or smell of things: \_\_\_\_ Yes \_\_\_\_ No

Unusual preoccupations/obsession: \_\_\_\_ Yes \_\_\_\_ No

Verbalizing in a repetitive manner: \_\_\_\_ Yes \_\_\_\_ No

**Communication:**

1. What are the primary ways the child communicates with other people?

---

---

---

---

---

2. On the following chart, please indicate the behaviors the child uses to achieve the communicative outcomes listed:

Communicative Functions	Complex speech	Multiple-word phrases	One-word utterances	Echolalia	Other verbalization	Complex signing	Single signs	Pointing	Leading	Shakes head	Grabs/reaches	Gives objects	Increased movement	Moves close to you	Moves away or leaves	Fixed gaze	Facial expression	Aggression	Self-injury	Other
Request attention																				
Request help																				
Request preferred Food/objects/activities																				
Request break																				
Show you something or some place																				
Indicate physical pain																				
Indicate confusion or unhappiness																				
Protest or reject a Situation or activity																				

3. Does the child follow spoken requests or instructions? If so, approximately how many?

---

---

4. Does the child respond to signed or gestural requests or instructions? If so, how many?

---

---

5. Can the child imitate sounds, words, or phrases? If so, what are they?

---

---

6. How does the child indicate “yes” or “no” when asked if she/he wants something, or wants to go somewhere?

---

---

**Self Help Skills:**

Please list the child’s current level of functioning on the following skills:

Toileting \_\_\_\_\_

---

Feeding: \_\_\_\_\_

---

Dressing: \_\_\_\_\_

---

Grooming: \_\_\_\_\_

---

---

**NOTE: we accept children who have bladder and/or bowel control difficulties, but would appreciate the following information in order to insure proper care.**

Does your child wet\_\_\_ or soil\_\_\_ during the day? Yes\_\_\_ No\_\_\_

Do you use Pull-Ups, diapers etc... at home ? Yes\_\_\_ No\_\_\_

If “Yes” please describe: \_\_\_\_\_

**IMPORTANT: For health and sanitary reasons, children who are not toilet trained must wear protective undergarments.**

**Reinforcers:**

Please list the things that the child likes:

1. Food: \_\_\_\_\_

---

---

2. Objects: \_\_\_\_\_

---

---





## 2010 SOCIAL SKILLS SUMMER CAMP PAYMENT

**Child's Name:** \_\_\_\_\_

**Half-day programs:**

\$155 per week if registering for the entire program (7 weeks).

\$165 per week if registering for partial program.

**Full-day programs:**

\$310 per week if registering for the entire program (7 weeks).

\$330 per week if registering for partial program.

Payment is due with your application.

**Application fee:** \$55.00 before April 30, 2010

\$65.00 after April 30, 2010

### Payment

Please find enclosed check in the amount of: \$ \_\_\_\_\_

I would like the amount of \$ \_\_\_\_\_ to be charged to my credit card account:

Visa/Master card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 20 \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date



Interventions Unlimited, Inc. Tel: 407-678-8889, Fax: 407-678-8885  
Email: [info@interventionsunlimited.com](mailto:info@interventionsunlimited.com) Website: [www.interventionsunlimited.com](http://www.interventionsunlimited.com)

**2010 Social Skills Summer Camp Health Information**  
**(To be completed by parent/guardian)**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Height: \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

In case of illness or emergency, please contact: \_\_\_\_\_

Address \_\_\_\_\_

Street number

City

Zip Code

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

**Heath History**

**(Check all that apply)**

\_\_\_ Chicken Pox

\_\_\_ Measles

\_\_\_ Epilepsy

\_\_\_ Hepatitis

\_\_\_ Kidney disease

\_\_\_ Asthma

\_\_\_ Mumps

\_\_\_ Heart conditions

\_\_\_ Diabetes

\_\_\_ Ear infections

\_\_\_ Enuresis (bed wetting)

\_\_\_ Conduct Disorders

\_\_\_ Severe stomach aches

\_\_\_ Sun sensitivity

If you checked any of the above please explain in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be specific in answering the following:

Does your child have physical restrictions/limitations? \_\_\_ Yes \_\_\_ No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from any allergic reactions to:

Penicillin: \_\_\_\_\_ Other drugs: \_\_\_\_\_ Bee or wasp sting: \_\_\_\_\_ Foods: \_\_\_\_\_

Others: \_\_\_\_\_

Please specify which foods he/she is allergic too:

\_\_\_\_\_

Any dietary restrictions? \_\_\_Yes \_\_\_No

If yes, explain:

\_\_\_\_\_

Is your child currently taking medications? \_\_\_ Yes \_\_\_ No

- **If yes, please be sure to fill out the medication release form.**

**IN CASE OF EMERGENCY**

Your child's physicians full name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number City Zip Code

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

I hereby attest that to the best of my knowledge, the child named above is in good health and physically and mentally able to participate in all program activities, except as previously noted. In case of a medical emergency, in which I cannot be contacted, I hereby give permission to Interventions Unlimited, Inc. to seek proper medical treatment for the child named above.

Parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_



Interventions Unlimited, Inc. Tel: 407-678-8889, Fax: 407-678-8885  
Email: [info@interventionsunlimited.com](mailto:info@interventionsunlimited.com) Website: [www.interventionsunlimited.com](http://www.interventionsunlimited.com)

## 2010 Social Skills Summer Camp

### Medication Administration Form

For Medications Supplied by Parents

I \_\_\_\_\_, give permission for my child \_\_\_\_\_, to have his or her oral medication(s) administered to him or her during the school hours by an Interventions Unlimited, Inc. school staff.

My child will need the following medication (s) and dosage (s) administered during the school hours:

Medication	Dosage	Time
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Instructions for administering the medication(s):

---

---

---

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN signature required for ALL PRESCRIPTION medications**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT signature required for prescription and over-the-counter medications**

**Medication must be provided in its original container from the pharmacy with dosage amount, directions, and the name of the prescribing physician. Please note that if the above information is not provided the medication will not be administered.**



Interventions Unlimited, Inc. Tel: 407-678-8889, Fax: 407-678-8885  
Email: [info@interventionsunlimited.com](mailto:info@interventionsunlimited.com) Website: [www.interventionsunlimited.com](http://www.interventionsunlimited.com)

## 2010 Social Skills Summer Camp Release Forms

### Photo and Video Taping Release

I hereby give consent for photography and video taping of my child that will only be used by Interventions Unlimited, Inc. for educational, promotional, or other proper purposes only.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----

### Consent to Transport

I hereby give consent for my child, \_\_\_\_\_, to be transported by Interventions, Unlimited, Inc. for field trip purposes (only) during the summer camp. I acknowledge that I will not hold Interventions Unlimited, Inc. liable should there be an accident.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----

### Liability Release

I acknowledge that my child has been accepted and permitted to participate in the summer camp. I hereby release, discharge, and waive Interventions Unlimited, Inc. and its employees from all liability for injuries, loss or damages, and any claims for damage on account of any injuries to my child or his or her property while in the summer camp. I have agreed to emergency treatment by a physician or hospital in the event that I cannot be reached. I have disclosed all relevant information regarding my child's health condition.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

