



Autism Clinic

SPEECH THERAPY & TRAINING CENTER

JOIN • PLAY • GROW

Summer Camp 2018

Broken Arrow, OK

Thank you for your interest in attending our Autism Summer Camp at our Clinic in Broken Arrow.

We all dream of the chance to go to camp in the summer. For children with social delays, going to a typical summer camp of any type can be over-stimulating. We provide a half-day camp program where families can pick and choose the weeks that fit their child. Each week will be themed and focused on that motivation for the week. We will have planned activities and the child can pick what they want to participate in based on how they are feeling during that time.

We are not your typical summer camp. We understand that to meet the needs of our campers we have to offer a variety of activities, motivators, and special assistance to make camp a great experience. Throughout the day our volunteers will have access to a quiet room so that campers who are not feeling up to the activity at that time can choose to be somewhere quieter and calming. Our volunteers will pair with a child each day to help them with activities, snacks, playtime, etc. so that they have someone to meet their needs

Any child who will be age 3-16 at the time of camp may apply. No referral is necessary! Because space is limited we ask that you follow the registration rules.

APPLICATION PROCESS

Please read the following carefully. *Summer Camp enrollment is first come, first served.* Applications may be mailed, faxed, or given to a Griffin Promise Team Member.

Limited space is available. We try very hard to make Camp accessible to as many as possible. We have currently scheduled 3 weeks of camp for summer 2018. This summer we will have 2 sessions per week to allow for more campers.

To apply by mail, please send us: **the program application and payment** (no cash through mail please) We will notify each applicant regarding enrollment status as soon as possible, typically within three weeks of receiving your completed application. If your camper's particular session is full, we will attempt to place him/her in their second or third choice or on the waiting list for their first choice. Once your camper is enrolled, we will send you a confirmation email with the details about your week at camp.

RULES:

- Application & payment are due at the time of registration
- Registration is a first come, first serve assignment
 - Payment for 1st week of camp is required to confirm placement
- On application you can indicate the number of camp sessions you wish to attend.
 - Each camper will be given a placement at one camp session first
 - All applications will be numbered in the order they were submitted with payment
 - Once each camper who applies has been given a session then we will allow for additional sessions based on number assigned at registration and payment availability.

IMPORTANT: If we are unable to accommodate your camper during the weeks you applied for you will be given a full refund.

Summer Camp costs \$150; this includes a \$10 non-refundable application fee. Payments may be made by cash or check or card. (Please do not send cash by mail, contact a volunteer for payment).

We work hard to keep our costs low, through fundraising, donations, etc. As a nonprofit, any amount paid over the standard fees is considered a tax-deductible donation and greatly appreciated. Let us know if you need a tax receipt and we will send you one. Please consider sponsoring another camper or helping us provide more opportunities through your donations. Thank you!

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]

SUMMER CAMP PROGRAM SITE

Camp will be held at Central Park Community Center 1500 S. Main St. Broken Arrow

CONTACT INFORMATION

The Griffin Promise Autism Clinic
 Website: www.thegriffinpromise.com
 Email: thegriffinpromise@gmail.com
 Phone: 918.893.3735

WHEN TO SHOW UP AND WHAT TO BRING

Camp is Monday-Friday, 9:00am-12:00pm or 1pm-4pm. You will be notified of your session. Camp provides all the necessary toys and activities for the week. Campers should bring a snack every day and wear comfortable clothing that can get messy. We like to limit the items that a child brings with them to camp. However if there is a favorite toy or security item that helps them throughout the day they are welcomed to bring it with them. Please note that if you choose to bring personal item, the clinic cannot be responsible if it is lost or damaged. We recommend that snacks and personal items be in a bag labeled with the child's first and last name. Please remember to send any necessary diapers, pull-ups, change of clothes, etc. in your child's bag.

COMPLETING YOUR APPLICATION

Include the following:

- Program application
- \$150 tuition
- Copy of Insurance Card



and send it to:

The Griffin Promise
 2552 E. Kenosha St.
 Broken Arrow, OK 74014

Checks should be made out to: The Griffin Promise

IMPORTANT INFORMATION FOR ALL SESSIONS

Applications	<i>First come, first served – apply as soon as possible for the best chance of camp session choice. You may deliver in person, mail, or fax 9188933745.</i>
Tuition (must be paid in full)	At time of registration to secure space. (first week only, additional weeks will be required when you are notified of availability)
Last Day for refund.	One week prior to first day of camp. Less a \$10 non-refundable application fee.
Returned Checks fee	A \$25 fee plus bank expense will be required on all returned checks.
Late Pick Up	Pick-up times are from 1145-1200 for morning session and 345-400 for afternoon session. Caregivers will be charged \$10 per 5 mins late beginning at 5mins after the hour. Our volunteers and staff need time between sessions to have lunch and prepare for the next group, as well as leave on time for the day.

Thank you so much for your interest in Camp -- we look forward to playing with you!!!

Any photos, recorded (audio or video) and written materials created for and/or during Summer Camp are property of The Griffin Promise and may be used for promotional purposes at the discretion of The Griffin Promise Autism Clinic.

The policy and intent of The Griffin Promise is to provide equal opportunity for all persons regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, affectional orientation, sex, status with regard to public assistance, disability, age, veteran status, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, or other discriminatory behavior or expression.

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]

The Griffin Promise Autism Clinic

2017 Summer Camp

Program Application

(Thanks for printing legibly)

1. CHOOSE A SESSION

Campers attending more than one session must circle the number of weeks they would like to participate in camp. If a number isn't circled it is defaulted to attending only one week. Payment for each week must be made to secure space. If you are choosing more than 3 weeks please indicate by circling the weeks below in the table that you want to attend.

- Please indicate your camp preference by rating each week as first, second, third choice (only mark the number of camp weeks you are interested in, leave others blank):

June 11-15th _____ July 9-13 _____ July 23-27 _____

- Please list your session preference:

- Session One: 9am-12pm
 Session Two: 1pm-4pm

Theme	Description
WEEK ONE JUNE 5- Going on a Campout!	It's time for a camp out. This themed week will be about all things camping from sleeping bags and scavenger hunts to pretend fishing and bonfires. Come join in the fun!
WEEK TWO JUNE 20=24	All-Star week here at camp is all about being the best you can be. Sports, Drama, Music and more will be all the fun during this camp week!
WEEK FOUR JULY 11-15 Safari Tracks	Come on a safari expedition with us! Let's visit the savannah, forest, ocean, and more. We will learn about animals, habitats, and all the fun around the world!

2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Camper: _____ Date of Birth: _____ Age (at the time of Camp): _____			
Name you prefer to be called (if different): _____			
Name of School: _____		Grade: _____	
T-Shirt Size (circle one): Youth: XS SM MED LG <i>or</i> Adult: SM MED LG XL XXL XXXL			
Name of Parent/Guardian/Primary Contact: _____			
Mailing Address: _____			
City: _____		State: _____	Zip Code: _____
Home Phone: _____		Cell Phone: _____	Work Phone: _____
Email address you check frequently (required): _____			
Best way to contact you? (Circle one) Home Phone Cell Phone Email			

3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____
Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____
Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

4. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs) Does your camper have any medical conditions, allergies, etc. that the staff should know about?

5. INSURANCE INFORMATION (you will be notified should any accident or sickness occur, however should emergency assistance be required we will contact and ambulance or emergency worker)

Is this camper covered by insurance?		<input type="checkbox"/> YES	<input type="checkbox"/> No		
Please indicate name of primary insurance					
Subscriber's name:	Subscriber's S.S. no.:	Birth date:	Group no.:	Policy no.:	Co-payment \$
Camper's relationship to subscriber:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other	

[PLEASE INCLUDE A FRONT AND BACK COPY OF INSURANCE CARD WITH YOUR APPLICATION]

Diagnosis (if applicable): <input type="checkbox"/> Autism (ASD) <input type="checkbox"/> Apraxia <input type="checkbox"/> PDD-NOS <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Speech Delay <input type="checkbox"/> Asperger's <input type="checkbox"/> _____
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Please check the items that pertain to camper:			
<input type="checkbox"/> potty-trained	<input type="checkbox"/> loss of speech/words	<input type="checkbox"/> enjoys technology (TV, electronics)	<input type="checkbox"/> self-hair pulling
<input type="checkbox"/> uses words	<input type="checkbox"/> self-injury	<input type="checkbox"/> plays well with adults	<input type="checkbox"/> head banging
<input type="checkbox"/> uses sign language	<input type="checkbox"/> only discusses one topic	<input type="checkbox"/> plays well with other children	<input type="checkbox"/> drooling
<input type="checkbox"/> strong eye contact	<input type="checkbox"/> only interested in a few topics/toys/items	<input type="checkbox"/> hitting/rough	<input type="checkbox"/> picky eater
<input type="checkbox"/> repetition	<input type="checkbox"/> hand-flapping	<input type="checkbox"/> enjoys music	<input type="checkbox"/> light sensitivity
<input type="checkbox"/> biting	<input type="checkbox"/> tip-toe walking	<input type="checkbox"/> spinning of objects	<input type="checkbox"/> puts toys in mouth
<input type="checkbox"/> no/little eye contact	<input type="checkbox"/> bouncing/jumping	<input type="checkbox"/> cries uncontrollably	<input type="checkbox"/> throws toys
<input type="checkbox"/> anxiety	<input type="checkbox"/> likes deep pressure/squeezing	<input type="checkbox"/> echolalia (copying words spoken)	<input type="checkbox"/> enjoys role playing
<input type="checkbox"/> depression	<input type="checkbox"/> hyperactive	<input type="checkbox"/> stuttering	<input type="checkbox"/> plays make believe

Any additional information you would like for us to know about your camper:

CONSENT FOR PHOTO AND VIDEO RECORDING

I understand that The Griffin Promise Autism Clinic will be using photography and video recording of camps. I give the clinic the right to use video or photos which contain my child as part of their documentation and property. These photos and videos may be used as part of a training program lead by a Griffin Promise instructor or on social media and marketing material for future camps and clinic programs.

X _____
Your signature Date

Camper Pick Up

The following persons are given permission to sign out my child, _____, at the end of the camp. Please list the name of each person you give responsibility of picking up your child from camp. Proper identification will be required at the time of pick up. Thank you

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

X _____
Your signature Date

I verify that all the information I have provided in this document is true to the best of my knowledge.

X _____
Your signature Date

I understand that pick-up policy and will commit to paying \$10 per 5 mins that a caregiver is late to get my child from camp.

X _____
Your signature Date

To complete your application; please send these pages, along with your tuition and copy of your insurance card to:

The Griffin Promise
ATTN: Summer Camp
2552 E. Kenosha St.
Broken Arrow, OK 74014

[PLEASE INCLUDE THIS PAGE IN YOUR APPLICATION]