



## Summer Camp 2010

Camp Directors

Rachel Grunwald and Cheri VandenBogart

This year we are offering 2 distinctly different camps specifically designed for school-age children with special needs.

**Dates:** 6/22 – 8/12 (8 weeks)  
**Days:** Tuesday and Thursday  
**Times:** 10:00 a.m. – 2:00 p.m.  
**Cost:** Camp 1 - \$200 (for all 8 weeks)  
 Camp 2 - \$250 (for all 8 weeks)  
**Location:** PATH/S.B. Moravian Church  
 323 S. 5<sup>th</sup> Ave. Sturgeon Bay, WI

Registration deadline is

**May 3, 2010**

Detach right side of this form and return to P.A.T.H. at address above.

See reverse side for a description of the camps.

## Summer Camp 2010 Registration Form

I am interested in Camp (circle one):

Camp 1

Camp 2

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

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Child's disability area: \_\_\_\_\_

Relevant Medical Condition(s): \_\_\_\_\_

**Accommodations: Circle all that apply:** Wheelchair Toileting Assistance

Special Diet Communication Needs 1-1 Aiding: Reason: \_\_\_\_\_

Other: \_\_\_\_\_

Has your child participated in previous camps? Yes No Year(s)? \_\_\_\_\_

Where? \_\_\_\_\_

What activities besides school does your child participate in? \_\_\_\_\_

**Emergency Contact Information:** Please list 3 people in addition to you and your spouse/partner that we may call in an emergency.

#1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

#2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

#3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

(OVER PLEASE)

**Camp 1**

**Day and Time:** T/TH 10:00 a.m.–2:00 p.m.

**Enrollment:** 6 students – 3 Staff

**Cost:** \$200 for all 8 wks.

**Description:** This camp is perfect for younger children or children who require a more center based program. Campers will participate in many of the same activities as Camp 2 however 1 day per week will be spent in center activities such as cooking, arts and crafts, music and large motor activities. The other day will be a themed outing day where campers go somewhere or have presenters from the community come to PATH. Themes for the outing days are as follows:

- Camping Day at Quietwoods
- Bowling
- Trip to the Humane Society
- Trip THE Farm
- Trip the Sturgeon Bay Library
- Occupational Therapy Fun Day and Obstacle Course
- Artist in Residence Day
- Theatre Workshop

**Camp 2**

**Day and Time:** T/TH 10:00 a.m.–2:00 p.m.

**Enrollment:** 10 students – 5 Staff

**Cost:** \$250 for all 8 wks.

**Description:** This camp is perfect for students who are in 3<sup>rd</sup> Grade and up, have been in camp before, and/or enjoy being on the move, out and about in the community and have had some success managing transitions. Most days will be spent away from the center, but drop-off and pick-up will still be at PATH.

Some of the planned outings for this summer are:

- Camping Day at Quietwoods
- Bowling
- County Fair
- Pizza Making Outing
- Fishing
- Mini Golf Outing
- Peninsula State Park Day
- Gardening Outing
- Occupational Therapy Fun Day and Obstacle Course
- Artist in Residence Day
- Theatre Workshop
- Photography Day
- Candle Factory Trip
- Dunes Beach Day

**Medical Release Form:** If deemed necessary your child will be sent to the emergency room via ambulance. This will only be done if staff is unable to reach a parent or emergency contact within a reasonable amount of time from the time the emergency arises. If a serious issue arises, staff may call 911 first and then the contact person. **As a parent/guardian, I hereby give my consent for emergency medical care or treatment to be accessed by P.A.T.H. Camp staff only if I cannot be reached immediately.**

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*NOTE:** Please be aware P.A.T.H. staff will not routinely administer medication to students.

**Field Trip Permission Release:** I give permission for my child \_\_\_\_\_ to participate in all P.A.T.H. Summer Camp field trips. I will be given notice of each field trip one week in advance of the scheduled date via a note home to parents. All field trips are optional and I may at any time decide not to send my child to camp on the day a trip is scheduled.

Does your child require a car seat? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Photo Release Form:** In order to offer programs like this P.A.T.H. must continually seek funding. Please sign this photo release to allow us to take pictures of your child while he/she is attending P.A.T.H. Camp. Donors and grant sources like to see how children benefit from the programs supported by their funding. Nothing demonstrates this better than the smiling faces of children engaged in fun and interesting activities. **\_\_\_\_Yes, I give my consent for my child to be included in photographs and/or videos taken during P.A.T.H. Camp.**

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

**Pre-Camp Interview with Camp Director/Teacher:** Every parent and child will need to meet with the Camp Director prior to the start of camp. Meetings will take place in May 2010. Please indicate below the best day of the week and time of day for this meeting and we will make every attempt to accommodate your schedule. \_\_\_\_\_

Your child’s registration is complete when you have submitted the following to the PATH office:

\_\_\_\_\_ This registration form

\_\_\_\_\_ \$25 registration fee

\_\_\_\_\_ Health History and Emergency Care Plan form. (The HH/ECP form should be attached to this registration form, but if not it is available by calling P.A.T.H. at 559-6217.)