



General Information

We are so excited to be having Camp M.A.T.E.S. again! Thank you for taking the time to read and fill out this application, we cannot wait to meet you and your child this summer!

Camp M.A.T.E.S. is a multi-modal camp for youth with social skills deficits that will take place in downtown Columbia area on Wednesdays and Fridays from 8:30am-3:00pm from June 8th to August 12th. Camp M.A.T.E.S. consists of sports, social skills, nutrition, music, and academics for the younger children, and a life skills component (e.g., how to make a resume, applying for jobs/college, etc.) for the teens!

We also have a new junior counselor component for the teens!

Junior Counselors are those aged 16 and up. The goal of having Junior Counselors is to allow teens to have the opportunity to take on some responsibility of work experiences. Junior Counselors take part in the Life Skills and Physical Activity components with the other teens, but are able to assist the Camp M.A.T.E.S. staff during Social Skills and Nutrition lessons with the younger campers. They can also take part in staff meetings, helping with serving snack, and assisting with other administrative tasks if they choose. Junior Counselors are not staff, they are included as campers. Please indicate if this is something you would be interested in for your child!

BEFORE NEW CAMPERS CAN BE REGISTERED, THE FOLLOWING STEPS NEED TO BE COMPLETED:

STEP ONE: NECESSARY DOCUMENTS

We will need you to fill out the entire Camp M.A.T.E.S. application.

We know our parents want the 'right' program, the one that will best help their child. We want every camper who attends Camp M.A.T.E.S. to have a great experience and in order to do that we request a lot of information to ensure that this occurs. We would like to help all children at all levels of functioning; however, based on our current resources and volunteers, we may not be able to accommodate your child. We have a thorough screening process and if we determine that we do not have the resources to accommodate your child's needs, we will provide you with other referrals in the area. Typically, our campers have diagnoses including, but not limited to, Asperger's, Autism, ADHD, Dyslexia, Anxiety, and other Learning Disabilities.

Some of our requirements for campers for the Summer 2016 year include being able to eat and use the bathroom independently, children/adolescents who are verbal, and children/adolescents who do not demonstrate self-injurious or aggressive behaviors. If you have questions as to whether we are the 'right fit' for your child, we encourage you to email us at campmates@autismacademyofsc.org. Upon acceptance to

Camp M.A.T.E.S., a non-refundable \$115.00 deposit and program registration forms will be required in order to reserve your spot.

STEP TWO: INTERVIEW/ORIENTATION

Once all necessary paperwork has been received, you will be contacted to set up an interview (if we have any concerns or questions), or you will be invited to a parent/child orientation. All parents and children (except those who are returning campers) are required to attend the orientation (we will have several dates). Further details will be announced in April. If you have any questions or concerns, please email us at campmates@autismacademyofsc.org.

STEP THREE: REGISTER

(Please note: there is a *two-week minimum* registration required)

Once you have been accepted, you will receive information concerning payment plans. As mentioned in Step one: a \$115 non-refundable deposit and registration/online fee is required. **Total balance of camp tuition needs to be paid on June 1st 2016.** If you have any questions, require any assistance in registration, or need to set up special arrangements for payment, please email us at campmates@autismacademyofsc.org.

STEP FOUR: GRANTS/SCHOLARSHIPS

If you will need assistance in funding camp, there are many organizations that provide scholarship and grants. Please check out our website at autismacademyofsc.org for more information! Families affiliated with Department of Disabilities and Special Needs (DDSN) through various agencies (Autism Society, Bright Start, ARC) make sure to reach out to your case managers to request family support funds for summer opportunities.

Additionally, we will have limited scholarship funds available, so please indicate on this application if this is something you are interested in.

Mailed Payments and Documents:

Please make checks payable to 'Autism Academy of South Carolina' and mail to the following location:

Autism Academy of South Carolina
ATTN: Camp MATES
PO Box 7514
Columbia, SC 29202

Summer 2016 Application

Camper's Name: _____ Age: _____ Gender: _____
 Address: _____
 City: _____ Zip: _____
 Parent/Guardian Name: _____
 Phone: (home) _____
 Email: _____
 Phone: (home) _____
 Phone work (dad): _____ work (mom): _____
 Phone cell (dad): _____ cell (mom): _____
 Emergency Contact Person: _____
 Phone/Cell: _____ Relationship to child: _____
 Race/Ethnicity: (check all that apply) American Indian/Alaskan Asian Black/African American
 Native Hawaiian/Pacific Islander White/Caucasian Hispanic Other Prefer Not to Disclose

Where did you hear about us?

- Advertisement School Fair/Conference Word of Mouth Internet
 Doctors office (where) _____
 Case manager (who) _____
 Friend (who) _____
 Email (where) _____
 Other (explain) _____

SUMMER CAMP SCHEDULE

Below are the weeks available for your child to attend Camp M.A.T.E.S. Please check off the weeks you would like to enroll your child in camp. CAMPERS MUST ATTEND AT LEAST 2 WEEKS. We will try to accommodate all requests but may NOT be able to depending on numbers of participants. Upon acceptance to Camp M.A.T.E.S., a \$115.00 deposit is required for processing. In order to hold a spot for your child, we must receive this deposit. Full payment is due before or on **the first day of attendance of each session.**

Preferred Weeks

Camp M.A.T.E.S. Wednesdays and Fridays, 8:30 am-3:00 pm

- Session 1: June 8 & 10 **I am interested in receiving scholarships for Camp MATES**
- Session 2: June 22 & 24.....
- Session 3: June 29 & July 1.....
- Session 4: July 6 & 8.....
- Session 5: July 13 & 15.....
- Session 6: July 20 & 22.....
- Session 7: July 27 & 29
- Session 8: August 3 & 5
- Session 9: August 10 & 12

Select Payment Option:

Cash Check Paypal

**Upon acceptance, please make checks payable to:
Autism Academy of South Carolina**

**If a child participates in all 9 weeks he/she will*

*receive the 9th week for only \$50!**

****Please note that Camp MATES WILL NOT be held on the week of June 15th****

****All paperwork must be returned by *May 1st*.****

We cannot allow any participants to attend without completion of these documents. You can scan and email them back to CAMPMATES@AUTISMACADEMYOFSC.ORG or mail to:

Autism Academy of South Carolina · PO Box 7514·Columbia, SC 29202

CAMPER INFORMATION:

Date of Birth: _____

Name of School: _____

Grade: _____

If your child is 16 years or older, would he/she be interested in being a junior counselor? Yes No

SERVICES CURRENTLY RECEIVING:

School Setting: Mainstreamed Receives resources Multicategorical Self-contained
 1:1 Para support/ shadow

Supplemental Services (provided by school or privately)

Speech OT PT Social Skills Training ABA Therapy Counseling

Other _____

Does your child have any specific diagnoses: No If yes, please complete the following information for each diagnosis given to your child.

Diagnosis	Age of Diagnosis	By Whom

MEDICAL CONCERNS: _____

Medications:

Please list all of the participant's current medications:

Medication	Amount	Frequency	Purpose

What are the side effects of the participant's current medications _____

PHYSICAL ACTIVITY PARTICIPATION: Are you concerned with your child participating in physical activity?

Yes No

If yes, please describe _____

ALLERGIES: Latex Food _____ Environmental _____

Medications _____ Insect bites _____

Other _____

Please indicate what type of treatment is necessary if the participant has an allergic reaction:

SEIZURES: Does your child have seizures? Yes No - Type of seizures _____

How frequent does your child have a seizure and are there factors that cause the seizure to occur and symptoms of the seizure? _____

EATING/FEEDING (check all which apply): uses hands food sensitivity issues eats independently

needs assistance needs food cut up

Concerns regarding eating food and/or swallowing food and/or liquid? Yes No

Explain: _____

Food allergies, sensitivities, restrictions:

COMMUNICATION: Can your child express needs/wants to others? Yes No

How does your child communicate? speak/words sign language/gestures picture system

augmentative devices

Other: _____

Can your child initiate and maintain a conversation on topic with others? Yes No

Does your child ask for help? Yes No

Does your child communicate illness or pain? Yes No

Does your child communicate dislike? Yes No

Does your child recognize safe, unsafe situations, appropriate fear of unsafe situations? Yes No If no, explain: _____

Other descriptions about your child's communication style that may be helpful: _____

BEHAVIORS: Does your child display any of the following behaviors?

- non-compliance crying yelling/screaming pinching running away/escaping
- hitting biting scratching spitting throwing objects
- easily distracted hyperactive gets stuck on a particular topic obsessive easily frustrated
- insists of having his/her own way angers easily cannot compromise tendency to wander off
- low self-esteem bullies others teased by others remains isolative in group/social setting
- prefers to play with younger or older children wants to make friends but doesn't know how
- difficulties with transitions difficulties maintaining conversations prefers adult company
- wants to please has an appropriate sense of humor prefers video games to social play
- interest in fire, weapons, or violent themes becomes oppositional when told what to do

has your child ever displayed any sexually inappropriate behaviors? Yes No

other challenging behaviors: _____

Does your child often feel sad or blue? Yes No

Is your child often tired or listless? Yes No

Is your child often irritable? Yes No

Has your child ever talked about suicide or death? Yes No

Does your child seem to feel: worthless guilty hopeless about the future

Does your child engage in any of the following behaviors (that interfere with family life or seem all-encompassing in nature)? (Check any that apply)

- restricted interests (dinosaurs, Pokemon, etc.) if yes, provide interest: _____
- odd topics of interest (fans, lights, toilets, etc.) if yes, provide interest: _____
- repetitive behaviors (lining up toys, repeatedly watching clips of movies, etc.) if yes, provide example: _____

hand or body mannerisms (hand flapping, finger flicking, body rocking, spinning, etc.) if yes, provide description: _____

sensory interests (touching objects to lips, looking at parts of objects for long periods of time, specific textures, or sounds) if yes, provide description: _____

compulsions or specific rituals in the community; if yes, provide description: _____

other behaviors not listed that you think apply to these categories or may come up at camp: _____

If your child displays aggression towards others, to whom is it directed?

parents/caregiver authority figures (teachers, activity supervisor) other children

What is/are the cause(s) or trigger(s) for these behaviors? overstimulation

noise level invasion of personal space transitions tired hungry/thirsty change in schedule/plans
 asserting independence

Other: _____

What techniques are used to prevent or modify behaviors? warnings

redirection change in environment time-out loss of privilege call to parents timer reinforces

Other: _____

What motivates your child? (please list tangibles, food, activities, etc.)

What are your child's strengths and favorite activities?

What else should we know to make this experience a great one for your child? _____

SPECIAL CONCERNS: If there are any other concerns you have or if there is anything else you'd like us to know about your child please write in here:

EMERGENCY CONTACT INFORMATION:

The following person may make decisions concerning my child for medical treatment in case of serious injury or illness, if parents cannot be reached.

Name (Mr. Mrs. Ms.)	Telephone / cell
Relationship	

Permission for camper pick up: Please list all people who are authorized to pick up the above camper at the end of the camp activities, in emergencies, or by special request. **An ID will be required.**

Name (Mr. Mrs. Ms.)	Telephone / cell
Relationship	
Name (Mr. Mrs. Ms.)	Telephone / cell
Relationship	
Name (Mr. Mrs. Ms.)	Telephone / cell
Relationship	

I attest that the information described to this point is accurate to the best of my knowledge

Signature _____

Date _____



Camp M.A.T.E.S. T-Shirt

Order Form

Camper's Name: _____

Parent's Name: _____

Phone: _____

Address: _____ Zip: _____

Prices: Campers \$15.00 Everyone Else: \$20.00

*for 3X-L through 4X-L please add \$2.00 per shirt

ORDERS WILL NOT BE PLACED WITHOUT PAYMENT IN FULL

Please write in the total number of shirts to purchase for each size

Kid sizes:	Total # of shirts	Total price
2/4	_____	_____
6/8	_____	_____
10/12	_____	_____
14/16	_____	_____
Adult Sizes:		
Small	_____	_____
Medium	_____	_____
Large	_____	_____
X-Large	_____	_____
2X-Large	_____	_____
3X-Large	_____	_____
4X-Large	_____	_____

Total # of shirts: _____ **\$ Total** _____

To have your T-shirt by the first week of camp, orders **MUST** be received by May 1st.

Payment for shirts should be made out to:

Autism Academy of South Carolina
