



2017 Application & Registration Information

****Applications must be returned by May 1st.****

Dear Parents,

Thank you for your interest in Camp M.A.T.E.S. To register your child for Summer 2017 session, please review the following information and complete the attached application. We can't wait to see you and your child this summer!

Camp M.A.T.E.S. is a multi-modal inclusive summer camp for youth with social skills deficits (ages 4-21). Our core campers primarily have diagnoses including, but not limited to, Asperger's, Autism Spectrum Disorder, Social Anxiety, ADHD, Dyslexia, Anxiety, and other Learning Disabilities. However, we are an inclusive camp and thus we also have typically developing campers as well. This summer, Camp M.A.T.E.S. will take place at the Glenforest School (1041 Harbor Drive, West Columbia, SC 29169) on Wednesdays and Fridays from 8:30am-3:00pm from June 14 to August 11, 2017. Camp M.A.T.E.S.'s curriculum consists of physical activity, social skills, nutrition, music, reading (for elementary school children), and life skills (for middle schoolers and up).

We are very excited to be partnering with **lululemon of Columbia** to offer Yoga/Meditation this summer. All children will receive 35 minutes of yoga/meditation a day at camp.

Another one of our unique components is that we offer a Junior Counselor component for teens aged 16 and up. Junior Counselors are campers who have the opportunity to take on some responsibility of work experiences. They participate in the Life Skills and Social Skills components with the other teens and they assist the Camp M.A.T.E.S. staff with younger campers during Nutrition and Music lessons. They can also take part in staff meetings, help with serving snack/lunch, and assist with other administrative tasks if they choose. Please indicate if this is something you would be interested in for your child.

ADMISSIONS PROCESS - Before new campers can be registered, the following steps must be completed:

STEP ONE: COMPLETE THE APPLICATION

Please complete the Camp M.A.T.E.S. application in its entirety (attached). We want every camper who attends Camp M.A.T.E.S. to have an incredible experience; in order to make that happen, we request a lot of information.

We would like to help all children at all levels of functioning; however, we may not be able to accommodate every child. We have a thorough screening process and if we determine that we do not have the resources to accommodate your child's needs at Camp M.A.T.E.S., we will provide you with referrals to other services in the area.

Requirements for the Summer 2017 session include that campers be verbal, able to eat and use the bathroom independently, and not demonstrate self-injurious/aggressive behaviors. If you have questions as to whether we are the "right fit" for your child, we encourage you to call or email us at campmates@autismacademyofsc.org.

We require that we meet all potential campers prior to starting camp. Once we receive your application, we will set up a time for you to come in to meet with us to ensure that we have the resources to accommodate your child's needs. Upon

acceptance to Camp M.A.T.E.S., you will need to complete a registration form and pay a non-refundable \$115 deposit to reserve your spot. This deposit will apply toward the tuition for your child's first week of camp.

We offer several discounts for Camp M.A.T.E.S. Discounts are described below:

1. **Early Bird Discount:** If you turn in the camp application and pay the camp deposit before April 17th, 2017 you will be able to reserve a \$100 per week rate versus \$115.
2. **Sibling Discount:** If you have two or more children attending Camp M.A.T.E.S., you will only have to pay \$100 per child per week.
3. **All 8 Weeks Discount:** If you attend all 8 weeks of camp, you get \$50 off of your last week.
4. **Referral Program:** If you refer a new camper and they enroll in camp, you will receive \$50 off one week of camp. Limited to two referrals per family.

STEP TWO: ATTEND ORIENTATION

All parents and children (except those who are returning campers) are required to attend an orientation which will take place at the Glenforest School prior to camp starting. Even though it is not required of returning campers, orientation is encouraged as we are in a new location. Several dates and times will be offered as well as complimentary child care. Further details will be announced in April.

STEP THREE: REGISTER

Once you have been accepted to Camp M.A.T.E.S., you will receive information concerning registration and payment plans. **A \$115 non-refundable deposit and registration fee is required to reserve your child's place at Camp. This can be done via our website.** Click on the following link (www.autismacademyofsc.org) and select from the drop down menu under "Payment Options."

The balance of camp tuition is due by June 5th, 2017. Payments can be made in the form of a check to "Autism Academy of South Carolina," cash, or credit card. Fee agreements will be sent out by May 30th, 2017. *There is a 3% service charge fee if you use credit card or PayPal.*

If your child is receiving scholarship funding from outside agencies, we will refund you the money you paid **after** we receive payment from the agency within 60 days of payment from the agency. There are no refunds for the \$115.00 deposit. No refunds will be provided due to expulsion from camp, voluntary withdrawal from camp, or health or medical withdrawals. We are also unable to issue a credit for any future camp sessions. **This policy allows us to better plan for staffing and program supplies needed to provide quality service to all campers.**

Cancellation Policy

AASC Camp M.A.T.E.S. reserves the right to cancel camp if fewer than five (5) campers are enrolled one week prior to the start of the session and in these circumstances a full refund will be provided. We also staff camp based on a 2-to-1 ratio. If we do not have enough staff for a week that you have signed up for, you will be placed on waiting list for that week.

EXCLUSIONARY CRITERIA:

At AASC Camp M.A.T.E.S., we provide services to children with diagnoses including, but not limited to Asperger's, Autism, ADHD, Anxiety, Dyslexia, and other Learning Disabilities, as well as to typically developing family members. We provide services in a small group setting and, unfortunately, we do not provide toilet assistance, communication assistance for nonverbal students, or one-on-one services for self-injurious behaviors, aggressive behaviors, or sexual behaviors. In the event your child needs such services, we would be happy to provide referrals to other services in the area. If we feel we cannot accommodate your child after you have paid for registration and for camp prior to camp starting on June 5th 2017, we will provide you with a full refund. If a child is coming to camp and we observe any of the aforementioned behaviors, this would be grounds for expulsion and no refunds will be issued.

If you have any questions or require any assistance in registration, please email us at campmates@autismacademyofsc.org.

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

STEP FOUR: GRANTS/SCHOLARSHIPS

There are many organizations that provide scholarship and grants for families who require assistance in funding their child's camp attendance. Families affiliated with Department of Disabilities and Special Needs (DDSN) through various agencies (Autism Society, Bright Start, ARC), please reach out to your case managers to ask about family support funds for summer opportunities.

While we offer specials, discounts and internal scholarships, Camp resources are limited and you should not rely on us as your primary funding to attend camp. To apply for a Camp M.A.T.E.S. scholarship, please check the box under "Summer Camp Schedule" and fill out the additional "Scholarship Form" attached. Please hand this in with your other paperwork.

Mailing address for payments and documents:

You may email your documents to campmates@autismacademyofsc.org

Please make checks payable to the "Autism Academy of South Carolina" and mail them to:

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

Camper initials: _____

****Applications must be returned by May 1st.****

Summer 2017 Application

Camper's Name: _____ Age: _____ Gender: _____
 Street Address: _____
 City/State: _____ Zip: _____
 Parent/Guardian Name: _____
 Email: _____
 Phone: (home) _____
 Phone work (dad): _____ work (mom): _____
 Phone cell (dad): _____ cell (mom): _____
 Emergency Contact Person: _____
 Phone/Cell: _____ Relationship to child: _____

Race/Ethnicity: (optional; check all that apply) American Indian/Alaskan Asian Black/African American
 Native Hawaiian/Pacific Islander White/Caucasian Hispanic Other Prefer Not to Disclose

Carpool: Are you interested in being on a carpool litserv with other parents interested in carpooling to camp?

Yes No If yes, best email _____

Where did you hear about us?

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

SUMMER CAMP SCHEDULE

Please check the weeks you would like to enroll your child in Camp M.A.T.E.S. **CAMPERS MUST ATTEND AT LEAST 2 WEEKS.** We will try to accommodate all requested weeks depending on the number of participants. At the time of acceptance to Camp M.A.T.E.S., a \$115.00 deposit is required in order to reserve a spot for your child. Full payment is due by June 5, 2017.

Select Your Preferred Weeks

Wednesdays and Fridays, 8:30am-3:00pm I am interested in receiving scholarships for Camp MATES

- Session 1: June 14th & 16th
- Session 2: June 21st & 23rd
- Session 3: June 28th & 30th
- Session 4: July 12th & 14th
- Session 5: July 19th & 21st
- Session 6: July 26th & 28th
- Session 7: August 2nd & 4th
- Session 8: August 9th & 11th

Select Payment Option:

Cash Check Card/Paypal

**Upon acceptance to Camp,
 please make checks payable to:
*Autism Academy of SC***

Camper initials: _____

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 the address below

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	Date of Diagnosis	By Whom

MEDICAL CONCERNS:

Medications:

Please list all of the participant's current medications:

Medication	Amount	Frequency	Purpose

Camper initials: ____

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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 often does your child have seizures? Are there factors that cause the seizure to occur? What are symptoms of the seizure? _____

EATING/FEEDING (check all which apply): 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 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

Camper initials: _____

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 ever see things other people do not see or hear things other people do not hear? Yes No

if yes, provide examples: _____

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 examples: _____

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: _____

Camper initials: _____

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:

Camper initials: _____

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 is accurate to the best of my knowledge

Signature _____

Date _____

Camper initials: _____

****BRAND NEW DESIGN****

**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
P.O. Box 7514
Columbia, SC 29202**

Camper initials: _____

Date	Social Skill of the day			Physical Activity of the day	Fruit and Vegetable of the day
	School Age	Pre-Teen	Teens		
June 14 th	Introductions and Maintaining Conversations	Introductions and Understanding Social Thinking	Introductions and Maintaining Conversations	Jumping Jacks	Apple
June 16 th				High Knees	Carrot
June 21 nd	Conversation Building and Making Friends	Communication Strategies: Body Language and Group Entry	Appropriate Electronic Communication	Crunches	Blueberry
June 23 th				Burpees	Zucchini
June 28 th	Bullying	Problem Solving	Appropriate Use of Humor	Mountain Climbers	Strawberry
June 30 th				StarJumps	Cauliflower
July 12 th	Problem Solving	Impulse Control	Peer and Group Entry	Hop on one Foot	Banana
July 14 th				Jump Rope in Place	Bell Pepper
July 19 th	Sportsmanship	Friends vs. Bullies	Dealing with Rejection	Butt kicks	Orange
July 21 nd				Flutter Kicks	Avocado
July 26 th	Being Flexible	Honesty	Handling Disagreements	Ski jumps	Cherry
July 28 th				Push Ups	Tomato
Aug. 2 nd	Anger and Calming Down	Sportsmanship	How to Deal with Rumors and Gossiping	Squats	Pineapple
Aug. 4 th				Planks	Spinach
Aug. 9 th	Emotions	Working in a Group	Working in a Group	Lunges	Pear
Aug 11 th				Side Crunches	Green Beans

Camper initials: _____



To Apply: Our summer camp scholarships come directly from community fundraisers that we do throughout the year. We have a limited number of scholarships available, and are committed to assisting as many campers as possible. Scholarships funds are divided equally between campers and are given as a percentage towards weekly cost. In order to apply for a scholarship, this form must be turned in with your camper application. There are many other ways to receive discounts for camp. Please review this information in the camp application.

Camper's Name: _____ Age: _____ Gender: _____
 Street Address: _____
 City/State: _____ Zip: _____
 Parent/Guardian Name: _____
 Email: _____
 Phone: (home) _____
 Phone work (dad): _____ work (mom): _____
 Phone cell (dad): _____ cell (mom): _____

How many of your children will be attending camp?

- 1 2 3 more than 3

How many weeks will your child(ren) be attending camp?

- 1 2 3 4 5 6 7 8

Why would your family benefit from a scholarship for Camp M.A.T.E.S.?

Camper initials: ____

A large rectangular box containing 20 horizontal lines, intended for writing.