

AUTISM SOCIETY OF NORTHWEST INDIANA
SUMMER DAYCAMP 2009
REGISTRATION FORM

NOTE: Campers must be between the ages 6 to 14, and must be able to toilet independently.

Camper's Name _____

Age _____ Birth date (m/d/yy) _____ Male Female

Grade in School _____ Name of School _____

Parent/Guardian: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Ask For _____

Work Phone (_____) _____ Ask For _____

Cell Phone(_____) _____

Camp Session/s Requested

- July 27-31 Monday, Wednesday and Friday, 9:00am to 2:00pm
- August 3-7 Monday, Wednesday and Friday, 9:00am to 2:00pm

COST IS \$25 FOR BOTH WEEKS, OR \$15 FOR ONE WEEK PER CAMPER.

Pick Up List: Please list anyone you approve to pick up your child from camp. Campers will only be released to the people on this list.

Emergency Contact Names (other than person(s) above):

1. Name _____ Relationship _____

Work # _____ Home # _____

2. Name _____ Relationship _____

Work # _____ Home# _____

Allergies: (check all that apply) Food(s) Hay Fever Insect(s)

Animal(s) Drug(s) Other _____

Explain _____

Existing Conditions: List any other specific medical, physical, emotional, or behavioral conditions that need to be considered.

Any restrictions on activity: Yes No

If yes, please explain:

Medications currently taking:

Type _____

Dosage _____ Time _____

Preferred hospital _____

Please tell us about your child

My child **likes** to do the following things:

My child **does NOT like**:

The following things are difficult for my child:

Things/objects that my child likes:

My child's very favorite thing:

Strategies that work for my child:

Strategies that do NOT work for my child:

If your child has a behavior plan that you would like to share with us, please include a copy with this registration form.

My child has sensory needs, they are: (please circle)

Light touch (where?)

Deep pressure (where?)

Oral stimulation (type?)

Auditory sensitivity (describe)

Information that you want us to know about your child that is not covered:

Waivers:

- A.** Your signature below indicates your consent to the **Autism Society of America, Northwest Indiana Chapter** and its staff to use any photograph, picture or likeness of your child for promotional purposes.
- B.** The child above has had all current immunizations required by Indiana Public Schools.
- C.** I understand that I (or a person on the pick-up list) will be available to pick up my child in the event of uncontrollable behaviors/issues at any time prior to the end of the camp day.

Signature Parent/Guardian: _____ **Date** _____

Mail this form, along with your check made out to “Autism Society of Northwest Indiana” (\$25 for both weeks, \$15 for one week per camper) to:

Autism Society of America, Northwest Indiana Chapter
Attn: Mary Anne Neiner
1152 Bluebird Lane
Munster, IN 46321

For further information, please feel free to call Mary Anne Neiner at (219)838-7073 or email at ma9r@sbcglobal.net.

Openings will be filled on a first come, first serve basis until the maximum of 8 campers per session has been reached.