



March 26, 2019

Dear Parents and Caregivers,

The time is fast-approaching for another exciting year of Camp *WANNAGOAGAIN!*

To accommodate extended school years, camp will run from **July 29th until August 9th**.
(Week 1: July 29th – August 2nd; Week 2: August 5th – August 9th).

Please provide your child's ICD-10 diagnosis on page 2, as well as a unique **CODEWORD** on page 10. Be sure to remember this codeword, and share it with persons picking up your child from Camp. Staff will ask for this codeword to verify identification before releasing your child.

The Boy Scout Youth Application, along with a demographic questionnaire, is also attached to this application. The Youth Application is **mandatory** for all camp participants to attend. Information from the demographic questionnaire will offer valuable data for Project Identify, which will generate additional funding for future programs, groups and support services at The Autism Project.

Deadline information for camp registrations, placement letters and camp payment can be found on page 15. Kindly submit your completed Camp application to Jennie Moran, no later than **June 14th, 2019**.

Camp applications can be mailed to The Autism Project, faxed or emailed directly to Jennie at jmoran1@lifespan.org. As always, please contact us with questions or concerns.

The camp tuition fee remains at \$550.00 per camper this year. We continue to offer a robust Campership Program and encourage you to apply.

We look forward to another successful year of Camp *WANNAGOAGAIN!*

Joanne G. Quinn

Executive Director

P 401-785-2666 F 401-785-2272



Camp WANNAGOAGAIN! Summer Camp Registration 2019

July 29th-August 2nd and August 5th-August 9th, 2019 (Registration deadline is June 14th, 2019)

| | | | | | | | |
|---|--|---|--|-------------------------------|-------------|---------------------------------|---------------|
| <input type="checkbox"/> New Camper | | <input type="checkbox"/> Returning Camper | | <input type="checkbox"/> Male | | <input type="checkbox"/> Female | |
| Camper's Name: | | | DOB: | | Age: | | Grade: |
| T-Shirt Size Youth: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL | | | Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | | | | |
| Name(s) of Parent(s)/Caregiver(s): | | | | | | | |
| Address: | | City: | | State: | | Zip: | |
| Home Phone: | | Cell Phone: | | Email: | | | |
| Party responsible for payment: <input type="checkbox"/> Parent <input type="checkbox"/> School | | | | | | | |
| If school is paying , name of school and contact person: | | | | | | | |
| School Address: | | City: | | State: | | Zip: | |
| Office Phone: | | Email: | | | | | |
| Camper Information (Please use ICD-10 Code for Diagnoses) | | | | | | | |
| Diagnosis 1: _____ | | | | Diagnosis 2: _____ | | | |
| Additional related diagnoses: _____ | | | | | | | |
| CEDAR Center: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which agency? | | | | | | | |
| Does your child receive HBTS services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which agency? | | | | | | | |
| Does your child receive PASS services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which agency? | | | | | | | |
| Transportation Requested <input type="checkbox"/> No <input type="checkbox"/> Yes Pick-up/Drop-off will be at Johnston High School this year. | | | | | | | |
| Camp Cost: \$475.00 for the week plus \$75.00 non-refundable deposit (Total = \$550.00) (Please note, RI Medical Assistance - Katie Beckett, Rite Care, SSI - does not pay for camp.) | | | | | | | |
| Please complete the "Payment Information" portion of this application to indicate how the payment will be made (page 11). There are a limited number of Camperships available based on a sliding scale. You may request an application which you will submit with a copy of your W2(s). Please contact Jennie Moran at 401-785-2666 ext. 76787 for a Campership application. | | | | | | | |
| Please Note: The registration deadline is June 14 th for priority placement. All camp groups and times will be determined according to the attached "Summer Camp Deadline Schedule." Due to the number of applicants, session dates cannot be chosen by families, but will be determined based on children's ages and abilities. Thank you for understanding. | | | | | | | |

The Autism Project Summer Camp 2019

CAMPER PROFILE

| | | | |
|---|---------------------|-------------------|-------------------|
| Camper's Name | DOB | Date | |
| <i>Please complete the following sections and provide as much detail as possible. This information will help us create a successful experience for your child.</i> | | | |
| Please check all items that apply to child's present health. Thoroughly explain any checked answers. | | | |
| ALLERGIES (list below): <input type="checkbox"/> No known allergies | | | |
| <input type="checkbox"/> Food (include any dietary restrictions): | | | |
| <input type="checkbox"/> Insects/Plants: | | | |
| <input type="checkbox"/> Medicine Allergies: | | | |
| Treatment for any of the above that The Autism Project may need to perform. | | | |
| <input type="checkbox"/> Epi Pen **Doctor's order required** | | | |
| <input type="checkbox"/> Other: | | | |
| Medications <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list the medications below. Please indicate if a medication must be administered at camp. If yes, **a doctor's order is required** . | | | |
| <input type="checkbox"/> Admin at camp | Time: | | |
| <input type="checkbox"/> Admin at camp | Time: | | |
| <input type="checkbox"/> Admin at camp | Time: | | |
| Physical limitations: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: | | | |
| | | | |
| | | | |
| Recent history of hospitalization or other important information for Camp Nurse to know: | | | |
| | | | |
| | | | |
| <i>Please complete the following information, in the event that an emergency arises and we must contact you. Include information about how to reach you or another designated person during camp hours.</i> | | | |
| Emergency Contact Name | Relationship | Work Phone | Cell Phone |
| | | | |
| | | | |
| Emergency Medical Information | | | |
| Name of Physician: | | City: | Phone: |
| Hospital of Choice: | | | |
| <i>In case of emergency, I understand that every effort will be made to contact me or the contact people listed above. If I cannot be reached, I understand that staff will use a standard 911 protocol.</i> | | | |
| Signature of parent/guardian: | | | Date: |
| Printed name of parent/guardian: | | | |

| | | | |
|---|--|--|--|
| Camper's Name: | | | |
| Past Camp Experience (if YES, Please Specify): | | | |
| Child's Likes: | Child's Dislikes: | | |
| (favorite movies, characters, foods, games, music...etc.) (sounds, smells, touch, movement, foods etc.) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Does your child use any of the following strategies? | | | |
| <input type="checkbox"/> Visual schedules | <input type="checkbox"/> Social Stories | | |
| <input type="checkbox"/> Choice Zone Worksheet | <input type="checkbox"/> Problem Solving Worksheets | | |
| <input type="checkbox"/> Thera-tubing | <input type="checkbox"/> Fidgets: _____ | | |
| <input type="checkbox"/> Chewing Gum | <input type="checkbox"/> Brushing Protocol | | |
| <input type="checkbox"/> Relaxation Protocols: _____ | <input type="checkbox"/> Conversation Scripts | | |
| <input type="checkbox"/> Weighted Blanket/Vest | <input type="checkbox"/> Contingency Mapping | | |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Headphones: _____ | | |
| | <input type="checkbox"/> Joint Compressions | | |
| Please describe your child's skill level: | | | |
| Complete Assistance | Partial Assistance | Independent | Comments: <input type="checkbox"/> Not yet trained –please tell us your child's habits and required supports so we may ensure his/her comfort and privacy. |
| Toileting <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dressing <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Eating <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Swimming <input type="checkbox"/> w/floatation | <input type="checkbox"/> w/floatation | <input type="checkbox"/> | |
| My child exhibit; the following behaviors: | | | |
| <input type="checkbox"/> Runs away | <input type="checkbox"/> Touches other inappropriately | <input type="checkbox"/> Scratches, bites, hits self | |
| <input type="checkbox"/> Scratches, bites or hits others | <input type="checkbox"/> Screams | <input type="checkbox"/> Other: | |
| Does your child exhibit any of the following? If yes, please describe. | | | |
| Self-regulation behaviors? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | |
| Repetitive play or rituals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | |
| Reaction to change? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | |
| How do you respond to these actions? | | | |
| When my child gets anxious she/he: | | | |
| | | | |
| When my child is excited she/he: | | | |
| | | | |
| When my child gets frustrated she/he: | | | |
| | | | |

| | | | | |
|---|--------------------------|--------------------------|--------------------------|-----------------|
| Camper's Name: | | | | |
| COMMUNICATION <i>Circle one:</i> Verbal Non-Verbal | | | | |
| Does your child: | Independent | With help | Not yet | Comments |
| Follow non-verbal directions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Follow verbal directions within familiar routines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Follow verbal directions within novel activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Utilize visual supports to follow directions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Use pictures/sign language/ or other augmentative communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Require processing time to follow directions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Make requests for basic wants and needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Comment on environment or the unexpected (oops!)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Converse with peers/ adults? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| SOCIAL DEVELOPMENT | | | | |
| Does your child: | Independent | With help | Not yet | Comments |
| Engage in solitary play? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Play same toy alongside peers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Engage in group play? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Share materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Take turns with peers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| EMOTIONAL DEVELOPMENT | | | | |
| Does your child: | Independent | With help | Not yet | Comments |
| Request a break when upset? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Express feelings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Indicate relaxation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Request assistance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Accept help? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Express confusion ("I don't know")? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Indicate likes/dislikes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Respond to praise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | |
|--|--------------------------|--------------------------|--------------------------|-----------------|
| Camper's Name: | | | | |
| Does your child: | Independent | With help | Not yet | Comments |
| Make transitions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Recognize personal belongings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Organize needed materials for outings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Make choices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wait when directed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Adapted from Kathleen Ann Quill's Assessment of Social and Communication Skills for Children with Autism

| |
|--|
| <p>Please describe your child socially. Include age of peers he/she enjoys; interests; games enjoyed; activities enjoyed; speaking style; etc.</p> |
| <p>Please describe your child's communication, including any strategies that are helpful to assist in your child's comprehension.</p> |

Camper's Name:

Please attach a photo of your child here.

Please add any comments you feel staff should know and areas of concern for supporting your child at camp. We host campers of all abilities and the more information we have, the better prepared our staff will be to ensure your child has a positive and fun experience.



**Summer Camp 2019
PERMISSION TO PHOTOGRAPH**

| | |
|---|--------------|
| Participant: | DOB: |
| <p>Thank you for your interest in The Autism Project's Camp <i>WANNAGOAGAIN!</i> We are always striving to provide the best in innovative and meaningful programs designed for children with autism spectrum disorders, and to provide the highest quality support and education for parents and professionals. In this spirit, we are pleased to be a training site for students and professionals throughout our community.</p> <p>To ensure a productive and enjoyable experience for both students and educators, we are adopting an OPEN PICTURES POLICY. Children attending Camp may have their pictures taken throughout the day. In addition to using photos and videos for training purposes, please be advised that photos may be used for program development and marketing purposes, including but not limited to newspaper articles, television promotion, brochures, social media (Facebook, etc.) and other Autism Project and our funders marketing vehicles.</p> <p>Our funders frequently request photos to share in their Annual Reports, Board Meeting Materials, Website and Facebook.</p> <p>Thank you for your cooperation with this policy and willingness to share your child's experiences.</p> <p>We must have your signature for Camp participation. Thank you.</p> | |
| Signature of parent/guardian: | Date: |
| Printed name of parent/guardian: | |



Summer Camp 2019
PERMISSION FOR RESTRICTIVE PROCEDURES

| | |
|---|--------------|
| Participant: | DOB: |
| <p>The Autism Project uses evidenced-based strategies that are designed to establish a safe and supportive environment, which will prevent your child from having behavioral difficulties. However, there may be rare occasions when the physical safety of a child, other participants, and staff is at risk. When this type of incident occurs, it may be necessary to physically hold your child to prevent harm, and to help her/him feel safe. Trained staff will only use a therapeutic hold in which your child is seated in a chair or on the floor and held in a “wrap” from behind. The hold is only maintained for as long as it takes for your child to begin to regain emotional and physical control so that he/she can move to a quieter area until they are able to rejoin the group. If it is necessary to move your child to a safe area before he/she has regained control, two staff members will use an approved escort procedure. These procedures are carried out in a calming, supportive, and non-punitive manner. You will be notified when you pick up your child of the intervention so that you can assist staff in processing the incident and supporting your child.</p> | |
| <p><i>I understand that the above procedures will be implemented only for the purpose of safety and control and in accordance with the stated guidelines. I authorize that the seated wrap or two-person escort will not compromise the medical safety of my child.</i></p> | |
| Signature of parent/guardian: | Date: |
| Printed name of parent/guardian: | |



Summer Camp 2019 PERMISSION TO PICK UP CHILD

| | | | |
|---|----------------|---------------------|----------------|
| Child: | DOB: | | |
| Parent: | Date: | | |
| Address: | Phone: | | |
| <p>Please complete the following information in the event that someone other than yourself may pick up your child from Camp. You must notify us in advance of who will be picking up your child. Please note that we may ask that person to present identification to verify his/her identity before releasing your child to him/her.</p> | | | |
| Name | Address | Relationship | Phone # |
| | | | |
| | | | |
| | | | |
| Signature of parent/guardian: | | Date: | |
| Printed name of parent/guardian: | | | |

Request for Transportation

I will provide transportation to and from Camp *WANNAGOAGAIN!* for my child.

I would like to have transportation, provided by the Autism Project, from the Johnston High School parking lot, 345 Cherry Hill Road, to Camp and from Camp, back to 345 Cherry Hill Road. I agree to pay the \$100 transportation fee for the week.

Please provide a unique **CODEWORD** to utilize upon pick-up: _____

Please provide this unique **CODEWORD** to persons picking up your child from Camp. They will be asked for this codeword (by staff) to further verify identification before releasing your child.

Signature of Parent/Guardian: _____ Phone #: _____



**Summer Camp 2019
PAYMENT INFORMATION (Confidential)**

**Tuition for *camp only*: \$550.00
For 1:1 (if not covered by Medicaid): \$400.00**

Bus Transportation by The Autism Project: Additional \$100

| | | | |
|---|---------------|----------------------|------------------------|
| Camper Name: | | SS#: | <i>(Required)</i> |
| Parent Name: | | Medicaid ID#: | |
| Billing Address: | | | |
| City: | State: | Zip: | |
| Registration Fee (\$75.00) required *Fee must be paid before registration can be processed. | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa/MasterCard/Discover <input type="checkbox"/> PayPal | | | |
| For Credit cards, Card # | | | Exp. Date: |
| Cardholder's Name: | | | |
| Cardholder's Billing Address: | | | |
| City: | State: | Zip: | *Security Code: |
| Method of payment for Camp Tuition: \$475 (after \$75 Reg. Fee is paid) Total: \$550 | | | |
| (Will be processed when camper is placed.) | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa/MasterCard/Discover <input type="checkbox"/> Purchase Order from School <input type="checkbox"/> PayPal | | | |
| For Credit Cards, Card # | | | Exp. Date: |
| Cardholder's Name: | | | |
| Cardholder's Billing Address: | | | |
| City: | State: | Zip: | *Security Code: |
| <input type="checkbox"/> Camp \$475.00 (\$550.00 total including \$75.00 Registration Fee) | | | |
| <input type="checkbox"/> 1:1 \$400.00 (if not covered by RI Medical Assistance Program/Katie Beckett Waiver) | | | |
| <input type="checkbox"/> Transportation \$100 (includes pick-up and drop off from Johnston High School, 345 Cherry Hill Road) | | | |
| Total Payment \$ _____ | | | |
| Camperships available for camp tuition, 1:1 fees and transportation. | | | |
| <i>I authorize The Autism Project to process my payment as indicated above.</i> | | | |
| Parent/Guardian Signature: | | | Date: |

| |
|---|
| <input type="checkbox"/> Campership Program Camperships are available on a sliding scale. A scholarship application must be submitted with verification of family income (2018 W2, 2018 tax return, 2 recent pay stubs of all household income, etc.). |
|---|

| | | | |
|---|-----------------|-------------------------|--|
| FOR OFFICE USE ONLY | | | |
| Payment Received: ____ / ____ / ____ \$ _____ | Initials: _____ | Campership award: _____ | |
| Registration and/or Total Tuition (circle) | Check#: _____ | Parent Portion: _____ | |

Summer Camp 2019

Demographic Survey: Camper (s)

Information is requested for data purposes only. Please do not include you or your child's name on this form

Participant's Sex male female other prefer not to answer

Participant's Age 5-8 9-12 13-16 17-20 21 and up (Please specify) _____

Household Income Range (Please consider all who live in and contribute money to the household)
 \$0-\$19,999 \$20,000-\$34,999 \$35,000-\$49,999 \$50,000+ prefer not to answer

Race (please check all that apply) American Indian or Alaska Native African American or Black
 Asian Native Hawaiian or Other Pacific Islander White prefer not to answer

Ethnicity (please check one) Hispanic or Latino or Spanish Origin^a Not Hispanic or Latino or Spanish Origin prefer not to answer

^a Defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Primary Diagnosis (Child 1) Autism Spectrum Disorder Autism Childhood Disintegrative Disorder
 Retts Syndrome Fragile X Non-Verbal Learning Disorder PDD PDD-NOS
 High Functioning Autism Asperger Syndrome Downs Syndrome Intellectual Disability
 Developmental Disability Other _____

Primary Diagnosis (Child 2) Autism Spectrum Disorder Autism Childhood Disintegrative Disorder
 Retts Syndrome Fragile X Non-Verbal Learning Disorder PDD PDD-NOS
 High Functioning Autism Asperger Syndrome Downs Syndrome Intellectual Disability
 Developmental Disability Other _____

Preferred Language spoken in your home:

English Spanish Portuguese Arabic Creole Swahili Hindi Mandarin
 Other _____ prefer not to answer

Office Only:

Camp *WANNAGOAGAIN!* 2019

Dates Attended: _____

SUMMER CAMP DEADLINE INFORMATION

Please keep this page for future reference

JUNE 14, 2019 DEADLINE FOR ALL CAMP REGISTRATIONS

JULY 5, 2019 LETTERS CONFIRMING PLACEMENT MAILED

JULY 19, 2019 TOTAL CAMP PAYMENT DUE

CAMP SESSION ONE:

July 29th – August 2nd, 2019

Monday – Thursday from 9am – 3pm

Friday from 9am – 1pm

CAMP SESSION TWO:

August 5th – August 9th, 2019

Monday – Thursday from 9am – 3pm

Friday from 9am – 1pm

Registrations that are received after the above deadline or without the \$75.00 registration fee will result in your child being placed on a wait-list for an appropriate opening based on age and ability. We appreciate your understanding.

Please mail registration packet to:

**The Autism Project
Attention: Jennie Moran
1516 Atwood Ave.
Johnston, RI 02919**

Or e-mail registration packet to Jennie Moran at
Jmoran1@lifespan.org

We look forward to another fun summer at Camp *WANNAGOAGAIN!* ☺