



March 16, 2020

Dear Peer Camper,

Peer Camper is a support position at Camp *WANNAGOAGAIN!* Peer Campers must be at least 14 years old at the time of camp and submit the attached application. As a Peer Camper, you will support your peers in all camp activities and serve as a role model for our campers, *Camper to Camper*.

You will participate in all activities, including swimming, paddle boats, arts and crafts, unified sports and our special activities. This is a rewarding place to learn more about the Autism Spectrum Disorder, make lasting friendships and have fun!

Kindly submit the completed the application to Abby Waite, no later than Friday, July 10th, 2020.

Peer Camper applications can be mailed to The Autism Project, faxed or emailed directly to Abby Waite at abigail.waite@lifespan.org. As always, please contact us with any questions or concerns.

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!
Camper to Camper Registration 2020
 July 27th-July 31st and August 3rd-August 7th, 2020

Peer Camper Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Prior Camp Volunteers: <input type="checkbox"/> Yes <input type="checkbox"/> No	DOB:	Age:	Grade:
Does the Peer Camper have an ASD Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Please Specify):			
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:	
I am interested in attending: Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Both <input type="checkbox"/>			
*If there is available space on the bus I would like transportation to and from camp: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Pick-up/Drop-off will be at Johnston High School, 345 Cherry Hill Road</i>			

PEER CAMPER PROFILE

<i>Please complete the following sections and provide as much detail as possible.</i>			
Please check all items that apply to your present health. Please 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:			
Physical limitations: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			
<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 to Camper Name:

Please attach a photo of yourself here.

We want to learn more about you! Please write a short summary about yourself and what interests you to work with children on the Autism Spectrum. Also include any related experience you may have had with other individuals with special needs.



Summer Camp 2020 PERMISSION TO PHOTOGRAPH

Participant:	DOB:
<p>Thank you for your interest in The Autism Project's Camp <i>WANNAGOAGAIN!</i> Camper to Camper program. 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 campers and leads, we are adopting an OPEN PICTURES POLICY. Children and Staff 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 experiences.</p> <p>We must have your signature or your parent/guardian's signature, <i>if under 18</i>, for Camp participation. Thank you.</p>	
Signature of participant:	Date:
Printed name of participant:	
Signature of parent/guardian:	Date:
Printed name of parent/guardian:	



Summer Camp 2020
PERMISSION TO PICK UP PEER CAMPER
(if under 18 years old)

Peer Camper:	DOB:		
Parent:	Date:		
Address:	Phone:		
<p>Please complete the following information, in the event that someone other than yourself may pick up your Peer Camper from Camp. Please note that we may ask that person to present identification to verify his/her identity before releasing your minor to him/her.</p>			
Name	Address	Relationship	Phone #
Signature of parent/guardian:			Date:
Printed name of parent/guardian:			

SUMMER CAMP INFORMATION
Please keep this page for future reference

JULY 10, 2019 DEADLINE FOR PEER CAMPER REGISTRATION

JULY 17, 2019 PLACEMENT CONFIRMED BY

CAMP SET-UP AND OPEN HOUSE:

Sunday, July 26th from 3pm – 6pm

LOCATION: Cub World, 704 Buck Hill Road, Pascoag, RI 02859

CAMP SESSION ONE:

July 27th – July 31st

Monday – Thursday from 9am – 3pm

Friday from 9am – 1pm

CAMP SESSION TWO:

August 5th – August 9th

Monday – Thursday from 9am – 3pm

Friday from 9am – 1pm

CAMPER TO CAMPER ORIENTATION:

Wednesday, July 22nd from 10am – 11:30am

Please mail registration packet to:

**The Autism Project
Attention: Abby Waite
1516 Atwood Ave.
Johnston, RI 02919**

Or e-mail registration packet to Abby Waite at abigail.waite@lifespan.org

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