

SCAMP REGISTRATION COVER SHEET

CAMPER'S NAME: _____

Check List

_____ I have registered my camper through the Recreation Department either by phone or the internet.

CLASS ENROLLMENT NUMBER: _____
(This number begins with a 55)

_____ I am planning on using my school district's transportation and have contacted them to get on the list. (SCAMP does not do this.)

_____ I am planning on using MORC funds to pay for SCAMP. I have sent in a letter of approval from my caseworker or it is attached.

_____ This packet is complete with all forms filled out.

SCAMP REGISTRATION INFORMATION

CAMPER'S NAME _____ AGE _____ BIRTHDATE ____/____/____

PARENT/LEGAL GUARDIAN: _____ HOME PHONE _____

CELL PHONE: _____

HOME ADDRESS _____
NUMBER STREET CITY STATE ZIP

MOTHER'S WORKPLACE _____ WORK PHONE _____

FATHER'S WORKPLACE _____ WORK PHONE _____

SCHOOL DISTRICT IN WHICH YOU LIVE _____

PRIMARY SPECIAL EDUCATION ELIGIBILITY:

- | | |
|--|--|
| <input type="checkbox"/> PRESCHOOL (AT RISK) | <input type="checkbox"/> MODERATE COGNITIVE IMPAIRMENT |
| <input type="checkbox"/> SPEECH & LANGUAGE IMPAIRED | <input type="checkbox"/> SEVERE COGNITIVE IMPAIRMENT |
| <input type="checkbox"/> DEAF AND/OR HARD OF HEARING | <input type="checkbox"/> LEARNING DISABILITY |
| <input type="checkbox"/> VISUALLY IMPAIRED | <input type="checkbox"/> SEVERE MULTIPLE IMPAIRMENT |
| <input type="checkbox"/> AUTISM SPECTRUM DISORDER | <input type="checkbox"/> EMOTIONALLY IMPAIRED |
| <input type="checkbox"/> PHYSICAL IMPAIRMENT | <input type="checkbox"/> OTHER IMPAIRMENT |
| <input type="checkbox"/> OTHER HEALTH IMPAIRMENT | _____ |
| <input type="checkbox"/> MILD COGNITIVE IMPAIRMENT | |

Does your child currently have a Para-educator as a "one-on-one" with them in the **special or general education** classroom OTHER than the regular classroom Para-educator?
YES _____ **NO** _____

EMERGENCY CONTACT INFORMATION

You must have two contacts other than yourself available to pick up your child in case of an emergency or a behavioral incident.

Contact 1: _____
NAME RELATION PHONE NUMBER

Contact 2: _____
NAME RELATION PHONE NUMBER

DOCTOR'S NAME: _____ OFFICE PHONE _____

"I agree to pay any and all charges which may become necessary during any emergency treatment, and/or pay any and all hospital charges if my child must be taken to the hospital should the school be unable to locate me by telephone at the time of said emergency."

SIGNATURE _____ DATE _____

<p>As the parent/guardian of the above named child, I agree to the following:</p> <ul style="list-style-type: none"> • I hereby release the Bloomfield Hills School District, its employees and agents from any and all claims of liability, which might arise from or in connection with this program, including field trips. • In the event of an emergency, SCAMP officials are authorized to take whatever action is deemed appropriate. • I have disclosed to Bloomfield SCAMP the nature of any medical or mental condition, which may interfere with my child's participation in the activity. <p>Signature of Parent/Guardian _____ Date _____</p>

MEDICAL INFORMATION RECORD

CAMPER'S NAME _____ HEIGHT _____ WEIGHT _____

PRIMARY DISABILITY _____

PLEASE CHECK ALL THAT APPLY

- | | | |
|---|---|---|
| <input type="checkbox"/> Closed Head Injury | <input type="checkbox"/> Hydrocephaly | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Spinal Bifida | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Hearing Impaired Oral | <input type="checkbox"/> CMV | <input type="checkbox"/> Communication Difficulties |
| <input type="checkbox"/> Hearing Impaired Total | <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Lung/Breathing Problems |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Birth Defects | |
| <input type="checkbox"/> OTHER | | |

SEIZURES: MILD MODERATE SEVERE NONE

ALLERGIES: Please describe in detail

LIST ALL MEDICATION YOUR CHILD IS CURRENTLY TAKING:

TYPE	TIME GIVEN	PURPOSE	SIDE EFFECTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please notify SCAMP whenever any of your child's medications or dosages are changed.

Date of last Tetanus Booster: _____ month _____ year

SPECIAL NEEDS

- Does your child require a wheelchair? YES NO
 Is your child in diapers? YES NO
 Does your child need help with toileting? YES NO
 Does your child need assistance with eating? YES NO

SPECIAL EQUIPMENT (provided from home to use during SCAMP)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Catheter | <input type="checkbox"/> Eating Tools | <input type="checkbox"/> Communication book |
| <input type="checkbox"/> Eyeglasses | <input type="checkbox"/> Walker | <input type="checkbox"/> Prosthesis () |
| <input type="checkbox"/> Contact lenses | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Speech Board | manual__ electric__ |

Please explain any other special problems or instructions:

TUITION PAYMENT RECORD

Camper's Name: _____ Class Number: _____

The cost of SCAMP is \$975 which includes a \$25 nonrefundable registration fee. Please check a payment plan below.

_____ **Plan A – Full Tuition Payment.** Tuition may be in full via credit card or check.

_____ **Plan B – Tuition Installment Plan.** This includes a \$25 processing fee. A deposit of \$325 must be received with the application packet on...

\$325 is due April 1, or the first date of enrollment (which ever is first)

\$300 is due May 1

\$Balance is due June 1

_____ **Plan C – Outside Assistance. (MORC, Child's School District, or other outside agency)**

I understand that it is my responsibility to apply for and receive this subsidy from an outside agency. I am responsibly for any balance that the agency does not pay.

The source I am planning on getting funds from is: _____

The amount of assistance that I am receiving is: _____

The person I contact about this is: _____

- **A written letter must be submitted providing an outside agency or school district's commitment to pay for SCAMP prior to June 1 or upon enrollment.**

_____ **Plan D – Request Scholarship.** There are a limited amount of scholarships which are granted based on eligibility criteria and a "first come-first serve" basis. A \$25 fee is due with registration. Please contact Chandra Madafferri at scampfun@bloomfield.org for specific questions.

Eligibility Requirements:

- Family Income \$40,000 or less or can demonstrate in writing financial need such as loss of a job, more than one child in SCAMP ect.
- Elks Scholarships: 17 years of age or younger.
- Limited partial scholarships for children 18 years and older who do not qualify for MORC.

Transportation

SCAMP does **NOT** provide or arrange any transportation – however we work with school districts to confirm enrollment in our program.



District School Bus

Contact **YOUR** residential school district special education or transportation department to see if your district will be sending a bus to SCAMP this summer.

Many schools go on a year-to-year basis regarding their school bus. Please understand that if a district sent a bus in the past, it does not guarantee that they will be sending a bus for this summer. Please keep that in mind when you make your phone call. They will also be able to notify you of where the pick-up and drop-off locations are if they are sending a bus.

Other Options

Every summer about half of our participants arrive on a school bus or other arranged private mode of transportation such as a taxi or a SMART bus.

SMART BUS: (313) 223-2100 <http://www.smartbus.org/Smart/Contact+SMART/>

Royal Oak Residents ONLY: Royal Oak residents have been lucky to benefit from a grant given by the city to transport participants to SCAMP. We will know in the spring of 2008 if this grant will be available. If you are interested, please email me after March after we have received notification. Email: scampfun@bloomfield.org

Car Pooling: Many parents choose to car pool their child to and from SCAMP. Contact your child's teacher to see who else is attending SCAMP from your area and hopefully they will be able to assist you in putting together a car pool.

Camper's Name: _____ Class Number: _____

Age: _____

Please put an X on the line next to the method of planned transportation.

_____ School Bus: _____
Write the name of the district here.

_____ Private Car

_____ Other _____
Please describe.

Drop off: 9am - Pick up: 2pm

MEDIA CONSENT RELEASE



Please carefully review the release statement below. If you agree to your child's name and/or photograph being used by the media in school related feature stories, please complete and sign the release and submit to the SCAMP office.

_____ **Yes.** I, the undersigned parent or legal guardian of: _____, do hereby grant permission for the use of this camper's name and/or photograph in conjunction with feature stories prepared by area newspapers, radio stations, television stations, SCAMP website, or community donor groups regarding SCAMP related activities.

In addition, I hereby release the Bloomfield Hills School district, its employees and agents from any and all claims that might arise from or in connection with the publication and use of the said child's name and/or photograph as described above.

Camper's Name: _____

Signed: _____ Date: _____
Parent or Legal Guardian

_____ **No.** I do not want my child photographed. This includes group photos.

Camper's Name: _____

Signed: _____ Date: _____
Parent or Legal Guardian



Application Checklist

_____ Enroll your child online at www.bloomfieldrec.org or by phone at 248-433-0885

_____ Complete all forms and mail them back to SCAMP. Online credit card payments are encouraged. Other payments must be made by a personal check or money order and can be mailed or brought into the Recreation Office. ***There will be a \$30 fee on any returned checks.**

_____ Give your child's teacher the "Teacher Questionnaire" form to fill out, they can send it back to SCAMP when they complete it.

_____ If you are pursuing alternate funding such as MORC or other personal scholarships including school districts, **you must provide proof of funds before your child will be enrolled.**

_____ All tuition must be paid prior to June 1 or the first day of enrollment, whichever date is first.

PARENT/PROVIDER QUESTIONNAIRE

Student: _____

Age: _____

To help us better meet the needs of your child/client, please answer the following questions.

1. Describe what kind of a classroom that your child is place in MOST of the day.

2. What social or behavioral skills would you like SCAMP to reinforce this summer?

3. What is your child's/client's favorite school or learning type of activities? _____

4. If a behavior problem were to occur, what techniques or strategies are the most successful when working your child/client? _____

5. List any special needs for your child/client: _____

6. List activities or special interests that your child/client has: _____

7. Is there anything else that you would like me to know about your child/client in order that they may have a fun summer? _____

► **Please return this form with the SCAMP enrollment packet.**

SCAMP Teacher Questionnaire

Student: _____ Age: _____

This student has applied to the Bloomfield SCAMP program for this upcoming summer. In order to best meet the needs of the camper, we gather information from both the child's parents and their teacher. We greatly value any honest teacher input that can be provided to us to help make the summer beneficial and enjoyable. **When completed please mail this form directly to the SCAMP office.**

Teacher: _____ School: _____

School Address: _____

Street Address

City

Zip Code

Student's present type of program: _____

Describe some of the goals that you have been working on this past year in the area of reading. Include specific activities that you would like us to reinforce this summer.

Describe some of the goals or activities that the student has been working on in the area of math and that you would like see reinforced this summer.

What social skills would you like SCAMP to reinforce this summer for this camper?

Are there any behaviors that we should be made aware of at SCAMP?

If a behavior occurs in your classroom, what are some positive behavior strategies that we can use to modify the participants behavior? List any strategies that have been found to be successful at school or at home.

Is there any other piece of information that you think SCAMP should know that will help us provide the best possible summer program for this child/adult?

*** Feel free to attach any goals or other information that will help us this summer!**

Thank you so much!!

Please mail this form to:

**Bloomfield SCAMP
7273 Wing Lake Rd
Bloomfield Hills, MI 4830**