



# 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 an outside agency (MORC, CLS, ARC, PAS etc.) 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.



# 2014 SCAMP General Information

**DATES:** Our five-week session will run from Monday, June 23, through Thursday, July 24. SCAMP will meet **Mondays** through **Thursdays** from 9 a.m. to 2:00 p.m.

► *SCAMP will be closed Wednesday July 2 & Thursday July 3 for summer break.*

**AGES: 3-26+**

**LOCATION:** West Hills Middle School, 2601 Lone Pine Road, West Bloomfield, MI 48323  
(West Hills is located on Lone Pine Road just East of Middlebelt Rd)

**TUITION:** \$975 (*Includes a \$25 non-refundable registration fee*)

Parents planning on applying for a scholarship, using MORC respite funds or any other outside agency monies **still must pay the \$25 registration fee** in order to register a child/adult in SCAMP. SCAMP will not refund this money and will only bill outside agencies \$950 for the cost of SCAMP.

**FINANCIAL AID:** SCAMP does not directly fund scholarships, but disperses monies from outside agencies. There are limited full and partial scholarships that are available providing the camper meets the agency criteria and are given on a first-come-first-serve basis. SCAMP also coordinates with outside agencies such as MORC, CLS, ARC, Easter Seals as well as your child's school. Monies will only be applied when we have been supplied with evidence of approval either by a letter or an email from the camper's caseworker.

**IN ORDER TO APPLY FOR ANY SCAMP SCHOLARSHIPS, YOU MUST HAVE A COPY OF A CURRENT 1040 TAX FORM – FRONT PAGE SHOWING YEARLY INCOME. W2s WILL NOT BE ACCEPTED AS PROOF OF INCOME. SCHOLARSHIP ELIGIBILITY IS BASED ON A FAMILY INCOME OF \$40K OR LESS OR GREAT FINANCIAL NEED IS DEMONSTRATED. PLEASE DO NOT SEND US YOUR ENTIRE TAX RETURN & BLACK OR WHITE OUT YOUR SOCIAL SECURITY NUMBER!**

**REGISTRATION:** All campers need to be enrolled online or by phone through the **Bloomfield Hills Recreation Department** website at [www.bloomfieldrec.org](http://www.bloomfieldrec.org) or by calling 248-433-0885. Early registration begins March 1 and continues through June 1. A class may be cancelled due to low enrollment. Parents will be notified by June 15 if a class has been cancelled.

Once you have registered, you must send in a completed enrollment packet which is available on the website, to the SCAMP office to complete your child's registration. In the event your child does not attend Bloomfield SCAMP and our office is **notified** by **June 1**, all fees will be refunded less a \$25 processing fee. \* *There will be no refunds after SCAMP begins.*

**For registration information, call the Bloomfield Hills Recreation Department at: 248-433-0885 or visit our website at [www.bloomfieldscamp.com](http://www.bloomfieldscamp.com) for more information.**

**SCAMP REGISTRATION INFORMATION**

Class Number: \_\_\_\_\_

CAMPER’S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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"> <li>• 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.</li> <li>• In the event of an emergency, SCAMP officials are authorized to take whatever action is deemed appropriate.</li> <li>• 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.</li> </ul> <p>Signature of Parent/Guardian _____ Date _____</p>
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# MEDICAL INFORMATION RECORD

CAMPER'S NAME \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_

ALL QUALIFYING DISABILITIES \_\_\_\_\_

### 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           |
| <input type="checkbox"/> Hearing Impaired Total | <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Diabetes                |
| <input type="checkbox"/> Muscular Dystrophy     | <input type="checkbox"/> Hemophilia     | <input type="checkbox"/> Lung/Breathing Problems |
| <input type="checkbox"/> Stroke                 | <input type="checkbox"/> Birth Defects  | <input type="checkbox"/> Other (Describe Below)  |

**SEIZURES:**  MILD       MODERATE       SEVERE       NONE

FREQUENCY: \_\_\_\_\_

What is the plan if a seizure occurs? \_\_\_\_\_

**ALLERGIES:** Please describe in detail including the plan of action if exposure occurs. \_\_\_\_\_

### 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.*

### 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.** I paid already online or via 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)

\$325 is due May 1

\$300 is due June 1

\_\_\_\_\_ **Plan C – Outside Assistance. (MORC, CLS, ARC, PAS, Easter Seals, 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](mailto:scampfun@bloomfield.org) for specific questions.

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*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 etc.
- Elks Scholarships: 17 years of age or younger.
- Limited partial scholarships for children 18 years and older who do not qualify for MORC.

# 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: \_\_\_\_\_  
Parent or Legal Guardian

Date: \_\_\_\_\_

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\_\_\_\_\_ **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](http://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.

Class Number: \_\_\_\_\_

## 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. Does your child have an assigned one-on-one in his/her classroom: \_\_\_\_\_

\_\_\_\_\_

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 determine if SCAMP is right for the applicant and 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: \_\_\_\_\_

What is your classroom makeup? \_\_\_\_\_

What is the staff to student ratio? \_\_\_\_\_

Does the student require a one on one? \_\_\_\_\_

If not assigned a specific one on one does the student require a significant amount of one on one attention during the day to complete activities? \_\_\_\_\_

If so, please list the most difficult activities for the student, i.e. lunch, transitions, gym, reading, etc.

## BEHAVIOR:

To attend SCAMP a child may not be a danger to themselves or others. SCAMP welcomes one-on-ones from outside sources, however does not provide them.

Please check all that apply:

\_\_\_\_\_ Hits or kicks oneself or others

\_\_\_\_\_ Runs away from group

\_\_\_\_\_ Uses inappropriate language

\_\_\_\_\_ Oppositional defiant

\_\_\_\_\_ Other: Please explain: \_\_\_\_\_



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

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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.

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**ACADEMICS:**

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.

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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 reinforce this summer.

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

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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?

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**\* 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 Road  
Bloomfield Hills, MI 48301**