

2020 SCAMP ENROLLMENT APPLICATION



CAMPER'S NAME: _____

All new applicants will be approved for registration once an entire enrollment packet – **including completed Teacher Questionnaire form has been received** and reviewed by the SCAMP Coordinator. All applicants must meet enrollment guidelines as listed on our website.

To receive the \$25 registration discount, **the entire tuition of \$1,000 must be paid in full prior to May 1.**



Checklist for returning campers or approved new applicants.

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

___ I have completed the enrollment packet completely and INCLUDING teacher questionnaire.

___ I am paying for SCAMP in full or on a payment plan.

___ I am planning on using an outside resources (school district, grant, etc.) to pay for SCAMP. They have sent in a letter of commitment to SCAMP Coordinator or it is attached.

___ I have applied for a scholarship through SCAMP's scholarship foundation.

- I meet the requirements of the scholarship, have sent in application and proof of income (2017 Tax Return) to Recreation Department.



2020 SCAMP General Information

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

► *Open house is Monday, June 22 from 12:30 p.m. to 1:30 p.m.*

► *SCAMP will be closed Wednesday July 1 & Thursday July 2 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: \$1025 (Includes a \$25 non-refundable registration fee)

Parents planning to use outside funding for scamp **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 \$1,000 for the cost of SCAMP.

ALL TUITION IS DUE ON JUNE 1 OR UPON ENROLLMENT IF AFTER THAT DATE.

No tuition refunds will be given after SCAMP begins

FINANCIAL AID: SCAMP does not directly fund scholarships, but disperses monies from Michigan Elks Association. There are limited partial/full scholarships that are available providing the camper meets the criteria and are given on a first-come-first-serve basis. SCAMP also coordinates with outside agencies. Monies will only be applied when we have been supplied with evidence of approval by a letter of intent to pay from agency or organization. Eligibility requirements:

- Family income of \$50,000 or less (MUST include 1040 tax form as proof of income. Please do not send us your entire tax return and black or white out your social security number) OR Documented financial hardship such as loss of job.
- More than one child in SCAMP.
- Michigan Elks Association scholarships require campers to be 17 years or younger.

REGISTRATION: All campers need to be registered online or by phone through the **Bloomfield Hills Recreation Department** website at www.bloomfield.org/recreation 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.

Registration is **NOT** complete until a completed enrollment packet is mailed to the Bloomfield Hills Recreation Department. Please find our enrollment packet at www.bloomfieldscamp.com

TRANSPORTATION: SCAMP has received a grant from the **Women of Bloomfield** that has allowed us to provide transportation for a limited number of campers for a small fee of \$125. Our two buses pick up from the following locations: 1) Royal Oak 2) South Lyon, Novi, and Farmington Hills

****NO SPOTS WILL BE RESERVED/HELD FOR ANY CAMPER WHO DOES NOT REGISTER AND PAY FEE****

Please note that limited wheelchair spots are available per bus

For information, call the Bloomfield Hills Recreation Department at: 248-433-0885 or visit our website at www.bloomfieldscamp.com

Updated 2/26/20

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:

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

*****All campers must have a current IEP in order to be eligible to attend SCAMP*****

ONE ON ONE SUPPORT:

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 _____

If **YES**, please indicate school district and/or agency providing support- _____

When an individual requires a paraprofessional for a one-on-one, for the safety of our campers, SCAMP will only allow individuals who meet the requirements of the job description of a paraprofessional in the Bloomfield Hills School district with a minimum of a high school diploma, 18 years of age, background check, fingerprints, or employed through an approved agency.

SCAMP DOES NOT PROVIDE ONE ON ONE SUPPORT AND REQUIRES ALL CAMPERS TO BE ABLE TO FUNCTION WITHIN A 3 TO 1 RATIO.

*****SCAMP may dismiss a camper at any time if recreational program deemed inappropriate by SCAMP Coordinator*****

EMERGENCY CONTACT INFORMATION

CAMPER'S NAME _____ HEIGHT _____ WEIGHT _____ AGE _____

You must have three 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

Contact 3: _____
 NAME RELATION PHONE NUMBER

DOCTOR'S NAME: _____ OFFICE PHONE _____

MEDICAL INFORMATION RECORD

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? _____

What does your child's seizure look like? _____

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:

"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 _____ Date _____</p> <p>Parent/Guardian</p> |
|--|

TUITION PAYMENT RECORD

Camper's Name: _____ Class Number: _____

SCAMP tuition= **\$1025** which includes a \$25 non refundable registration fee

- All tuition is DUE no later than June 1st 2020

PAYMENT OPTIONS:

_____ **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 \$275 must be received with the application packet by April 1st to be eligible for the installment plan.

\$250 is due at time of registration

\$250 is due May 1

\$250 is due June 1

\$275 is due July 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 responsible 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 letter of commitment from outside source to pay for SCAMP must be submitted prior to June 1st.**

REQUEST FOR ASSISTANCE FROM BLOOMFIELD HILLS SCAMP SCHOLARSHIP FUND

There are limited full/partial scholarships available to those that apply and qualify. Please fill out this form completely and mail it back to SCAMP along with a copy of your 1040 tax cover page with your social security number blacked out. This information will be used by SCAMP to consider assistance based on the following criteria:

1. Family income of \$50,000 or less
2. Documented financial hardship such as loss of job
3. More than one child in SCAMP
4. Michigan Elks Association scholarships require campers to be 17 years or younger

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

HOME ADDRESS _____

GENDER _____ HOME PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

CHILD'S DISABILITY _____

FROM WHAT OTHER AGENCIES OR ORGANIZATIONS HAS HELP BEEN REQUESTED?

WHAT ASSISTANCE HAS BEEN RECEIVED?

FAMILY REPORT

FATHER: _____ MOTHER: _____

OCCUPATIONS: _____

TOTAL **MONTHLY GROSS** INCOME FROM ALL FAMILY SOURCES: _____

NUMBER OF DEPENDENT CHILDREN LIVING AT HOME: _____

YEARLY GROSS INCOME BASED ON LAST YEARS 1040: _____

PARENT OR GUARDIAN SIGNATURE _____

Office use only:
 SCAMP has approved this child in the amount of: _____
 Emily Price ~ SCAMP Coordinator _____ Date _____

The entire application must be filled out and all items necessary received with your application in order to study the merits of your case.

All scholarship applications are due NO later than May 1st.

Please contact Emily Price at scampfun@bloomfield.org for specific questions.

For information, call the Bloomfield Hills Recreation Department at: 248-433-0885 or visit our website at www.bloomfieldscamp.com

MEDIA CONSENT RELEASE



Dear Parent or Guardian,

There are many opportunities for SCAMP to showcase our campers and all the fun that they have at camp every summer. If you agree, your child's name and/or photograph may be used for our website, social media outlets, camp newsletters, community donor groups and on occasion the media (radio or TV stations) to promote and highlight our unique program along with any special events or activities that take place during the year. Please verify your choice of YES or NO to include or not include your child's name and/or photograph.

Yes I grant my permission to use my child's image in SCAMP communications or other media taken during the year of 2020.

No I do not grant my permission.

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: _____

** After a camper leaves camp, we reserve the right to use all media unless a written request is submitted to the contrary.*

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 require one-on-one assistance in his/her classroom? If not, can they function within a 3:1 ratio?: _____

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? _____

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 can enjoyable. **When completed please mail this form directly to the SCAMP office.**

Teacher: _____

School: _____

School Address: _____

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. Campers must be able to function within a 3:1 ratio.

Please check all that apply:

____ Hits or kicks oneself or others

____ Runs away from group

____ Uses inappropriate language

____ Oppositional defiant

____ Other: Please explain: _____

SCAMP Teacher Questionnaire Continued

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Are there any other behaviors or concerns 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

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participants behavior? List any strategies that have been found to be successful at school or at home. *OR*
Please include any behavior intervention plans that you feel would be useful to our staff in managing
behavior at camp.

ESY:

Does the camper qualify for ESY services? _____ Yes _____ No

If yes, please make sure to include all goals and data tracking sheets prior to the start of camp with an
indication of person responsible.

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.

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.

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

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?

Thank you so much!

Please mail/email this form to:

**Bloomfield SCAMP
7273 Wing Lake Road OR
Bloomfield Hills, MI 48301**

eprice@bloomfield.org



Application Checklist



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

____ Complete entire enrollment packet and mail back to SCAMP.

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_____ Indicate plan of action for tuition payment. All tuition must be paid by June 1st.

You may pay by:

- credit/debit card
- personal check
- money order

You may call 248-433-0885 for credit/debit card payment or mail in or drop off at Bloomfield Hills Schools Recreation Department.

**Bloomfield SCAMP
7273 Wing Lake Road
Bloomfield Hills, MI 48301**

*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 outside funding such as MORC or other personal scholarships including school districts, **you must provide commitment letter before enrollment is processed and spot is saved.**