



Summer Camp Location:

SUMMER CAMP APPLICATION

NOTICE: All campers are required to submit their latest IEP (or 504) and Behavior Plan (BIP) with their applications. Applications for campers without their IEP (or 504) and Behavior Plan (BIP) will not be considered.

Child's Name: _____ Birth Date: _____ Age: _____

Does your child have a Project Lifesaver Bracelet? If YES, what is the frequency: _____

Address: _____

City/State/Zip: _____

School: _____

Teacher: _____

Parent/Guardian 1: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address (required): _____

Parent/Guardian 2: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address (required): _____

Emergency Contact Person: _____

Relationship to Child: _____ Home Phone: _____

Grantor of SOS's Camp Programs



United Way of Horry County Community Partner



Cell Phone: _____

Medical Information:

Medical Diagnosis: _____

Is there a current condition or medical history of:

- A) Seizures _____
- B) Visual/Hearing Impairment _____
- C) Allergies _____
- D) Infections _____
- E) Other _____

Medications: _____

Will your child/children need medications while attending program?

_____ YES _____ NO

If you checked YES please complete the "Permission to Administer Medication" page.

Diet:

Food allergies: _____

Specific diet: _____

Choking/swallowing risks: _____

Supervision:

SOS does **NOT** provide 1:1 supervision at camp. All children must be able to function in a small group.

Assistance: Please place an 'X' on the line if your child requires assistance with the following

_____ Toileting _____ Eating _____ Communication

Please explain: _____





SUMMER CAMP TUITION POLICY

Tuition for Summer Camp is due ONLINE either in full (\$945) with your application or weekly by Thursday. **Failure to make payment by this day means your child will not be allowed to attend the following week.**

All payments must be made via this link: <https://soshealthcare.salsalabs.org/summercamp2019>

Please submit your application with your IEP (or 504) and BIP and the first payment of \$245 ASAP to reserve your spot. **Applications submitted without IEP (or 504) and BIP (if applicable) will NOT be considered.** This payment includes a registration fee of \$45 and first and last week's tuition.

You are required to pay for all weeks of camp regardless if your child is absent for any reason. Tuition may be paid for on a weekly basis (due on Thursdays) throughout camp or in full at any time. If you wish to discontinue attendance at Summer Camp, a written 2-week notice must be given to the Camp Manager.

Please sign and date below that you acknowledge and accept our tuition policy.

Signature: _____ Date: _____

Print Name: _____

*****Speak to your case manager to apply for summer funds to assist with the cost of camp*****

MODEL RELEASE

Grantor of SOS's Camp Programs



United Way
of Horry County
Community Partner



I hereby give permission to SOS Healthcare, Inc. to use my name and photographic likeness in all forms of media for advertising, trade and any other lawful purposes. I am doing so without compensation of any sort.

Camper's Name: _____

MINORS: If camper is under 18; I am the parent/legal guardian of the individual named above. I have read this release and agree to its terms.

Parent Name: _____

Parent Signature: _____ Date: _____

Camper's Signature (if over 18): _____ Date: _____





CAMP BEHAVIOR POLICY

The staff of SOS Health Care respects the dignity of the child in all their dealings with them. The children are expected to respect each other, just as the staff respects them.

Positive reinforcement is the best approach to motivate a child to appropriate behavior. Behavioral incidents will be dealt with judiciously. We always want to make sure that the safety of the children is our number one priority. In the event that a child becomes a danger to other children or his/herself, the child may be removed from the group and placed in the de-escalation room. For children who have self-injurious behaviors, the child may be restrained as well. Some behaviors may warrant removal from the camp environment. In this case, we will call you to pick up your child immediately, and he/she will be suspended for the following day. After three suspensions, SOS Health Care reserves the right to remove any child from the program if the safety of others continues to be at risk.

Parent Signature: _____ **Date:** _____

Print Name: _____





PERMISSION TO ADMINISTER MEDICATION

Child's Name: _____

Medication/Amount: _____

Prescribed by: _____

Time of distribution: _____

How is medication administered: _____

Side effects: _____

Parent/Guardian's Name (print): _____

By signing below, I authorize the staff of SOS Health Care to administer my child their medication. No other person will have access to your child's medication.

Parent/Guardian Signature: _____ Date: _____

