



703-618-6180 www.dowerandassociates.com
campcommunicatewithconfidence2009@dowerandassociates.com

Please Complete and Return To:
Dower and Associates, Inc.
24538 Lenah Road
Aldie, VA 20105
Attention: Nikia Dower, MS, CCC-SLP/L, BCBA®

GENERAL INFORMATION

Name of Child: _____ SSN: _____
DOB: _____ Age: _____ Grade Entering in Fall 2009: _____
Parents Name(s): _____
Home Address: _____
Home Phone: _____ School Attending in Fall 2009: _____
Mom Email: _____ Dad Email: _____
Mom Work Phone: _____ Dad Work Phone: _____
Mom Cell: _____ Dad Cell: _____
Other Caregiver (_____) Cell: _____
Siblings Names and Ages: _____

***NOTE:** If the child's parents are divorced or separated, we are required to know the legal guardian(s). Please specify joint custody, sole custody, etc. We will require a copy of the legal custody documents while attending camp and contact the other parent in joint custody cases for joint participation.*

ABA Consultant : _____ of _____
(Name and Credentials) (Company)

CHILD'S DIAGNOSIS (check all that apply – even if not a 'formal' diagnosis)

- Autism Spectrum Disorder
- Asperger's Syndrome
- Down Syndrome
- Pervasive Developmental Delay – NOS
- Obsessive-Compulsive Disorder
- Non-Verbal Learning Disability
- Tourette's Syndrome
- ADD or ADHD (circle which one)
- Bipolar Disorder
- Anxiety or Phobias (please list: _____)
- Speech/Language Delay
- Language Learning Disability
- Hearing Impairment
- Other (please describe): _____

STUDENT PROFILE

Describe your child's social language skills:

Executive Functioning (has difficulty with...)

- Organization
- Attention
- Transitioning

Sensory Processing (my child's sensory system appears to be)

- Under aroused
- Over aroused
- Transitioning
- Mixed/Disregulated

Behavior:

Please describe if your child exhibits any of the following maladaptive behaviors described topographically on a consistent basis – please note that a child's application will not be rejected based on behavioral symptoms)

- Hits
- Kicks
- Bites
- Scratches
- Pinches
- Tantrums
- Yells
- Self Stimulatory Behavior (please describe): _____

- Other _____

Do you know what maintains the behaviors that are exhibited?

- Socially Mediated Positive Reinforcement (Sr+)
 - To access to tangibles
 - To access attention
- Socially Mediated Negative Reinforcement (Sr-)
 - To escape demand situations
- Automatic Positive Reinforcement (self stimulatory behavior) (SrA+)
- My child's behaviors are multiply controlled by:
 - Sr+ and Sr-
 - Sr+ and SrA+
 - Sr- and SrA+

Does your child have a formal behavioral plan at home or school? ____ YES ____ NO (If YES, please attach a copy)

GETTING TO KNOW YOUR CHILD

Please check the box for the skills your child has **mastered**. If the skill(s) is/are mastered in only one setting or with one person/instructor or only when conditioned reinforcers are used to increase the desired behavior, please place an asterisk (*) next to the box.

- Independent Play Skills (does at least 5 different activities with at least 5 different toys and plays with most toys appropriately)
- Independently plays with toys and engages in verbal behavior (with self)
- Independently plays with toys and engages in verbal behavior {with peer(s)}
- Cooperative Play/Small Group Play
- Participates in group activities without prompts or primary/tangible reinforcement
- Attends to teacher and other students in a group of 4-8 children
- Follows daily routines (i.e., hanging up coat without prompts)
- Waits appropriately for his/her turn
- Request items and for activities from adults AND peers (hundreds of times a day)
- Requests information (asks all question forms)
- Takes turns
- Shares toys
- Searches for missing peers
- Plays interactively with children (more than 8 different peers)
- Pretend play
- Imitates adaptive (“good”) behavior of peers
- Initiates and returns greetings
- Maintains appropriate eye contact when requesting for items, activities, information or in response to other’s speaking to him/her
- Follows directions from a peer
- Comments about what s/he sees/does
- Initiates conversations
- Monitors conversations (i.e., recognizes when a peer is not listening or is bored with the topic)
- Maintains conversations (even when the topic is not initiated by him/her)
- Disengages conversations appropriately (ends conversation without abruptness or awkwardness)
- Joins a conversation already in progress appropriately
- Recognizes the signs that someone is busy – does not interrupt inappropriately
- Takes another person’s perspective
- Flexible
- Reads nonverbal cues of others

What are your goals for your child this summer?

1. _____
2. _____
3. _____
4. _____
5. _____

What are your child's favorite areas of interest?

1. _____
2. _____
3. _____
4. _____
5. _____

Is there any other information that we should know about your child?

Please attach the following documents to the application/registration packet, as appropriate for your child:

- Current IEP/IFSP
- Current Report Card
- Most recent speech/language evaluations/progress reports
- Most recent physical therapy evaluations/progress reports
- Most recent occupational therapy evaluations/progress reports
- Most recent other therapy evaluations/progress reports
- Current ABLLS, ABLLS-R and/or VB-MAPP profile (if your child is currently following these as curriculum measures of progress)
- Current FBA/BIP

MEDICAL CONSENT AND PERMISSION TO TREAT

Release of Information:

To the best of my knowledge, my child, _____ is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I give permission:

- To transport my child or have my child transported to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.
- To release information to appropriate medical staff regarding my child

I also hereby grant medical personnel permission to release medical information to Dower and Associates, Inc. and its employees and contractors in the event that my child becomes ill or injured.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date: _____

Please include a copy of your insurance card, front and back.

Insurance Carrier: _____ Policy Number: _____ Group Number: _____

Emergency Contact Information:

Parent/Guardian's Name: _____

Home Phone: () _____ Business Phone () _____

Cell Phone: () _____

If you are unable to reach me, please contact:

Name: _____

Relationship to me or my son/daughter: _____

Child's Pediatrician/Family Practitioner: _____

Phone Number: _____ Address: _____

MEDICAL HISTORY

My son/daughter is under the care of a psychiatric/psychologist. ___ Yes ___ No

Name: _____

Phone Number: () _____

Please explain: _____

My son/daughter is taking medication and will taking medication while attending camp. My son/daughter is taking the following medication(s) at the following dosage and frequency: _____

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. _____ Yes _____ No

No prescription medication is permitted to be dispensed at camp by staff with exception of emergency situations (i.e. severe allergic reactions; seizures, etc.).

My son/daughter is allergic to the following: _____

My son/daughter is on a special diet as follows: _____

My son/daughter's immunizations are current and up to date ___ Yes ___ No

My son/daughter has the following limitations or medical issues (please use reverse side if necessary): _____

My son/daughter experiences homesickness, emotional reactions to new situations, fainting, etc. ___ Yes ___ No

Please explain: _____

CHILD: _____

Signature of Parent/Guardian: _____ Date: _____

VALUABLES

Camp Communicate with Confidence, Dower and Associates, Inc. and The Boyd School, Inc. are not responsible for your child’s personal property. Please do not permit your child to bring in valuable or personally significant items. I understand this policy and will not hold Camp Communicate with Confidence, Dower and Associates, Inc. and The Boyd School, Inc. or its employees or contractors liable for any lost property.

Parent/Guardian’s Signature and Date

LATE PICK UP

I understand that I am to pick up my child on time each day and that I may be charged a \$1.00 per minute fee if I am more than five (5) minutes late.

Parent/Guardian’s Signature and Date

ADMISSION TO CAMP

I understand that my child is not approved for admission until I receive notification of acceptance and payment has been made in full. I understand that unless Dower and Associates, Inc. has worked with my child, Camp Communicate with Confidence and Dower and Associates, Inc. may need to evaluate my child prior to admission in order to find him/her an appropriate group placement.

Parent/Guardian’s Signature and Date

COMPLIANCE POLICY

I will pick up my child as soon as possible in the event that Dower and Associates, Inc. calls to inform me that my child is ill. This is in compliance with state regulation.

Parent/Guardian’s Signature and Date

SWIMMING

I authorize my child to participate in swimming activities during camp. The skill level of my child is:

Parent/Guardian’s Signature and Date

MEDIA RELEASE

Camp Communicate with Confidence and Dower and Associates, Inc. often use photographs and videotape to help children learn appropriate social skills, to communicate information to parents and to help people understand more about our camp and the services we provide.

I grant permission to Dower and Associates, Inc, and its subsidiary units, to use photographs, video, audio recordings, and/or textual material created for use in publications, slideshows, presentations by Dower and Associates, Inc. employees or contractors at conferences or workshops, including web sites or other electronic forms or media.

I waive any right to inspect or approve the photographs, publications, or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. I agree to my child's participation without financial compensation and I waive any right to royalties or other compensation that may arise from or related to the use of such media.

I agree to release and hold harmless Dower and Associates, Inc. from and against any claims, damages or liability arising from or related to the use of the photographs or other media, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. It is the discretion of Dower and Associates, Inc. to decide whether to use the media.

I hereby grant permission to Camp Communicate with Confidence and Dower and Associates, Inc. to photograph and/or videotape my child and display my child's work.

I authorize Camp Communicate with Confidence and Dower and Associates, Inc. to use media for the above purposes.

Parent/Guardian's Signature and Date

TRANSPORTATION

My child is being transported to camp via:

- Parents/Grandparents/Aunt/Uncle
- Car Pool
- Babysitter/Nanny
- Public School Transportation (School System: _____ Contact Phone: _____)
- Unclear as of today (date: _____)

Please list the complete names, relationship to your child and phone numbers of people authorized to pick up your child:

1. _____
2. _____
3. _____

Please list the complete names, relationship to your child and phone numbers of people **NOT** authorized to pick up your child:

1. _____
2. _____
3. _____

NOTE: We will only release your child to people listed above. Anyone who is not the child's parents will be required to show a photo ID to pick up your child and be required to show a "Camp Communicate with Confidence" Card. If your child will be going home with another student one day, please call ahead, speak directly to a lead instructor and send in a permission slip on the day of the transportation change.

RELEASE OF LIABILITY

By signing below, I absolve Dower and Associates, Inc., Camp Communicate with Confidence and The Boyd School, Inc. of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that Dower and Associates, Inc., Camp Communicate with Confidence and The Boyd School, Inc. can only be responsible for my child during days and times that s/he has been checked in.

Parent/Guardian's Signature and Date

AUTHORIZATION FOR MUTUAL DISCLOSURE/RELEASE OF CONFIDENTIAL INFORMATION

Child's Name: _____ Date of Birth: _____ SSN: _____

I authorize information to be **exchanged** between **Dower and Associates, Inc.** and

(Name of Authorized Organization/individual to whom disclosure is made) (Address &/or Phone)

The reason for this disclosure is:

- Coordination of treatment services
- Aftercare Planning
- Satisfy Legal Requirements
- Family Support/Involvement
- Billing/ Payment of Bill
- Other: _____

The **specific information to be disclosed** is: (check each specific item to be disclosed)

<input type="checkbox"/> Speech/Language, Educational and Behavioral Assessments ; IEPs and IFSPs	<input type="checkbox"/> Lab/Diagnostic/TB tests/ Drug & alcohol testing results
<input type="checkbox"/> Recommendations/ Prognoses	<input type="checkbox"/> Treatment Plans/Treatment Summaries/Treatment Dates
<input type="checkbox"/> Legal History	<input type="checkbox"/> Discharge Summary/ Continuing Care Plan
<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Psychological testing/assessment reports
<input type="checkbox"/> Medical History and Physical and Prior diagnosis	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

SUMMER CAMP 2009 THEMES

	SESSION 1			SESSION 2			3-Aug	SESSION 3		
	22-Jun	29-Jun	6-Jul	13-Jul	20-Jul	27-Jul		10-Aug	17-Aug	24-Aug
Explorers	Dinosaur Week	Red, White and Blue Week	Space Week	Artist Week	Circus Week	Adventure Hero Week	NO CAMP	Beach Week	Animal Week	Pirate Week
Pioneers	Dinosaur Week	Our Country Week	Space Week	Artist Week	Scientist Week	Adventure Hero Week	NO CAMP	Beach Week	Safari Week	Pirate Week

TUITION CALCULATION CHART

Please indicate below by circling the sessions OR weeks your child will attend camp as well calculation of the tuition options:

OPTION	DESCRIPTION	SESSION 1			SESSION 2			NO CAMP WEEK AUGUST 3, 2009	SESSION 3			CALCULATION	TOTAL TUITION DUE
		22-Jun	29-Jun	6-Jul	13-Jul	20-Jul	27-Jul		10-Aug	17-Aug	24-Aug		
1	6 hours of 1:1 speech/language therapy, 12 hours of 1:1 instruction, 42 hours of group instruction	\$2,500.00			\$2,500.00				\$2,500.00			\$2500.00 X _____ total sessions	
2	6 hours of 1:1 speech/language therapy, 54 hours of group instruction	\$2,000.00			\$2,000.00				\$2,000.00			\$2000.00 X _____ total sessions	
3	60 hours of group instruction	\$1,500.00			\$1,500.00				\$1,500.00			\$1500.00 X _____ total sessions	
4	2 hours of 1:1 speech/language therapy, 4 hours of 1:1 instruction, 14 hours of group instruction	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00		\$900.00	\$900.00	\$900.00	\$900.00 X _____ total weeks	
5	2 hours of 1:1 speech/language therapy, 18 hours of group instruction	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00		\$750.00	\$750.00	\$750.00	\$750.00 X _____ total weeks	
6	20 hours of group instruction	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00		\$550.00	\$550.00	\$550.00	\$550.00 X _____ total weeks	

10% Discount if payment received by 5/18/09:

OR 5% Discount if payment received by 6/1/09:

TOTAL SUBMITTED:

CAMP TUITION DESCRIPTION

{REVISED 5-11-09}

Communication Needs Campers Tuition:

Per Session:

- OPTION 1: \$2500.00/session** {includes 6 hours of 1:1 speech/language therapy, 12 hours of 1:1 instruction, 42 hours of group instruction/activities, all arts/crafts supplies and one camp t-shirt}
- OPTION 2: \$2000.00/session** {includes 6 hours of 1:1 speech/language therapy, 54 hours of group instruction/activities, all arts/crafts supplies and one camp t-shirt}
- OPTION 3: \$1500.00/session** {includes 60 hours of group instruction/activities, all arts/crafts supplies and one camp t-shirt}

Per Week:

- OPTION 4: \$900.00/week** {includes 2 hours of 1:1 speech/language therapy, 4 hours of 1:1 instruction, 14 hours of group instruction/activities, all arts/crafts supplies and one camp t-shirt}
- OPTION 5: \$750.00/week** {includes 2 hours of 1:1 speech/language therapy, 18 hours of group instruction/activities, all arts/crafts supplies and one camp t-shirt}
- OPTION 6: \$550.00/week** {includes 20 hours of group instruction/activities, all arts/crafts supplies and one camp t-shirt}

Non-Communication Needs Campers Weekly Tuition:

- **\$1500.00/session** {includes 60 hours of group instruction/activities, all arts/crafts supplies and one camp t-shirt}
- **\$550.00/week** {includes 20 hours of group instruction/activities, all arts/crafts supplies and one camp t-shirt}

Non-Communication Needs Siblings of Registered Communication Needs Campers Weekly Tuition:

- **No charge, space permitting**

Prepayment Discounts:

- 10% off weeks registered for if paid in full by May 17, 2009 with the code CCC2009-May on your check
- 5% off weeks registered for if paid in full by June 1, 2009 with the code CCC2009-June on your check

There are no refunds—we will allow for another child to enroll in lieu of your child in extenuating circumstances.

TUITION PAYMENT

Methods of payment accepted:

- CASH**
- CHECK** (note there is a \$30.00 return check fee)
- CREDIT CARD (Visa/Mastercard only)** – to utilize the credit card service, a 3% surcharge will be added to the amount charged.
 - Complete the following to use credit cards or call Nikia directly to provide the information via telephone.**

Credit Card Number *	Expiration Date *
<input type="text"/>	<input type="text"/> <input type="text"/>
Cardholder Name *	Card Security Code *
<input type="text"/>	<input type="text"/>
	Cardholder Billing Street Address and City *
	<input type="text"/> <input type="text"/>
	Cardholder Billing Zip Code *
	<input type="text"/>

I authorize Dower and Associates, Inc. to charge the aforementioned credit card in the amount of \$ _____ on _____ (date).

Signature of Card Holder

CAMP T-SHIRTS

Camp T-Shirts: One (1) Camp T-Shirts included in tuition: _____ (indicate children’s size)

Additional Camp T-Shirts can be purchased for \$15.00 per shirt. Please indicate sizes below and include in tuition fees:

Children’s Size _____ Quantity _____ Adult Size _____ Quantity _____

Children’s Size _____ Quantity _____ Adult Size _____ Quantity _____

Children’s Size _____ Quantity _____ Adult Size _____ Quantity _____

Children’s Size _____ Quantity _____ Adult Size _____ Quantity _____

ADDITIONAL SERVICES BEFORE/AFTER CAMP

Additional ABA Instruction or Speech/Language Therapy can be delivered before or after camp sessions in which your child is enrolled at the camp location for regular hourly rates per instructor. Please indicate here if you are interested in additional services being delivered directly before or after the camp session in which your child will be enrolled:

- Speech/Language Therapy*
 - Before*
 - After*
- ABA Instruction*
 - Before*
 - After*

PHOTO FOR FILE

Please attach a recent photo of your child to the registration packet or send a digital photo to campcommunicatewithconfidence2009@dowerandassociates.com

We must have this prior to the start of camp.

By signing below, I indicate that I agree to the terms of summer camp within this document, finances associated with camp and understand that I am ultimately responsible for the full tuition for which I have registered.

Parent/Guardian’s Signature and Date