

clarkston **SCAMP**

"A Special Camp for Special Kids!"

Clarkston SCAMP 2019
Clarkston Community Education Center
6558 Waldon Road
Clarkston, MI 48346
248/623-4314

Clarkston SCAMP 2019

- Date:** June 24, 2019 – July 31, 2019 (No SCAMP the week of July 4th)
- Time:** 9:00 am - 2:00 pm
Monday, Tuesday and Wednesday of each week
- Site:** Clarkston Junior High School
6595 Waldon Rd.
Clarkston, MI 48346
- Outdoor recreational activities such as swimming, boating and picnics will be arranged at Independence Oaks Park.
- Activities:** Clarkston SCAMP provides: swimming, boating, arts and crafts, music, outdoor education, motor skills, special activities on campus, field trips and classroom activities designed to offer appropriate challenges.
- Lunch:** Each SCAMPer brings a lunch that does not need refrigeration.
- Transportation:** No transportation is provided to and from the SCAMP Program
- Financial Aid:** Information regarding financial aid is in your packet. All applications must be complete and the \$50.00 deposit included to be considered for aid.
- Deadline:** Completed applications with \$50 deposit are due April 15th. Any applications received after May 1st will be automatically placed on a waiting list.
- Parent Meeting:** Clarkston SCAMP will host a parent meeting at Clarkston Junior High on Tuesday, June 18th from 6:30 p.m. – 7:30 p.m. This is a good time for parents/guardians to get more information, meet with the teacher and have questions answered.
- Questions:** Call Clarkston SCAMP at 248/623-4314 or email scampcamp@clarkston.k12.mi.us



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Enrollment Application

SCAMPer Name: Age: Birth Date: Male/Female
Address: City: Zip:
Parent/Guardian: Relationship:
Home Phone: Cell Phone: Work Phone:
Group Home: Contact Person:
Home School District: Grade Completed (as of June 2019):
School of Attendance: Teacher:
E-Mail Address

** In Case of Emergency, if parent or guardian cannot be reached, notify:
Name: Phone Number:
Name of Medical Insurance: Number:

Present Certification/Impairment:

Autism Spectrum Disorder Hearing Impairment Specific Learning Disability
Cognitive Impairment Other Health Impairment Speech & Language Impairment
Deaf-Blindness Physical Impairment Traumatic Brain Injury
Emotional Impairment Severe Multiple Impairment Visual Impairment
Early Childhood Developmental Delay

** Special Needs: Walker Collapsible Wheelchair Wheelchair Stroller Other
Is your child on medication? Yes No Type
Will your child need to take medication while at SCAMP? Yes** No

** If yes, page 5 must completed and signed by Parent/Guardian and Physician.

T-Shirt Size for SCAMPer (Circle One): Child Small Child Medium Child Large
Adult Small Adult Medium Adult Large Adult XL Adult 2XL Adult 3XL

Please list last Clarkston SCAMP attended: Year Group Teacher
Number of year's attended

AUTHORIZATION FOR SCAMP PARTICIPATION

- *All possible precautions will be taken by our staff to protect the safety of your child.
*In the event of an emergency, SCAMP officials are authorized to take appropriate action, including medical intervention(s).
*I hereby relieve the school district of all responsibility for accidents or injury resulting from any SCAMP activity including activities for field trips.
*I hereby authorize use of pictures of my child for information or publicity relating to future SCAMP programs or fundraising.
*I authorize my child to go on SCAMP field trips.

Signature of Parent/Guardian: Date:



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Out of District Tuition Payment Record

SCAMPer's NAME HOME PHONE

PARENT'S NAME

HOME ADDRESS (number) (street) (city) (zip)

Please select the payment plan which best suits you.

Form with four sections: Option A - Tuition \$700.00, Option B - Request for Financial Aid, Option C, and a donation section. Includes checkboxes and detailed instructions for each option.

Signed: Date:

***Please send your completed SCAMP application, the \$50.00 deposit and this completed Tuition Payment Record to: Clarkston SCAMP: Clarkston Community Education Center, 6558 Waldon Road, Clarkston, MI 48346



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Financial Assistance Request

PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE. FORMS THAT ARE INCOMPLETE, SENT WITHOUT THE REQUIRED \$50.00 DEPOSIT OR HAVE NO INCOME VERIFICATION WILL NOT BE CONSIDERED FOR FINANCIAL ASSISTANCE.

This information is only used by the North Oakland SCAMP Funding Corporation to obtain tuition funds for your child.

SCAMPer's Name
Parent/Guardian Name
Daytime Phone Email

Has applicant previously received financial assistance for SCAMP?

FAMILY INFORMATION:

Number of children in the home Number of adults in the home
Yearly Income \$20,000 or less \$25,000 or less \$30,000 or less
\$35,000 or less Over \$35,000 with special circumstances - explain below

Annual Social Security Benefits received
Parent/guardian tax return must be included if SCAMPer resides at home with parent/guardian.

WE NEED SOME FINANCIAL ASSISTANCE. WE CAN PAY \$

To provide funding, we MUST have verification of your income. No Financial Assistance will be given without a copy of one of the following documents:
2018 MICHIGAN or FEDERAL TAX RETURN (first page only) or CURRENT SOCIAL SECURITY BENEFITS DOCUMENTATION and \$50 DEPOSIT. If SCAMPer resides at home with parents, also include a copy of the front page of parent's tax return.

Circumstances of financial need: Provide any additional information which would help us understand why you are requesting financial aid. Examples: family illness, unemployment, unusual expenses or special need of this child.

Three horizontal lines for providing additional information.

***For consideration, please complete this entire form, provide required documentation and send mandatory \$50 deposit with application.

Signature of Parent/Guardian Date:



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Authorization to Administer Medication

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In order to administer medication during school/program hours, written authorization by the parent as well as the physician is required by School district and SCAMP policies.

APPROVAL OF PARENT/GUARDIAN

SCAMPer's Name Birthdate

Authorization is hereby granted to SCAMP personnel to administer or provide medication to the above student in accordance with the following physician's directives.

Parent's Signature Date

MEDICAL DIRECTIVE --- DAYTIME (9 am - 2 pm)

Provide or administer medicine only from pharmaceutical labeled bottle bearing SCAMPer's name & dosage limitations.

- 1. Condition Requiring Medication
2. Name of Medication
3. Dosage (amount) To be given at (hour)
From (date) To (date)
4. Directions for Administering
5. Comments (include any other special directions for teacher observation, reporting, or possible side effects of the medication)

Physician's Signature Date
Printed Name or Stamp
Address Phone

***Medication authorization must be signed by physician in order to dispense medication to your SCAMPer.
***Medication must be sent to SCAMP in original prescription bottle.



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Parent Questionnaire

SCAMP is a social and recreational program designed to provide a unique summer of fun for a wide range of special needs. Please provide any information you feel may be helpful in planning a relevant and meaningful recreational program for your child.

PLEASE BE ADVISED THAT THIS IS THE ONLY INFORMATION WE HAVE ON FILE **Please be as specific as possible**

SCAMPer Name _____

Interests / Likes _____

Dislikes _____

Special Diet _____

Allergies _____

Favorite Activities _____

Activities this SCAMPer does NOT enjoy _____

Does this SCAMPer wear: Hearing Aides _____ Glasses _____ Will they be wearing them at SCAMP? Yes ___ No ___

Does this SCAMPer utilize: Walker _____ Collapsible Wheelchair _____ Wheelchair _____ Stroller _____

Will this SCAMPer take medication at SCAMP? Yes ___ No ___

Medication authorization must be signed by physician in order to dispense medication to your SCAMPer.

Medication must be sent to SCAMP in original prescription bottle.

Will your SCAMPer require medical treatment at SCAMP? Yes ___ No ___

A plan of care signed by a physician must be submitted with this application

Do you have any grouping requests for this summer? _____

Please provide information about support required at home or in the community, along with strategies that have been successful for each applicable area listed below. Attach additional sheets if necessary.

Behavior: _____

Multiple horizontal lines for providing support information.

Parent Questionnaire continues on next page

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Personal care (bathroom, feeding, medical, etc.): _____

Communication: _____

Transitions (between activities and within the community): _____

Engaging in group activities: _____

Please add any other information you feel will be helpful to your SCAMPer's teacher _____



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Teacher Questionnaire

***** PARENTS - PLEASE NOTE *****

Return the rest of your application as soon as possible. Give this questionnaire to your son/daughter's teacher and they will return it to SCAMP.

***** TEACHERS - PLEASE NOTE *****

Please complete and return this form to:

Clarkston SCAMP, Clarkston Community Education Center, 6558 Waldon Road, Clarkston, MI 48346

Dear Colleague: The following student is enrolled in the Clarkston SCAMP program for the summer. We need your assistance to better meet his/her needs. Please complete the following questionnaire as soon as possible and return it to Clarkston SCAMP at the above address.

Student's Name: Teacher's Name:
School District: School:
Your Email: Certification of Student:

Preferred Activities:

Activities that can be problematic:

Likes:

Dislikes:

Does the student have a medical Plan of Care? Yes (if yes, please include a copy) No

Behavior:

Personal care (bathroom, feeding, medical, etc.):

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Communication: _____

Transitions (between activities and within the community): _____

Engaging in group activities: _____

Please add any other information you feel will be helpful to your SCAMPPer's teacher _____

Thank you for your help with planning a successful summer at Scamp.

Teacher's Signature: _____ Date: _____