



CAMP DISCOVERY

Spring Break Mini Camp

*A social skills day camp
for children with special needs
March 31st-April 1st*

Welcome to Camp Discovery, a camp program dedicated to service children with special needs! Camp Discovery is conveniently located at 1256 Marlkrass Road in Cherry Hill, NJ. The overall goal of Camp Discovery is to teach and implement age appropriate social skills. This will be completed through a complete curriculum which has been created by a Board Certified Behavior Analyst. Each activity and lesson that the children are taught will be in an ABA format and conducted by highly trained ABA therapists.

In order to make sure we have appropriate staffing please make sure that we receive this registration packet and payment no later than March 11th. If you are unable to pay in full and would like to work out a payment plan please indicate this on your registration packet. Packets can be emailed back to scohen@firstchildrenservices.com or faxed to Sonia Cohen (856) 888-1265.

Packets can also be mailed to: Sonia Cohen

First Children Services
1256 Marlkrass Road
Cherry Hill, NJ 08003

We offer an early registration discount of 10% off the full or half day rate if you register by March 1st. We also offer a sibling discount of 10% off the second child (full or half day rate). Discounts cannot be combined.

Final Registration Deadline is March 11, 2016.



Emergency Contact/Parental Consent Form

Camper's Name: _____ Date of Birth: _____

Medications _____

Allergies: _____

Mother's Name/Legal Guardian: _____

Home address: _____ Telephone Number: _____

Employer Name and Address: _____

Employer Telephone Number: _____ Email Address: _____

Father's Name/Legal Guardian: _____

Home address: _____ Telephone Number: _____

Employer Name and Address: _____

Employer Telephone Number: _____ Email Address: _____

Emergency Contact Person(s)

Name and Relationship	Telephone Number
1) _____	1) _____
2) _____	2) _____

Person(s) to whom Child May be Released:

Name and Address (Relationship)	Telephone Number
1) _____	1) _____
2) _____	2) _____

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care	Admin. Of Minor First-Aid Procedures
Emergency Restraints for Safety	Outdoor Activities

X _____
Signature of Parent/Guardian

Date



Child Background and History

SCHOOL INFORMATION

School District: _____

Type of Classroom: _____

Behavior Plan? ____y / n _____

If yes please provide a copy of the plan

Services Received (inschool) _____

COMMUNICATION

Please indicate how your child communicates by checking all that apply:

____ Verbal ____ Sign ____ Device ____ other (please specify) _____

BEHAVIORS

Please check all behaviors below that your child exhibits. Where applicable indicate frequency.

Aggression _____

Frequency _____

Self Injury _____

Frequency _____

Elopement _____

Frequency _____

PICA _____

Frequency _____

Tantrum _____

Frequency _____

Other(specify) _____

Frequency _____

Is your child toilet trained? ____y / n _____



Additional Information

LIKES AND DISLIKES

Please list and describe your child's likes and motivators:

Please list and describe your child's dislikes and triggers:

ADDITIONAL INFORMATION

Please provide a brief narrative of your child's strengths:

Please provide a brief narrative of your child's areas of need:

Please provide any other important information you would like to share about your child:



Rates and Registration

Full Day (9am-3pm) \$100/day Before Care (7am-9am) \$10/Hour
 Half Day (9am-12pm or 12pm-3pm) \$50/day After Care (3pm-6pm) \$10/hour

Registration (Please check all that apply)

Days	Full Day @ \$100	Half Day @ \$50 AM/PM?	AM Care @ \$10/hour List hours needed	PM Care @ \$10/hour List hours needed	Daily Total
3/28/16		AM PM			
3/29/16		AM PM			
3/30/15		AM PM			
3/31/15		AM PM			
4/1/16		AM PM			
Early registration discount or sibling discount (10% full or half day rate) * *Only one discount may be applied per camper					-
Total=					

(Approved method of payments include insurance reimbursement, cash, check & credit card)

Payment

☐ I am paying by check* (Please make checks out to First Children Services)

*There will be a \$35 fee for returned checks

☐ I am paying by cash (Must be received prior to camp start date)

☐ Other funding source _____

Credit Card Payments

☐ Visa

☐ MasterCard

☐ American Express

Account Number: _____ Expiration Date: _____

Amount \$ _____

CCV code (security code-3 digit number on back for Visa/MC, 4 digits on front of AMEX): _____

Cardholder's Signature: _____ Date: _____