

92NY CAMPS

CAMP INFORMATION FORM

All pages of this form must be filled out completely.

Please return to: 92nd Street Y Camps, 1395 Lexington Avenue, NY, NY 10128

On your camp registration form you indicated that your child has an Individualized Education Program. In order to best serve your child this summer, we ask that you complete the following form as applicable to your child and return it to the 92nd Street Y Camp Office.

As always, feel free to contact us at **212-415-5573** or **campmail@92ny.org** if you have any questions.

FOR OFFICE USE ONLY

Appt _____

Financial Aid _____

Program Accepted _____

Auth. Signature _____

Date _____

Child's Last Name _____ First _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Date of Birth _____ Male Female

School _____

School Phone Number _____

Teacher _____ Grade _____

Developmental Disability / Diagnosis _____

PARENT INFORMATION

Parent's Name _____

Home Phone _____

Business Phone _____

Cell Phone _____

Email _____

Parent's Name _____

Home Phone _____

Business Phone _____

Cell Phone _____

Email _____

TO BROADEN OUR UNDERSTANDING OF YOUR CHILD, IT IS OFTEN HELPFUL FOR US TO TALK WITH OTHER PROFESSIONALS WHO KNOW YOUR CHILD WELL. PLEASE COMPLETE THE FOLLOWING:

Name _____ Phone _____

Relationship to child:

Teacher Therapist Counselor Other (specify)

Email _____

Name _____ Phone _____

Relationship to child:

Teacher Therapist Counselor Other (specify)

Email _____

Do you implement any behavior management techniques at home? (e.g A star chart). If yes, please elaborate: _____

PERTINENT MEDICAL HISTORY: Please be specific in answering these questions:

Allergies _____

Medications _____

Special dietary requirements _____

ADDITIONAL RECREATIONAL PROGRAMMING

Enrichment activities _____

Summer camp (previous) _____

Therapy (please indicate what kind of therapy) _____

PLEASE PRINT

What are some of your child's special strengths and abilities? _____

Describe your child's expressive language: _____

Describe your child's reaction to external stimulation (noise, crowds, touch, etc): _____

What makes your child anxious? _____

If your child requires encouragement and support to join in group activities, please describe any techniques/support methods that help your child relate socially: _____

How does your child show that they are feeling frustrated, upset, anxious or overwhelmed? What are the signs or behaviors for us to look out for?

Describe your child's ability to interact with peers in a group setting: _____

Thinking of a typical day at summer camp, what do you think your child would LOVE about camp? _____

SKILLS & SOCIAL DEVELOPMENT (cont)

Thinking of a typical day at summer camp, what you think your child might NOT love about camp? _____

Please describe any anticipated areas of support for your child - we will use this information for staff training and share it with the staff who work directly with your child. _____

Does your child have any history of the behaviors below:

Self-injurious behaviors: Yes No

Incontinence during the day: Yes No

In the last 6 months, has your child ever physically hurt or bitten a peer or caregiver?

Yes No

Wandering away from the group: Yes No

Suspension/expulsion from school, camps, classes, etc in the past year: Yes No

If you selected "yes" to any of the above behaviors, please explain the circumstances and frequency of these behaviors: _____

Is there anything else that we should know about your child? _____

The 92nd Street Y reserves the right and has sole discretion to terminate and/or limit the participation of a child if it is deemed that a child's behavior is inappropriate for or harmful to the well-being of the program. While we try to accommodate all needs, there are some needs our program is not yet equipped to support. Campers are supervised at all times while in our care; however, we encourage personal growth and independence through intentionally unstructured play and free time throughout the camp day. Make sure to think through how your child might respond to this environment of camp and the unstructured moments/downtime. Your child WILL participate in unstructured time. If you foresee this as a challenge for your child, let's talk through this and discuss potential methods of support.

Please attach any reports (i.e. School IEP, Psychological, etc.) that might help us to understand and care for your child.

PARENT / GUARDIAN SIGNATURE _____