



GEORGIA AQUARIUM

Georgia Aquarium Special Needs Camp H₂O

Camp Information and Application

Thank you for your interest in the Georgia Aquarium Special Needs Camp H₂O.

Camp Theme: *Where in the World is Deepo?*

Campers will learn about the animals and their habitats as they explore the galleries at the Georgia Aquarium. Campers will create a travel scrapbook by compiling drawings, journal entries, and more, reinforcing their experiences by engaging in arts and crafts projects, games, and other activities.

Application Requirements: In order to be considered for enrollment your child must be between **5 -8 years of age**. You **must** complete the camp application; provide all requested information and a letter of recommendation from your child's teacher. Incomplete applications will not be processed.

Letter of Reference: To help better understand the needs of your child, we are requesting a letter of reference from your child's teacher. In that letter we would like to know how he or she does in the school setting and how Camp H₂O could help your child meet his or her Individual Education Plan.

All letters can be directed to the Education Department of the Georgia Aquarium and should be sealed and submitted with your application.

Application Deadline: Your application must be postmarked by **April 1, 2013**. You will be notified of receipt of your application via email. Please mail this application and supporting documents to:

**Georgia Aquarium
Education Department
225 Baker Street
Atlanta, GA 30313**

Acceptance Notification: Upon acceptance, you will be contacted to remit payment and receive additional information and required forms.

Parent Orientation: If your child has been invited to attend the Georgia Aquarium Special Needs Camp H₂O, you are required to attend a camp orientation. You will be notified via email of the dates and time of this orientation and any additional information you will need.

Camp Overview

Camp Dates of Operation: June 3-7, 2013

Time of Operation: 8:30 am – 1:30 pm Drop off 8:00 am – 8:30 am/Pick up 1:30 pm – 2:00 pm

Camp Rates: \$285.95 plus tax per child
* *We are working to secure outside funding to help reduce costs*

Refunds: There will be no refunds for cancellations or no-shows.

Snack/Lunch:

Campers should bring a morning snack and lunch daily. Please note we do not have heating or refrigeration capabilities. If your child has anaphylactic food allergies, please notify us so that we may provide your child with a safe space to eat lunch/snack.

Appropriate Attire:

Please be sure your child is dressed in play clothes. Tennis shoes are recommended. No flip flops or open-toe shoes are permitted. You may want to provide your child with a sweater or light jacket as certain areas may be chilly due to the air conditioning. Please do not send your child with hats, cameras, games, or money. We will have a lost and found on the premises; however the Aquarium is not responsible for lost items.

T-shirts and Name Tags:

Campers will receive a name tag on the first day of camp and T-shirt during the week. Camp H2O will distribute the name tags each morning for the campers to wear and collect them each afternoon.

Camp Educators:

Camp H2O consists of a vibrant group of instructors and volunteers eager to share their knowledge of the aquatic world with your children. Each class has at least 3 adults per 10 children. Staff training has been provided by the Marcus Autism Center. Our staff and volunteers provide a quality educational experience like no other!

Medications and First Aid:

If your child requires medications throughout the day, provide it along with the *Authorization to Dispense Medication* form included in your registration packet. First aid is available at the Georgia Aquarium courtesy of Piedmont Hospital. If your child visits our first aid clinic, an incident report will be sent home.

Animal Contact:

Campers may have multiple opportunities to touch aquatic animals. If your child has a shellfish allergy, please let us know.

Late Pick-Up:

Late fees will be assessed at the following rates: 2:00pm to 2:30pm - \$10 per incident/per child, After 2:30pm – additional \$5.00 per minute

Georgia Aquarium

Special Needs Camp H₂O Enrollment Application 2013

Child Name:

Birth Date:

Age:

Rising Grade:

School:

Shirt Size:

Parent Name:

Address:

Email Address:

Telephone:

Cell Phone:

Where does your child reside?

Emergency Contact Name:

Emergency Contact Phone:

List all Persons Authorized for Pick-up: **(Note: persons other than yourself must present federal or state authorized photo identification)**

Please list any diagnoses that have been applied to your child.

Please attach a copy of the diagnostic assessment (s).

Medical Profile				
Does your child currently take any medications? If yes, please provide information below		Yes	No	
Medications/Supplements	Dosage	Schedule	Date Prescribed	Reason
Is your child under the care of a physician?		Yes	No	
Name of the physician and contact information:				
Does your child have any other medical diagnoses (e.g., seizure disorders, cerebral palsy, anxiety disorder)?				
Date of last seizure?				
Is seizure activity controlled by medication?				
What instructions must staff follow if your child has a seizure during camp? Please attach.				
Does your child have food or any other allergies?		Yes	No	
Does your child carry an Epi – Pen?		Yes	No	
Does your child have asthma?		Yes	No, how is it treated?	
Does your child wear glasses or a hearing aid? Describe:		Yes	No	
Describe your child's eating habits and food preference.				
Does your child sleep well at night?		Yes	No	
Does your child nap during the day?		Yes	No	

Education Profile	
Does your child have an IEP: Yes No (If yes, please attach a copy of the most current plan)	
Name of School:	County:
Teacher's Name:	Contact Number:
Is the school public or private:	
Class size:	Staff Ratio:
Classification (regular or special ed)	
Hours of attendance each week:	
Please review the academic skills that your child has achieved: ____ knows alphabet ____ counts, sequences and has one-to-one correspondence ____ knows colors ____ completes puzzles (10, 20, 50 pieces) ____ completes word puzzles ____ counts to ____ ____ reads words (please describe reading level) ____ reads numbers ____ understands word concepts such as big, little, long and short What is the appropriate grade level of your child's work in school? _____ Does your child participate in after-school or recreational programming? If so please list. _____ Please list any ancillary services that your child receives at school and the number of hours of service. _____	

Communication Skills:		
How does your child communicate wants and needs?		
Does your child sign or use other alternative communication devices?		
Approximately how many words are in your child's active vocabulary? Does your child label people and objects?		
Does your child use social language?	Yes	No
Can you have a conversation with your child?	Yes	No
What language does your child understand?		
Does your child follow 2-and 3-step directions without a model?	Yes	No
Does your child follow directions given in a group or is individual attention needed?		
Does your child identify his/her written name?	Yes	No
Social Skills:		
Does your child make and sustain eye contact?	Yes	No
Is eye contact consistent between familiar people and strangers?	Yes	No
Is your child interested in other children?	Yes	No
Does your child have a best friend?	Yes	No
Does your child take turns?	Yes	No
Does your child share attention?	Yes	No
Motor Skills:		
Does your child need assistance in walking distances? (Please elaborate)	Yes	No

Please describe your child's gross motor skills overall:		
Please describe your child's fine motor skills including pencil and crayon grasp, using scissors, drawing, writing names and other words:		
Does your child imitate motor movements? (clapping, waving)	Yes	No
Does your child imitate actions using objects --- using "do this" with a model?	Yes	No
Does your child participate in finger plays and dancing during music time?	Yes	No
Self –Help Skills Please check and elaborate		
Does your child have independent feeding skills?	Yes	No
Does your child have independent toileting skills?	Yes	No
Does your child initiate the need to use the bathroom?	Yes	No
Does your child wash hands independently?	Yes	No
How does your child respond to dangerous or unexpected situations? (i.e. fire drill or traffic)		
How much assistance does your child need to complete daily routines?		

Behavior:		
Please describe your child's behavior in public places:		
Describe your child's success in working in a group:		
Does your child have problem behavior if he/she does not get what they want? Yes No		
Does your child have difficulty transitioning from one activity to the next? Yes No		
Does your child have rituals or routines? Yes No If yes, what happens if the routines are interrupted?		
Do you alter your plans or your home environment to circumvent your child's problem behaviors? Yes No		
Please list each problem behavior that your child engages in and describe it.		
Behavior	Description	Solution
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
Is your child impulsive? Yes No		
Has your child ever required medical attention as a result of dangerous acts? Yes No		
Are these behaviors evidenced across settings?		
What is the frequency of problem behavior?		
_____ 1 month		
_____ 1 week		
_____ 1-10 episodes weekly		
_____ Several times each day		

Behavior continued

What is the intensity and duration of the behavior?

- Mild and easily redirected
- Moderate lasting up to 15-20 minutes
- Disrupts everything else and can last up to an hour

Please indicate which behaviors apply to your child by placing a check before the behavior listed and providing a brief description in the space provided:

Repetitive behaviors: _____

Physical Aggression: _____

Property Destruction: _____

Obsessive or ritualistic behavior: _____

Anxious or withdrawn: _____

Self-injurious: _____

Self Stimulatory: _____

Escape/Eloping: _____

Unsafe or dangerous: _____

Impulsive: _____

_____Unattentive: _____ _____
Does your child have a Behavior Intervention Plan? If so, please attach the most recent version:
Reinforcers and Rewards
Please list the activities that your child enjoys:
Identify the rewards that you usually give or the school typically uses, to reward your child for good behavior and good performance on a task:
What does your child do during quiet time?
Does your child carry out instructions independently (e.g., complete the puzzle, color the picture, answer the questions)?
Does your child gain satisfaction from learning and participating in activities?

Why do you want your child to participate in the Summer Aquarium Camp?

What are your expectations of the camp and your child's participation?



PHOTO RELEASE

I, _____, hereby authorize to the Georgia Aquarium, Inc., to take photographs of my child during his/her camp experience. I grant permission to the Georgia Aquarium and their respective representatives, worldwide right to use, publish, and display for all types of advertising and promotional materials. These images may be used in television, print campaigns, and the internet, with all photographic negatives and prints, transparencies, and digital representations owned by the Georgia Aquarium.

I agree that the Georgia Aquarium is not required to submit to me any materials for approval prior to use. I hereby waive any right to inspect or approve those materials and waive the right for acknowledgement or compensation.

The undersigned states that I have the power and authority to grant these rights. The publication and use of the undersigned's name, photograph, or other use, will not infringe upon the personal rights of any person.

By signing this form below, I state that I am the **parent or legal guardian** of the child named below and agree to all the terms of the Release stated above.

Print Child's Name: _____ Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____