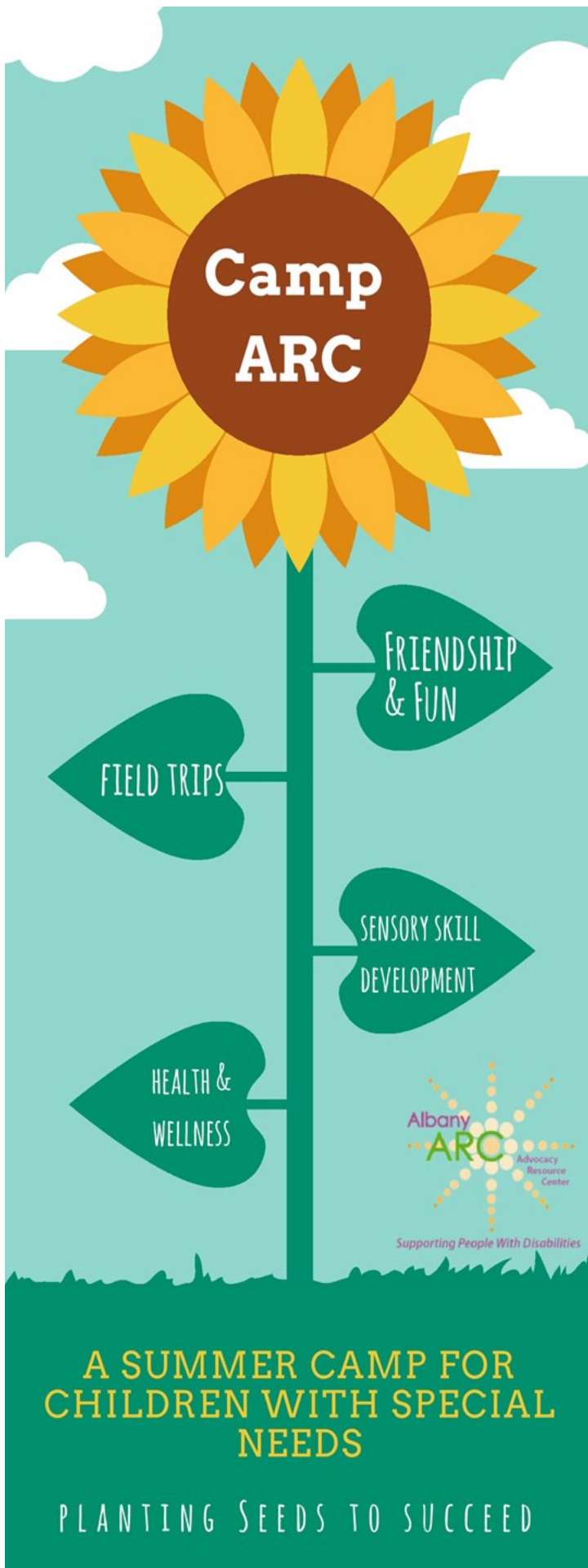


Summer 2018

Monday, June 4—Friday, July 27

(closed the week of July 2-6 for Independence Day)

- Camp ARC serves approximately 30 elementary and middle-school students with mild to moderate developmental disabilities.
- Campers may attend all or part of the summer camp session.
- Camp ARC focuses on skills training, social integration, and fun, engaging activities—just like any great summer camp! Students with existing occupational, physical, and speech therapy services will have streamlined access to continuing care at ARC's Kids' Corner location.
- Tuition: \$125/week for one camper or \$225/week for two campers (snacks included.) Each camper will need to pay a one-time \$20 t-shirt/materials fee, as well.
- ARC's Kids' Corner campus at 2200 Stuart Avenue serves as home base for CAMP ARC, but tuition includes frequent field trips and visits to the YMCA for swimming and other summertime games and activities.
- Camp ARC was founded to meet the growing community need for extracurricular services for special needs students. According to the Georgia Department of Education, almost 3,000 students with disabilities are enrolled in Dougherty and its 6 bordering counties' public schools. Camp ARC allows us to expand our mission to provide inclusive, empowering opportunities to more children and families in South Georgia.



**Camp
ARC**

FIELD TRIPS

HEALTH & WELLNESS

FRIENDSHIP & FUN

SENSORY SKILL DEVELOPMENT

Albany
ARC
Advocacy
Resource
Center

Supporting People With Disabilities

**A SUMMER CAMP FOR
CHILDREN WITH SPECIAL
NEEDS**

PLANTING SEEDS TO SUCCEED

Date Received: _____

CAMP ARC SUMMER CAMP APPLICATION

Personal Data

Child's Name: _____

Last

First

Middle

Social Security Number: _____

Date of Birth: _____

Sex: ___Male___Female

Child's Address: _____

Street

City

State

Zip Code

Home and Family Information

A. Mother/Guardian

Name: _____

Last

First

Occupation: _____ Employer: _____

Phone: work _____ cell _____ home _____

B. Father/Guardian

Name: _____

Last

First

Occupation: _____ Employer: _____

Phone: work _____ cell _____ home _____

Child resides with: _____

Relationship: _____

C. Others Living at Home

	Name	Age	Sex	Relationship	Attending camp as sibling?
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Are there any cultural/religious values that would prohibit your child from participating in any activities or food preparations?

Health, Medical, and Community

1. Pediatrician: _____

Name

Phone Number

2. List any operations, illnesses, or injuries your child has had.

_____ Age: _____

_____ Age: _____

3. Does your child have a diagnosed disability? _____

4. Does your child have any allergies? List:

Does your child receive any related services, such as speech/OT/PT that will need to continue during summer months?

6. Name any medications that your child is presently taking:

Medication	Dosage	Reason for taking	Time given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Have your child's eyes been checked? _____ Results: _____

8. Has your child's hearing been tested? _____ Results: _____

9. Does your child have any problems with sleeping _____ or eating? _____

10. Has your child had a psychological evaluation? _____ When? _____

Language

Do you feel that your child hears well? _____

Does your child communicate by: gestures _____ words _____ sentences _____

Estimate present vocabulary size:

0-25 words _____ 25-100 words _____ over 100 words _____

Behavior

1. How does your child get along with siblings/peers?

2. Does your child have any fears? _____

3. What is your child's usual behavior when angry or frustrated?

4. Has your child experienced a traumatic situation that may be related to his/her behavior? _____

Child's Interest or Hobbies

1. Does your child have any special interests?

2. Describe the types of activities that you and your family enjoy doing:

Sonia Prescott

Director of Education/Kid's Corner/Autism Services

sprescott@albanygaarc.org

Sonny Slate

ARC Executive Director

sslate@albanygaarc.org

DeAnna Julian

ARC Deputy Director

djulian@albanygaarc.org



Please return this application to sprescott@albanygaarc.org, PO Box 71026, Albany, GA 31708, or dropped off at 2200 Stuart Avenue.