



# Academic Fun & Fitness Summer Camp

*at Lakeland Community College*

January 2010

Dear Parent:

As 2010 begins, we find ourselves already anxiously awaiting the days when we can improve our reading and math skills, participate in a play, write poetry, enjoy a new sport, and participate in hands-on science activities. And most importantly, see old friends and meet new ones. Yes, the Academic Fun and Fitness camp is all of these things and more. *It's a place where children and teens with unique learning needs can be just typical kids having fun with friends for six glorious weeks.*

2009 was a blast ... and a huge success! It is the only camp of its kind in the Cleveland area. Fifty-seven campers participated in the full day or half day camp. Fourteen staff and a full-time director, all with incredible energy and enthusiasm guided the many exciting activities offered at camp. Seventeen of the campers were teens and participated in the Teen Leadership Program in its second year.

## **THINK SUMMER! EARLY ENROLLMENT 2010**

**Are you interested in having your child participate in the 2010 Academic Fun & Fitness Camp?** If so, send your application now. We accept a limited number of campers. Acceptance happens individually; in the order applications are received. The week after camp ended last year, we started receiving calls from interested parents. We'd hate to have your child end up on the waiting list.

*Send the attached application now even if you are applying for scholarships and/or anticipating receiving Extended School Year Services from your school district for your child. Simply indicate the scholarship and Extended School Year information on your application.*

### **Financial Aid**

If you need financial aid, we require that CEI camp scholarship recipients first attempt to secure other funding. Several agencies offer camperships based on financial need with deadlines in early spring. Don't forget to discuss Extended School Year with your child's school. The Autism Scholarship Program funding is another possible resource.

We look forward to receiving your application soon.

Sincerely,

Carole Richards  
Camp Director

**Academic Fun & Fitness Camp**  
Creative Education Institute, Inc  
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440-914-0200 • Fax 440-542-1504  
[caroler@cei4learning.org](mailto:caroler@cei4learning.org) • [www.unschoolcamp.org](http://www.unschoolcamp.org)

### **New Activities Planned**

Last year many new activities were added to make the summer packed with fun activities. However, some new things will be added to the fun. Robin Pease of Kulture Kids will be back again for the theater program. The **Teen Leadership Camp** will again offer leadership development and life skills workshops. Many teens from camp have enjoyed our RSL Teen Club held on Sundays in Solon.

### **About our Returning On-Site Camp Director**

**Sharon Miles** has more than thirty years teaching experience. She has worked for North Coast Tutoring Services since her retirement from the classroom in 2005. She has a master's degree in education administration. In addition to tutoring for us, Sharon has become a valuable member of our management staff. She has:

- Managed a 60 plus student after school program at Euclid Central Middle School
- Supervised a test-preparation program for a 400 student charter school with 8 tutors and 8 classroom teachers
- Provided demonstration teaching of RICHARDS READ Systematic Language to all classes grades K to 6 in a charter school
- Visited schools meeting with teachers, principals, psychologists and other administrators to introduce them to the many services offered by North Coast Education Services and the Academic Fun & Fitness Camp (Creative Education Institute).

I like to describe Sharon as our “goodwill ambassador”. Her incredible people skills and organization skills make her a perfect fit as on-site camp director. We are thrilled that she has agreed to be camp director again this year.

**ACADEMIC FUN & FITNESS SUMMER CAMP  
APPLICATION FORM**

**2010 Camp Dates: June 14<sup>th</sup> to July 23<sup>rd</sup>**

Parents please complete and return to: CEI, 120 North Main St., Chagrin Falls, OH 44022  
Use a separate application for *each* child. Include child's MFE results and current IEP, if applicable.

**GENERAL INFORMATION**

**Full day -- \$2,200**     Morning session alone -- \$1,200     Afternoon session alone -- \$1,200

**Full Day** camp fee includes daily lunch and before care / after care services.

**Before Camp Care is available 7:30 AM to 9 AM. After Camp Care is available 4:00 PM to 6:00 PM.**

Will your child need before or after camp care? No \_\_\_\_\_ Yes \_\_\_\_\_ (please fill out below)

**Before Camp Care**    **Days** \_\_\_\_\_ **Times from** \_\_\_\_\_ **to** \_\_\_\_\_ (available 7:30 - 9 am)

**After Camp Care**    **Days** \_\_\_\_\_ **Times from** \_\_\_\_\_ **to** \_\_\_\_\_ (available 4:00 - 6:00 pm)

Grade Level I (6-8 yrs)     Grade Level II (9-12 yrs)     Grade Level III (*Grades 7 to 12*)

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (MM/DD/YY) Gender M\_\_ F\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Primary Parent's Name \_\_\_\_\_ Other Parent(s) \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Camper resides with: \_\_\_\_\_

Camp Shirt Size (Circle One): Children's Sizes: 6-8 10-12 14-16 Adult Size: S M L XL XXL  
(*Camp shirts may run small, order once size larger*)

**SCHOOL INFORMATION**

Child's School: \_\_\_\_\_ Fall '10 Grade: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone \_\_\_\_\_ May we contact? Y N

Other School Contact: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ May we contact? Y N

Please indicate any testing that has been completed:

Multi-Factored Evaluation (MFE)  Evaluation Team Report (ETR)  Neuro Psych Report  None

Date of last test: \_\_\_\_\_

Does your child have and:  IEP  504  ISP (Individual Service Plan for private schools)  None?

IEP Effective Dates: \_\_\_\_\_

**FORMER CAMPERS:** Just send the application and any new testing, IEP or the 504 Plan by May 20.

**NEW CAMPERS:** We would like to review the most recent testing report (MFE, ETR, Neuro Psych Report) and current IEP in order to serve your child most appropriately. Mail the MFE and IEP with the completed application to Carole Richards, Camp Director. It will be kept strictly confidential. If your child has not been diagnosed with a disability, just send the application.

The Camp Director may request a classroom observation of a camper. Enrollment is limited and all prospective campers are screened by the camp director. The documentation and screening will determine if the Academic Fun & Fitness Camp will meet your child's needs.

Every effort is made to accommodate the unique needs of each camper accepted to our camp. However, this camp is not designed for every child. The Academic Fun & Fitness Camp is for children and adolescents ages 6 to 18 with learning differences. Campers with severe behavioral challenges are not suited to this camp. *(In the event that your camper is admitted to camp and we are not made aware of the camper's severe emotional disability or severe behavioral challenges, the camper will be asked to leave and tuition will not be refunded.)*

**ALL CAMPERS:** If you will be receiving Extended School Year Services or using Autism Scholarship Program Funding, we will need the IEP that applies to camp dates by May 15. In order to report camp specific ESY goals to your school at the end of camp we must create progress reports for your child.

Is there a learning difference?  ADD  ADHD  Dyslexia  PDD  Asperger's  OCD (Obsessive Compulsive Disorder)  
 Autism  Learning Disability  Cognitive Delay  Anxiety  Traumatic Brain Injury  Seizure Disorder  
 Other (define) \_\_\_\_\_  None diagnosed

Please provide details about the disability: \_\_\_\_\_  
\_\_\_\_\_

Is there an emotional disability?

Emotional Disability  Oppositional Defiant Disorder  Other (define) \_\_\_\_\_

Describe the behaviors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have sensory issues? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an aide at school? If so, explain what that means: *(i.e. one-on-one aide or aide for a small group of children)* \_\_\_\_\_  
\_\_\_\_\_

Does your child struggle with social skills? If so, explain what that means, for example doesn't play well with other children, has no friends. \_\_\_\_\_

Does your child wander? If so explain what this means: \_\_\_\_\_

Please provide a description of the child's school performance from the past academic year and any areas in which you feel improvement is warranted: *(Use another sheet for additional information.)*

***MEDICAL INFORMATION***

Please inform the camp staff of any conditions or physical limitations (including serious injuries, operations, childhood diseases, chronic or recurring illness).

Allergies: **Dogs:** Yes  No  **Milk:** Yes  No  **Nuts:** Yes  No  (which ones?) \_\_\_\_\_

**Other allergies** (be as specific as possible): \_\_\_\_\_

How are these allergies treated? \_\_\_\_\_

Will we be expected to administer medication during camp? Yes \_\_\_\_ No \_\_\_\_

List medications that need to be administered during camp: \_\_\_\_\_

**NOTE:** We will not administer daily injection medication (i.e. insulin). We will use an Epi Pen in case of an allergic reaction.

***Any other pertinent information about your child should be written on another sheet of paper and attached to this application. The more we know about your child, the more sensitive we can be to your child's needs.***

All of the information on this application is complete and accurate.

\_\_\_\_\_  
Parent's Name (Print)                      Signature                      Date

## BILLING INFORMATION

Name of person to whom billing should be directed \_\_\_\_\_

Address (If different from application information) \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

A minimum deposit of \$275 is required with the application. If for any reason your child is not accepted, the deposit is refundable. Once your child is accepted, enrollment deposits are NOT REFUNDABLE, except in emergencies, which are defined at the discretion of the camp trustees. Camp deposits will not be returned until CEI is paid in full by all funding sources.

Even if you are applying for financial aid, ESY, or Autism Scholarship funding, a deposit is required. Your deposit will be refunded once we receive all payments from all funding sources.

The balance for camp is due by April 30, 2010. Payments are non-refundable, upon submission. Partial refunds may be made only in a situation considered an emergency by the camp trustees.

### Payment Options

\_\_\_\_ 1. Deposit check # \_\_\_\_\_ enclosed. Checks payable to the Creative Education Institute  
A check for the balance due will be sent prior to April 30, 2010 unless we receive written confirmation from other funding sources that they will be paying the balance. *It is your responsibility to request written confirmation from your funding sources with the exception of the Autism Scholarship Program.*

\_\_\_\_ 2. Credit card deposit  
Charge a deposit of \$ \_\_\_\_\_ to the following:  
Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_  
Credit card number \_\_\_\_\_  
Expiration date (Please make sure card is valid through June 2010) \_\_\_\_/\_\_\_\_  
Name (please print name as it appears on the card) \_\_\_\_\_  
Signature \_\_\_\_\_

\_\_\_\_ Please charge the balance for the tuition to this card on **April 30, 2010**

\_\_\_\_ Do not charge the balance due to this card. I will make payment through other means by April 30, 2010.

\_\_\_\_ 3. I have paid the deposit by either check or credit card above. I anticipate receiving other funding through the following sources:

\_\_\_\_ ESY I will contact my school district to discuss this option by March 1.

\_\_\_\_ Autism Scholarship Program

\_\_\_\_ My child is already on the scholarship

\_\_\_\_ I am applying for the scholarship.

I understand that I must be approved for the scholarship by June 14<sup>th</sup> for the first two weeks of camp. And, I will reapply for the scholarship by July 1<sup>st</sup> to received funding for the last four weeks of camp.

\_\_\_\_ I will apply for the financial aid by April 1<sup>st</sup>.

**It is the parent or guardian's responsibility to get written proof of financial commitments from all financial aid sources.**

\_\_\_\_ 4. Please send me a financial aid package.

**NOTE:** Unpaid balances will be assessed a 5% LATE FEE AFTER April 30, 2010. If a credit card payment is denied by the card company, a \$25.00 processing fee will be assessed and another form of payment must be submitted immediately upon notification of the denial.