

ACADEMIC FUN & FITNESS SUMMER CAMP APPLICATION FORM

2012 Camp Dates: June 11th to July 20th

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 one size larger*)

SCHOOL INFORMATION

Child's School: _____ Fall '12 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 when available (no later than May 16th)*

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 ETR 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 no later than May 16. 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)* _____

Is your child potty trained? ____ Does your child need special assistance with toileting? (Explain) _____

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: _____

To better understand unique behavioral issues which we may need to work with, please tell us as clearly as possible which of these things pertain to your child. Because your child has any of these behavioral issues does not mean they will not be accepted to camp. However, we want to make sure your child will successful at our camp. Please be honest, it will help your child.

Has you child been involved in any fights in school? Explain _____

Does your child bully? _____ Is your child bullied? _____ Explain _____

Does your child have difficulty listening to his teacher? Why and Explain _____

Does your child hit? _____ Does your child bite? _____ Does your child spit? _____

Explain _____

Has your child been suspended from school? Why and Explain _____

Does your child steal? _____ Why and explain _____

Does your child lie? _____ Why and explain _____

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

With this application, please include the required \$275.00 deposit payable to the Creative Education Institute.

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 27, 2012. 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 27, 2012 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 2012) ____/____
Name (please print name as it appears on the card) _____
Signature _____

____ Please charge the balance for the tuition to this card on **April 27, 2012**

____ Do not charge the balance due to this card. I will make payment through other means by April 27, 2012.

____ 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 11th for the first three weeks of camp. And, I will reapply for the scholarship by July 1st to received funding for the last three weeks of camp.

____ I will apply for the financial aid by March 1st. **(Attached is my financial aid application.)**

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

NOTE: Unpaid balances will be assessed a 5% LATE FEE AFTER April 27, 2012. 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.