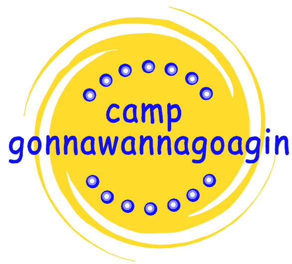
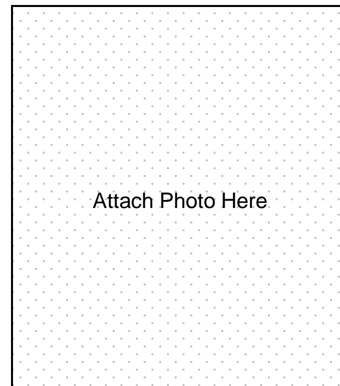


CAMP GONNAWANNAGOAGIN REGISTRATION FORM SUMMER 2010

Please return this application to FACT:
520 Viking Drive
Virginia Beach, VA 23452
Phone: (757)422-2040
Email: pam4fact@peoplepc.com



CIRCLE ALL THE DATES YOU ARE INTERESTED IN HAVING YOUR CHILD ATTEND:
Campers may participate for up to three weeks. Do not indicate preference (i.e. 1st choice, 2nd choice)

July 5-9	Monday-Friday	9:00 am - 3:00 pm
July 12-16	Monday-Friday	9:00 am - 3:00 pm
July 19-23	Monday-Friday	9:00 am - 3:00 pm
July 26-30	Monday-Friday	9:00 am - 3:00 pm
August 2-6	Monday-Friday	9:00 am - 3:00 pm
August 9-13	Monday-Friday	9:00 am - 3:00 pm
August 16- 20	Monday-Friday	9:00 am – 3:00 pm

For Office Use Only:
Date Received:_______
Conf. Sent:___________
Tuition Received______

CHILD'S T-SHIRT SIZE: S M L **ADULT T-SHIRT SIZE:** S M L XL
*If you do not select a size, one will be selected for you

Cost of camp is $275 for the week

❑ Pay by Check (Please make checks payable to **F.A.C.T**)

OR

❑ Pay with Visa/Master Card

Name on Card_________________________________Card Number_________________________________Exp. Date_________

Billing Address if different than home____CVC# on back of card__________

CAMPER / STUDENT INFORMATION

Camper's Name (Last) ____________________________________(First) ____

Nickname____

Date of Birth____________________Age ______ Sex ______________Approximate Height_____________________Weight_________

Present School _____________________________________Teacher's Name____

Type Classroom (Aut, Cross Cat., EBD, etc.)____

Home Address ____

Home Phone_____________________City______________________________State________________Zip_____________________

PARENT / GUARDIAN INFORMATION

Primary Contact____Relationship ____________________________________

Email Address________________________________Cell Phone __________________Business Phone ___________________

Secondary Contact____ Relationship________________________________

Email Address________________________________Cell Phone __________________Business Phone ___________________

TRANSPORTATION INFORMATION

Person(s) Authorized to Pick Up Child ____

Person(s) NOT Authorized to Pick Up Child* ____

*Appropriate legal documents must accompany this form if someone is not authorized to pick up the child.

MEDICAL INFORMATION

Your child's doctor____

Doctor's phone number ____

Your child's primary diagnosis ____

Allergies ____

Medication taken at home:____
IMPORTANT: FACT employees cannot administer ANY medications.
Date of last tetanus: ____

Injury or illness that might limit your child's physical activity or participation in the camp programs.

____

____

____

____

Please provide any other information Camp Gonnawannagoagin should have in order to safeguard the health of your child.

____

____

____

____

____

Are you comfortable taking your child into the community?

____

____

____

Please list activities that your child finds aversive: (Ex. loud places, crowded places, beach, movies, etc.)

____

____

Please list activities that your child particularly enjoys:

____

____

TEACHER/PARENT COMMUNICATION ASSESSMENT OF____:
Name of Child

Can your child communicate his/her wants and needs?

❑ Yes ❑ No Speech Describe:____

❑ Yes ❑ No Gestures Describe:____

Does your child use any communication systems?

❑ Yes ❑ No Describe:____

Does your child ask for help?

❑ Yes ❑ No Describe:____

Does your child follow simple directions? Does he/she require prompts or gestures?

❑ Yes ❑ No Eamples:____

Is your child prone to emotional upsets/tantrums? How can we assist your child if they become upset?

❑ Yes ❑ No Comments:____

Does your child:	Never	Rarely	Sometimes	Frequently
Head Butt	❑	❑	❑	❑
Hit	❑	❑	❑	❑
Pinch/Scratch	❑	❑	❑	❑
Kick	❑	❑	❑	❑
Bite	❑	❑	❑	❑
Spit	❑	❑	❑	❑
Use Explitives	❑	❑	❑	❑
Run	❑	❑	❑	❑
Scream	❑	❑	❑	❑
Cry	❑	❑	❑	❑
Self Injury	❑	❑	❑	❑
Throw Objects	❑	❑	❑	❑
Undress	❑	❑	❑	❑
Refuse to Walk	❑	❑	❑	❑

Does your child transition from one activity to another?

❑ Yes ❑ No Comments:____

Does your child pay attention to warnings of danger? Please explain.

❑ Yes ❑ No Examples:____

Does your child show appropriate fear of unsafe situations? Please explain.

❑ Yes ❑ No Examples:____

Does your child require assistance with toileting?

❑ Yes ❑ No Describe:____