



The Help Group  kids like me
VILLAGE GLEN CAMP

CAMP APPLICATION

Village Glen Camp is a highly specialized social skills camp designed to facilitate peer interaction, create fun social learning opportunities and foster meaningful friendships for children and teens, ages 3-18, with Asperger's Disorder and High Functioning Autism. Four camp divisions accommodate our campers in age appropriate groupings, which include Preschool (ages 3-5), Juniors (ages 5-9), Seniors (ages 10-14) and a Counselor-in-training (CIT) leadership program (ages 15-18).

Village Glen Camp focuses on helping campers develop core strengths in the areas of: *conversation, theory of mind, team-building, non-verbal communication, anger management, frustration tolerance, organization, emotional development and creativity.* These skills are integrated into fun summer activities which include drama, music, games, arts and crafts, sports, contests, special events, outings, and much, much more!

Admissions

Village Glen Camp is designed for children who are able to follow basic directions in a group setting and safely interact with peers and staff. Three year olds can be enrolled if they have attended a pre-school program during the 2009-2010 school year. The admissions process includes submission of an application and an interview with the family and child. Once the child is accepted a \$50 non-refundable deposit will reserve his/her space. Please make checks payable to: The Help Group Child and Family Center



Village Glen Camp Application 2010

Camper Name: _____

Date: _____

Part A:

Check All That Apply (Sign up by April 15th and receive a 5% discount)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Preschool Camper (3-5) | <input type="checkbox"/> Junior (5-9) | <input type="checkbox"/> Senior (9-15) | <input type="checkbox"/> Counselor in Training (15-18) |
| <input type="checkbox"/> <u>Session I June 28th – July 2nd</u>
Monday, Wednesday & Friday
<u>5 days</u> | (Junior, Senior, CIT) | (Preschool) | |
| | <input type="checkbox"/> 9:00 – 2:30 \$270 | <input type="checkbox"/> 9:00-2:30 \$320 | |
| | <input type="checkbox"/> 9:00 – 2:30 \$450 | <input type="checkbox"/> 9:00-2:30 \$500 | |
| <input type="checkbox"/> <u>Session II July 6th – July 9th</u>
Tuesday, Wednesday & Friday
<u>4 days</u> | <input type="checkbox"/> 9:00-2:30 \$270 | <input type="checkbox"/> 9:00-2:30 \$320 | |
| | <input type="checkbox"/> 9:00-2:30 \$360 | <input type="checkbox"/> 9:00-2:30 \$400 | |
| <input type="checkbox"/> <u>Session III August 9th – August 13th</u>
Monday, Wednesday & Friday
<u>5 days</u> | <input type="checkbox"/> 9:00 – 2:30 \$270 | <input type="checkbox"/> 9:00-2:30 \$320 | |
| | <input type="checkbox"/> 9:00 – 2:30 \$450 | <input type="checkbox"/> 9:00-2:30 \$500 | |
| <input type="checkbox"/> <u>Session IV August 16th – August 20th</u>
Monday, Wednesday & Friday
<u>5 days</u> | <input type="checkbox"/> 9:00 – 2:30 \$270 | <input type="checkbox"/> 9:00-2:30 \$320 | |
| | <input type="checkbox"/> 9:00 – 2:30 \$450 | <input type="checkbox"/> 9:00-2:30 \$500 | |
| <input type="checkbox"/> <u>Session V August 23rd – August 27th</u>
Monday, Wednesday & Friday
<u>5 days</u> | <input type="checkbox"/> 9:00 – 2:30 \$270 | <input type="checkbox"/> 9:00-2:30 \$320 | |
| | <input type="checkbox"/> 9:00 – 2:30 \$450 | <input type="checkbox"/> 9:00-2:30 \$500 | |
| <input type="checkbox"/> <u>Interested in transportation to and from camp for a fee</u> | | | |

Please make checks payable to: The Help Group Child and Family Center

Camp Location: The Help Group Village Glen School, Sherman Oaks Campus
13130 Burbank Blvd Sherman Oaks, CA 91401

Contact Information: Call: 877-943-5747 Fax: 818-779-5295 Email: villageglencamp@thehelpgroup.org
www.thehelpgroup.org

Part B:

Camper's Name: _____ DOB: _____ Age: ____ Gender: ____

School Name: _____ Grade in Sept: _____

Phone Number: _____ Recent Teacher's Name: _____

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ Address: _____

Phone # (h) _____ Phone# (h) _____

Phone # (w/c) _____ Phone # (w/c) _____

Email Address (s): _____

Please list all siblings:

_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

What type of educational setting does your child attend?

- Regular Ed/Inclusion
- Special Education (part of day)
- Special Education (full day)
- Non-Public Special Ed School
- Private School
- Has a 1:1 aid at school

What other services is your child currently receiving?

Part C

1. Does your child have any specific diagnoses? **YES** **NO**

If YES, please list each diagnosis, when the child was diagnosed.

DX _____ Age _____

DX _____ Age _____

DX _____ Age _____

2. Is your child on any medication?	YES	NO
If YES, Please list medications, dosage & time of administration.		
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____

3. Does your child have any allergies, medical restrictions or physical restrictions?	YES	NO
If YES, please explain.		

4. Is your child on a restrictive diet (e.g. dairy free, gluten free)?	YES	NO
If YES, please explain:		

5. Are there foods that your child will not eat? Are there specific food items that trigger behaviors?

Part D

1. What are your child's main areas of interest and favorite activities?

2. What activities/tasks does your child NOT like to engage in or is restricted from participating in?

3. Please list your child's strengths or special talents (e.g. music, art, building things)?

4. What are your goals for your child while they are involved with this camp?

5. Please check all of the following behaviors that apply to your child:

Socialization

- Joins in play with other children
- Shares toys and takes turns unassisted
- Responds to adult directions
- Appropriately shows affection to family members and friends
- Touches people in unusual or inappropriate ways
- Does not like to be touched, including affection
- Pushes, shoves, hits, bites, scratches or kicks friends in a group play situation
- Little or no interaction with other children, plays alone
- Attached to specific objects or toys and plays in a highly specific and often repetitious way with these objects
- Participates in pretend play with friends
- Does not look at people when spoken to or when speaking
- Enjoys playing sports
- Initiates play dates
- Does well with transitions

Emotional

- Frequent Tantrums
- Unpredictable Behavior
- Easily Frustrated
- Withdraws from family/friends
- Has a fixed facial expression that appears to lack feeling
- Easily angered
- Regularly screams or screeches
- Unusually fearful
- Does not cry or express emotion, even when in pain
- Does not appear to understand danger
- Difficulty sleeping
- Difficulty with eating
- Impatient and unable to wait for things, even for a short period of time
- Has anxiety

Body Management

- Catches a thrown ball
- Maintains balance when running
- Jumps and lands on two feet
- Frequently trips and falls
- Poor coordination
- Has difficulty climbing, stairs and/or climbing equipment
- Easily places objects in specific areas, pegs; puzzle pieces

- Has difficulty with writing
- Low muscle tone
- Body seems “stiff,” as if bending at the waist or joints is very difficult
- Messy when eating most of the time
- Drooling
- Body appears to “fidget” for no reason
- Is able to maintain safe behavior while being transported in a bus

Language and Communication

- Generally gets needs met with words
- Large and expressive vocabulary
- One or two word utterances
- Speech is difficult for most people to understand
- Talks only to family members
- Doesn't appear to understand when adults are speaking
- Has difficulty following directions
- Responds appropriately to simple questions
- Child's response to spoken language is typically not relevant -- “off topic”
- Has difficulty with voice modulation, often speaking in an unusually loud tone
- Unusual voice quality/cadence or whispering

If no language what tools does your child use to communicate? _____

Sensory Systems

- Struggles with bathing and water play at school
- Uncomfortable with seams in socks; tags in clothing; certain types of shoes; “rough or scratchy” fabric
- Will not brush teeth, visit the hair salon for a haircut or cooperate during a doctor visit
- Generally tactilely defensive, does not enjoy shaving cream; sandbox; finger painting; playdoh; sticky substances of any kind
- Regularly covers ears to shut out sound or show discomfort with level of stimulation
- Rocks back and forth while sitting or standing
- Is unable to tolerate loud noises
- Puts non-food items in mouth

List any other self stimulatory behaviors: _____

The School Environment

- Cannot sit still during group instructional time
- Cannot focus on an activity, easily distracted
- The teacher mentions that your child frequently is inappropriate
- Cannot work independently
- Difficulty solving problems
- Difficulty retaining information
- Limited general knowledge
- Difficulty grasping concepts presented by adults
- Cannot consistently generalize information
- Can think abstractly
- Wanders from the group

Self-Help Skills

- Cleans up after activities
- Toilet trained
- Can tie shoes
- Can wash hands independently
- Can eat independently

6. If you have any other information that you feel would be helpful to us, or that you would like us to know, please feel free to add you comments to the area below:

7. How did you hear about our Summer Day Camp?

Please return the completed camp application to:

The Help Group Admissions Office
13130 Burbank Blvd
Sherman Oaks, CA 91401

Fax: (818)779-5295

For Questions, please call 818-779-5262

**** All children must be interviewed and accepted into the camp.**

Authorization and Agreement

"I authorize investigation of all statements contained in this Application to the camp program as may be necessary in arriving at an admission decision. In the event of admission, I understand that false or misleading information, given in the application of my child, or in any interviews, may result in rescission of any admission."

Parent/ Legal Guardian

Parent/ Legal Guardian