



Camp Giant Steps Registration 2012

7281 Sarah Street
 Maplewood, MO 63143
 314-932-1051 Fax: 314-932-1053
 email: gstepsdirector@aol.com

Please check all sessions your child will attend:

REGISTRATION FEE: \$30.00

- I. Monday June 25 - Friday June 29
- II. Monday July 2 - Friday July 6 (off 7/4)
- III. Monday July 9 - Friday July 13
- IV. Monday July 16 - Friday July 20
- V. Monday July 23 - Friday July 27
- VI. Monday July 30 - Friday August 3

Tuition and funding resources discussed at enrollment. Camp hours are 9:00 a.m. to 3:00 p.m.

Enrollment Information

Camper's name: _____
first middle last

Date of Birth: _____ Current Age: _____ Current Grade: _____

School Attending _____ District: _____

Does child have full time assistant as school? _____ Type of classroom at school: _____

Home Address: _____
Street address City, State Zip code

Parent/Guardian Information - Mother
Name
Cell Phone
Work Phone
Email Address
Home phone if different from camper
Home address if different from camper

Parent/Guardian Information - Father
Name
Cell Phone
Work Phone
Email Address
Home phone if different from camper
Home address if different from camper

Camper's Name _____

General Information (if necessary, please continue answers on back or attach additional pages)

1. Has your child been diagnosed with any neurological, developmental or chronic condition other than autism spectrum disorder? Yes: _____ No: _____

If yes, please specify condition, and any emergency protocol:

2. Is your child currently taking any medication? Yes: _____ No: _____

If yes, List medications: _____

3. Will medication need to be administered by camp staff? Yes: _____ No: _____

4. Does your child have any specific allergies? Yes: _____ No: _____

If yes, please specify allergen, and treatment if applicable.

5. Is your child an independent swimmer? Yes: _____ No: _____

Please describe your child's swimming ability and comfort level in the water.

6. Please describe any physical, diet or medical restrictions your child has.

7. Please list your child's favorite activities: (continue on back)

8. Please describe any specific activities that your child dislikes (continue on back.)

8. Does your child experience obsessive behaviors? What item/activity triggers this compulsion?

9. Please describe how your child communicates:

10. Does your child use a communication device? Yes: ____ No: ____ Uses: _____

11. Will your child bring their communication device to camp? Yes: _____ No: _____

12. Please describe what your child does when upset: (continue on back sheet)

13. Please describe interventions or calming techniques that help your child:

14. Describe any self-stimulatory or self-injurious behaviors your child may exhibit:

15. Tell us anything else you would like us to know about your child? (use back sheet)

Camper's Name _____

Permissions and Waivers

Field Trip Permission and Transportation Waiver I hereby give my permission for my child,

_____, to take part in any and all off-campus recreational outings scheduled during his or her enrollment at Camp Giant Steps. I understand that my child will be transported by bus and hereby release Giant Steps of St. Louis and Camp Giant Steps from all liability during the transportation of my child.

* _____ * _____
Signatures of Both Parents or Guardians

Date _____

Emergency Information and Permission

I understand that in the event of an emergency, every effort will be made to contact a parent, guardian or emergency contact. In the event I or my designee cannot be reached, I hereby give permission for a Giant Steps staff member to secure my child's doctor, or, if he/she is not available, another physician, to provide any necessary emergency treatment. Furthermore, I hereby give a physician permission to use any necessary emergency treatment required for the health and safety of my child.

* _____ * _____
Signatures of Both Parents or Guardians

Date _____

Pediatrician Information:

Dentist:

Name _____

Phone _____

Emergency Contacts (2)

1. Name _____

Telephone Home: _____

Cell: _____

2. Name _____

Telephone Home: _____

Cell: _____

Photo Release: I **do** **do not** permit Giant Steps to publish my child's image in their promotional literature, newsletters, news releases or website.

I understand that Giant Steps will NOT publish my child's name or other identifying information.

* _____ * _____
Signatures of Both Parents or Guardians

Date _____

Please enclose a deposit of \$295.00 payable to Giant Steps to hold your camper's place.
This check will not be deposited until June 1, 2012.
Include a registration fee of \$30.00 which will be processed immediately.