

Center for Autism & Related Disabilities New England

CAMP CARD NE 08 REGISTRATION

GENERAL INFORMATION:

Child's Name: _____

DOB: _____ AGE: _____

Camp Requested: _____

T-Shirt Size Child: S M L Adult: S M L EX L

Parents' Names: _____

Address: _____

Siblings: (name and age) _____

Home Phone Number: _____

Other Phone Number: _____

Email Address: _____

Emergency Contact's Name: _____

Number: _____



PHOTO RELEASE:

CARD NE often uses photographs and videotape to help children learn more appropriate social skills, to communicate information to families, and to help communities at large understand more about autism.

I authorize CARD NE to use photographs/videotape for the above purposes.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

Insurance Company's Name: _____

Name of Member: _____

Policy #: _____ Group #: _____

Pediatrician: _____ Phone number: _____

Address: _____

Medical Emergency Release:

I authorize CARD NE staff to assume medical responsibility for my child in the event of an emergency:

Parent/Guardian Signature Date

SCHOOL INFORMATION

School District: _____ Grade: _____

Placement: _____ One: One Yes No

Teacher/Case Manager's Name _____

Phone _____

CHILD'S DIAGNOSIS: (check all that apply)

- Asperger's Syndrome
- PDD or Autism
- Obsessive-Compulsive Disorder
- Non-Verbal

COMMUNICATION (check all that apply)

- Verbal
- PEC's
- Gestures
- Augmentative Communication Device

Type: _____

Are there medical issues for your child?

- No
- Yes If yes, please describe: (use back page if necessary)

Is your child taking any medication?

- No
- Yes If yes, please describe: (use back page if necessary)

Are there feeding/swallowing concerns?

- No
- Yes If yes, please describe: (use back page if necessary)

Are there bee or insect allergies?

- No
- Yes If yes, please describe: (use back page if necessary)

Are there specific food allergies?

- No
- Yes If yes, please describe: (use back page if necessary)

What are your three most important goals for your child during this camp?

1. _____
2. _____
3. _____

What are your child's three favorite areas of interest?

1. _____
2. _____
3. _____

Do you have any special talents/interests that might be shared at the camp?

For Office Use Only:

- Eval Report
- Medical Release
- EYS goals
- Schedule school visit _____

Session:

- UNH June 30 - July 3 Camper: _____
- Mondays in July
- UNH Aug 4- Aug 8 Age: _____
- ALL SESSIONS Ed Tech: _____