Dear Parents, Caregivers and Future Campers,

Thank you for your interest in Camp TALK by the Lake. We are very excited to offer this camp to children who may not typically get to experience a summer camp. Camp TALK is designed to meet the individual needs of your child, so please provide any information you feel necessary. This program strives to provide a fun, unique atmosphere for your child to learn, play and grow. We look forward to meeting you and your child this summer!

Please fill out the Camp TALK by the Lake application and mail to:
Wright State University Lake Campus
Mrs. Molly Hay
7600 Lake Campus Dr.
Celina, Ohio 45822

With your completed application, you must provide your child’s current Individual Education Program (IEP) and $100 deposit. Your deposit will go towards the total fee of $225. The remaining balance must be paid in full by July 10, 2015. Please make checks payable to: WOEF Board.
**If you submit the required paperwork (application, IEP and deposit) by May 15, you will receive $25 off the price!**

Once your child’s application is processed, you will receive a confirmation of registration and additional information. You may be asked for fill out additional paperwork.

If you have questions or concerns about the program, please contact us at (419) 586-0352 or email us at camptalk4you@gmail.com.

Thank you,

Camp TALK by the Lake Staff
Camp TALK by the lake

2015 Camper Application

Name: ____________________________
Birth Date: ____________ Age: ________ T-Shirt Size: ________
Current Grade in School: ____________ Gender: ☐ Male ☐ Female
Mother’s/Guardians Name: ____________ Father’s/Guardians Name: ____________
Address: __________________________________________________________________________
City: ____________________________ State: ____________ Zip Code: ____________
Home Phone #: _________________ Daytime/Cell Phone #: _________________
Email Address: ____________________________

Emergency Contact Person and Phone: __________________________________________________________________________

Name of Child’s Family Members, Age, Relationship:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

My child’s strengths (what he/she does well) are:

My child’s fears are:

My child likes to do the following things for enjoyment:

My child has difficulty with:

Any allergies or pertinent medical conditions the staff should be aware of:
To Be Completed by Campers/Students Parent or Guardian and returned with application page:

**Please attach a copy of your child’s current IEP.

Camper Information, Strengths and Needs:
My child is in a regular classroom at school: ____Yes____No
My child is in a special classroom at school: ____Yes____No
My child uses words: ____Yes____No
My child uses sentences: ____Yes____No; Average Sentence Length is _______ words.
My child takes turns talking to kids: ____Yes____No To adults: ____Yes____No
My child likes to interact with kids: ____Yes____No
My child makes friends easily: ____Yes____No
My child has friends: ____Yes____No
My child is understood by family and friends: ______% (percent) of the time
My child is understood by strangers: ______% (percent) of the time
My child has physical limitations: ____Yes____No Describe
My child has difficulty following rules: ____Yes____No Describe
My child takes medications: ____Yes____No Describe
My child is on a special diet: ____Yes____No Describe
My child eats independently: ____Yes____No Needs help with
My child has “accidents”: ____Night____Day Describe what kind:

Please read the statements below and put an “X” next to the ones that apply to your child:

Movement skills:
__my child is fearful in activities that move through space (swings, teeter totter, canoes)
__my child avoids activities that challenge his/her balance
__my child looks for and seeks cravings such as bouncing, swinging, merry-go-rounds, rocking, etc
__my child moves all the time
__my child does not like to move or be active

Touch/Tactile Sensation:
__my child does not like to be touched, cuddled or hugged
__my child likes to wear a coat even though it is not needed, or will not allow long sleeves to be pulled up
__my child has trouble keeping his/her hands to self, or likes to poke or push other children
__my child likes to touch everything he/she sees (learns through his/her fingers)
__my child likes to be hugged and likes tight things around him/her

Large motor skills:
__my child seems weaker that other children his/her age
__my child has difficulty running, hopping, jumping, skipping
__my child seems stiff and awkward when he/she moves
__my child is clumsy and seems to fall often
__my child avoids ball activities
**Fine motor skills:**
___my child has a difficult time drawing, coloring, cutting, and avoids those activities
___my child has a difficult time stringing beads, stacking small things, picking up small objects

**Eating:**
___my child has difficult using spoons and forks
___my child drools during meal time or looses food out of the corner of his/her mouth
___my child has difficulty biting off parts of sandwich or chewing meat
___my child needs to have his/her food cut in small bite size pieces
___my child has difficult drinking out of a cup
___my child likes to stuff food in his/her mouth (does not know when mouth is full)
___my child likes to eat too fast
___my child eats very slowly
___my child is a picky eater
___my child has difficulty swallowing milk, water, juice, etc.
___my child gags easily during meals
___my child needs special eating utensils
___my child has special eating needs. Explain

**Behavior/Other:**
___my child does not accept change easily
___my child likes things to stay constant and the same, no matter what
___my child becomes anxious or frustrated easily and has outbursts/meltdowns/blowouts

**Triggers:**

**Resolutions:**
___my child screams: ___Often ___Sometimes ___Never
___my child is impulsive
___my child is accident prone
___my child does not do well in groups larger than 3 or 4 others
___my child's moods change frequently and for no particular reason. Explain

**Other information for staff:**
My child wears hearing aids: _____Yes_____No If Yes, Please indicate the number of aids used
My child knows how to clean ear mold: _____Yes_____No
My child knows how to put on hearing aids: _____Yes_____No
My child knows how to change the batteries: _____Yes_____No
My child likes/ does not like to swim.
Swimming level: ___Beginner ___Intermediate ___Advanced
My child wears glasses: _____Yes_____No When are they used?
My child wears contacts: _____Yes_____No
They can put them in without help: _____Yes_____No
My child wears a retainer (oral prosthesis): _____Yes_____No Type
Has child been hospitalized for Mental Health issues? _____Yes_____No
If yes, please explain:
This application has been completed and is accurate to the best of my/our knowledge and I/we:

Have included a $100 deposit to Camp TALK to process this application and secure your child’s spot. Checks should be made payable to: WOEF Board. (Western Ohio Educational Foundation.)

Understand that if this application is missing information and/or the $100 deposit, processing may be delayed.

Understand that this application is not a guarantee of enrollment and staff will utilize information I have provided to determine if my child is eligible for camp.

Understand that if my child is NOT eligible for camp, my $100 deposit will be returned.

Understand that space is limited for this camp. If the camp is full, I will receive a refund of my $100 deposit.

Understand that the information I have included in this application will not be shared with anyone other than Camp TALK staff.

Have or will include a current copy of my child’s IEP.

Give permission for Camp TALK to contact my/our child’s Speech-Language Pathologist, Resource Room teacher or other specialist to obtain further information, if necessary.

Speech-Language Pathologist
o Name:____________________________________________ 

o Phone: ____________________________________________ 

Special Education Teacher
o Name:____________________________________________ 

o Phone: ____________________________________________ 

Other Specialist
o Name:____________________________________________ 

o Phone: ____________________________________________ 

________________________________________________

Parent/Guardian Signature  Date

You will receive confirmation of acceptance and additional camp information. You may be asked to provide additional information so we can be prepared for your child's individual needs. If you have questions or concerns about the program, we urge you to call (419) 586-0352 or email us at camptalk4you@gmail.com at any time.

Mail your application and deposit to:
Wright State University Lake Campus 
Mrs. Molly Hay 
7600 Lake Campus Dr. 
Celina, Ohio 45822