



Camper Application 2015

Page 1 of 3



A UW Autism Center
Program

Child Information

Last Name: _____ First Name: _____ Date of Birth: _____
Age: _____ Gender: _____ School: _____ District: _____ Grade: _____

Family Information

Parent/Guardian 1

Last Name: _____ First Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____ Daytime Phone: _____
Email: _____ Address: _____

Are you authorized to consent for this child's healthcare? ☐ Yes ☐ No

If yes, please sign here: _____

Parent/Guardian 2

Last Name: _____ First Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____ Daytime Phone: _____
Email: _____ Address: _____

Are you authorized to consent for this child's healthcare? ☐ Yes ☐ No

If yes, please sign here: _____

Additional Child Information

Please describe the best things about your child: _____

Does your child have a current diagnosis? (ASD, Autism, Asperger's, PDD-NOS, ADHD, etc.)

What type of educational setting does your child spend most of his/her academic time?

☐ General Education ☐ Special Education ☐ Self-Contained ☐ EBD ☐ Other _____

Does your child have a 1 on 1 aide? ☐ Yes ☐ No ☐ Other _____

Does your child currently have an Individualized Education Program (IEP) at school? ☐ Yes ☐ No



Camper Application 2015

Page 2 of 3



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Please describe the special education services your child currently receives: (ex. OT, PT, Speech, Math, Writing, Reading; 1x per week for 30 min)

Does your child currently receive any other therapeutic services outside of school?

Please describe: (ex. OT, PT, Speech, Math, Writing, Reading; 1x per week for 30 min)

What are your child's strengths? _____

What are your child's current challenges? _____

Does your child have any medical issues or diagnoses? _____

Is your child currently on any medication? ☐ Yes ☐ No If yes, please specify: _____

Does your child currently play any sports? How is his/her physical mobility? _____



Camper Application 2015

Page 3 of 3



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What strategies are most effective in helping your child when he or she is upset? _____

What areas of development are you hoping to focus on at camp? _____

Any additional info you would like to share: _____

Additional Family Information

Emergency Contact

Last Name: _____ First Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Daytime Phone: _____

Address: _____

Person authorized to make healthcare decisions for your child in an emergency (Legal Next of Kin)

☐ Parent/Guardian 1 (listed on page 1) ☐ Parent/Guardian 2 (listed on page 1) ☐ Other (listed below)

Last Name: _____ First Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Daytime Phone: _____

Email: _____ Address: _____

Guarantor (This person is responsible for paying the bill for services)

☐ Parent/Guardian 1 (listed on page 1) ☐ Parent/Guardian 2 (listed on page 1) ☐ Other (listed below)

Last Name: _____ First Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Daytime Phone: _____

Email: _____ Address: _____

Are you interested in applying for a scholarship to help cover camp fees? ☐ Yes ☐ No

Please note: Apex Summer Camp 2015 Tuition is \$3200. A non-refundable \$200 deposit is required to hold a spot (upon completing screening). A \$200 discount will be applied to applications received by March 31, 2014. Payment in full is due May 31, 2014.

Please list the best day, time, and phone number to contact you:
