



2008 Application Form -- Joey Travolta ASD Summer Film Camp
(Please Complete One Form Per Applicant)

Applicant Name: _____

Date of Birth: _____ Sex: Male Female

School: _____ Grade: _____

Home Address: _____

Home Phone: _____ Email: _____

Mother/Guardian Name: _____ Cell/Work Phone: _____

Father/Guardian Name: _____ Cell/Work Phone: _____

T-Shirt Size (Circle): Adult Sizes: AS AM AL AXL Youth Sizes: YM (10-12) YL (14-16)

Has your child been diagnosed with a disability? No; peer participant*
 Yes; please describe:

Describe your child's interests and educational program: (Favorite activities, topics of interest, school program, community program, in school and/or private therapies, etc.)

*(Peer participant: Parent signature on page 2; then skip to pages 3 and 4.)

Does your child have a full or part time aide at school? No Yes
Will his/her aide be attending this film camp? No Yes. Aide's Name: _____

How does your child understand and interpret information? (Reads, uses written notes to assist with auditory understanding, writes, uses picture schedule or written schedule, etc.)

How does your child communicate? Conversational Phrases Single Words Points to Pictures
What support helps your child communicate better? Verbal Prompts Pictures Written Text
Please describe:

What is challenging for your child in a large group? Attending Asking Questions Asking Questions
 Compromising Contribution to a Group Accepting Feedback Listening to Other's Opinions
 Staying on Track with Task Other; please describe:

What challenging behaviors does your child experience? (Aggression towards classmates/adults, leaving areas without permission, tantrums, fighting, verbal abuse, refusing to complete work, etc.)

Does your child? Ask Questions Stay on Topic of Other's Interest Discuss Topics of Own Interest
 Ask for More Information Make Comments About What Others Say

What type of behavioral support does your child receive? Behavior Intervention Plan (Please Attach!)
 Behavior Services; please describe frequency of support, how support is provided, if assistants are present/what they do:

In what situations is your child the most comfortable?

What situations make your child uncomfortable? (What happens, what makes the situation worse, what helps most?)

Signature of Parent or Guardian

Date



(Please Complete One Form Per Applicant)
2008 Full Release and Indemnification Agreement Form
Joey Travolta ASD Summer Inclusion Film Camp

For and in consideration of my child's, _____ (please print name), participation in the Joey Travolta ASD Summer Inclusion Film Camp from July 7 through 18, 2008, and other valuable consideration, the undersigned parent(s) or guardian(s) consent to their child participating in all activities associated with the camp and release Full Circle of Choices, Joey Travolta ASD Inclusion Film Camp, and St. Mary's College, its members, employees, officers, and/or Board of Directors and all participating volunteers and campers from any liability or claim resulting from any accident or injury sustained by my family member during the camp activities. Further I/we agree to indemnify and assume all expenses, costs and fees, and losses arising from said injury or accident to said family and to hold Full Circle of Choices, Joey Travolta ASD inclusion Film Camp, and St. Mary's College, its members officers and/or Board of Directors, employees and volunteers, consultants, and all campers free and harmless there-from.

Signature of Parent or Guardian

Date

2008 Photograph and Name Release Form
Joey Travolta ASD Summer Inclusion Film Camp

I give my permission to post photos and use my child's name _____ (please print name) on the Full Circle of Choices Website and other promotional material for the Joey Travolta ASD Summer Inclusion Film Camp.

Signature of Parent or Guardian

Date

Payment

Camp fee is \$1,200 per camper. Additional family member camp fee is \$1,080 (10% discount). Payment in full must accompany this application. Please make check payable to Full Circle of Choices. Mail to: Gina Jennings, Full Circle of Choices, 5167 Clayton Road, Suite B, Concord, CA 94521.

My check # _____ is enclosed for payment in full of camp fee.

I am a Regional Center of the East Bay client. My Case Manager Name & Contact Information is:

Signature of Parent or Guardian

Date



Film Camp 2008 Emergency & Permission to Treat Form
(Please Complete One Form Per Applicant)

Camper Name: _____

Camper Date of Birth: _____ Sex: Male Female

Camper Cell Phone: _____ Camper Email (Optional): _____

Mother/Guardian Name: _____

Home Phone: _____ Cell/Business Phone: _____

Email Address: _____

Father/Guardian Name: _____

Home Phone: _____ Cell/Business Phone: _____

Email Address: _____

Does your camper have any of the following:

Medical Conditions or Physical Limitations; please describe: _____

Allergies, please describe: _____

Dietary Restrictions, please describe: _____

Other; please describe: _____

Currently taking medication; please provide: _____

Will medication(s) need to be administered at camp? No Yes (A medication form will need to be completed before the first day of camp.)

Medical Insurance Coverage

Company Name: _____ Member ID #: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Emergency Contacts (If parent(s)/guardian(s) cannot be reached)

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Permission to Treat

In the event I cannot be reached in an emergency, I give my permission to camp personnel to call 911 and/or contact a medical treatment facility or physician to secure proper medical treatment for my child and I will be responsible for any expenses incurred as a result of this emergency.

Signature of Parent or Guardian

Date