



**2018 August Summer Mini-Camp Application**

**July 30 –August 2 (Monday – Thursday) from 9-11am**

**at Salisbury Academy, 2210 Jake Alexander Blvd N.**

Date of application: \_\_\_\_\_

Name of child: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Name of parent(s) / guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list all persons allowed to pick up this child from summer camp: \_\_\_\_\_

Please circle all current insurance carriers/ payment sources for your child:

Medicaid      Private Insurance (Blue Cross, etc)      Other source: \_\_\_\_\_

In case of emergency, please complete the following for emergency contacts #1 and #2:

Emergency Contact#1: Name: \_\_\_\_\_ relationship: \_\_\_\_\_

#1 Phone: \_\_\_\_\_ #1 alternate phone: \_\_\_\_\_

Emergency Contact #2: Name: \_\_\_\_\_ relationship: \_\_\_\_\_

#2 Phone: \_\_\_\_\_ #2 alternate phone: \_\_\_\_\_

In case of emergency, please list your preferred hospital: \_\_\_\_\_

Does your child have a current IFSP, IEP or service plan?      Yes      No

Do you have access to therapy services for your child for this summer?      Yes      Yes, but Limited      No

If you answered "no", please explain: \_\_\_\_\_

Please describe your child's special needs: \_\_\_\_\_

Please describe how you hope your child will benefit from the camp.

\_\_\_\_\_

Does your child have any allergies? Yes No (If yes please describe.)

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Does your child need assistance with feeding? Yes No (If yes please describe.)

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Does your child need assistance with toileting? Yes No (If yes please describe.)

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Does your child need assistance with mobility? Yes No (If yes please describe.)

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How does your child communicate his or her needs?

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Does your child have any special sensory needs? Yes No (If yes, please describe.)

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Please provide any other information concerning your child which will be helpful in guiding his/her experiences in the camp (such as habits, security, fears, likes and dislikes and special needs etc.)

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I understand that all information about my child that I provide to Footprints in the Community will only be shared with camp personnel for the purpose of serving my child in the camp. I understand that data collected during the camp will be used for the purpose of documenting and reporting improvement and in development of the camp. Data will be used in reports provided to individuals outside the camp for the purpose of promotion and fundraising; however, children will not be identified in relation to their individual progress. I understand that photographs and video of my child taken during the camp will be used for promotion of the camp and for Footprints in the Community, which may include, but is not limited to, promotional materials, advertising, fundraising materials, and Footprints website. I understand that in the case of an emergency, Footprints staff will contact my emergency contacts listed herein and will call for medical help as is necessary. I absolve Footprints staff and Salisbury Academy in the event of an emergency during the Footprints camp on SA campus. I understand that if my child is chosen to participate in the camp, he/she will be sent home with activities for me to complete with him/her. I agree to complete the activities with my child and complete the necessary paperwork associated with the activities to document progress during the camp.

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Printed parent/guardian name

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Parent/Guardian Signature

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Date

Applications will be considered in the order in which they are received. All information provided will be used to select camp participants based on their access to therapy services in the summer and the perceived benefit of their participation in the summer camp.

Scan/email completed application to [deatona@bellsouth.net](mailto:deatona@bellsouth.net), fax to 1-877-991-7837,

or mail to: Footprints, 1175 Walton Place, Salisbury, NC 28146