

**ACADEMIC FUN & FITNESS SUMMER CAMP  
APPLICATION FORM**

**2010 Camp Dates: June 14<sup>th</sup> to July 23<sup>rd</sup>**

Parents please complete and return to: Clonlara School, 1289 Jewett Ave, Ann Arbor, MI 48104.  
Use a separate application for *each* child. Include child's MFE results and current IEP, if applicable.

**GENERAL INFORMATION**

**Full day -- \$2,200**

**Full Day** camp fee includes snacks and all activities.

Child's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (MM/DD/YY) Gender M\_\_ F\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Primary Parent's Name \_\_\_\_\_ Other Parent(s) \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Camper resides with: \_\_\_\_\_

**SCHOOL INFORMATION**

Child's School: \_\_\_\_\_ Fall '10 Grade: \_\_\_\_\_  
Guidance Counselor: \_\_\_\_\_ Phone \_\_\_\_\_ May we contact? Y N  
Other School Contact: \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ May we contact? Y N

Please indicate any testing that has been completed:

Multi-Factored Evaluation (MFE)  Evaluation Team Report (ETR)  Neuro Psych Report  
 None

Date of last test: \_\_\_\_\_

Does your child have an:  IEP  504  ISP (Individual Service Plan for private schools)  None?

IEP Effective Dates: \_\_\_\_\_

**NEW CAMPERS:** *We would like to review the most recent testing report (MFE, ETR, Neuro Psych Report) and current IEP in order to serve your child most appropriately. Mail the MFE and IEP with the completed application to Marian Kopp, Camp Director. It will be kept strictly confidential. If your child has not been diagnosed with a disability, just send the application.*

The Camp Director may request a classroom observation of a camper. Enrollment is limited and all prospective campers are screened by the camp director. The documentation and screening will determine if the Academic Fun & Fitness Camp will meet your child's needs. Every effort is made to accommodate the unique needs of each camper accepted to our camp. However, this camp is not designed for every child. The Academic Fun & Fitness Camp is for children ages 8 to 12 with learning differences. Campers with severe behavioral challenges are not suited to this camp. *(In the event that your camper is admitted to camp and we are not made aware of the camper's severe emotional disability or severe behavioral challenges, the camper will be asked to leave and tuition will not be refunded.)*

**ALL CAMPERS:** *If you will be receiving Extended School Year Services we will need the IEP that applies to camp dates by May 15. In order to report camp specific ESY goals to your school at the end of camp we must create progress reports for your child.*

Is there a learning difference? ADD ADHD Dyslexia PDD Asperger's OCD

(Obsessive Compulsive Disorder)

Autism Learning Disability Cognitive Delay Anxiety Traumatic Brain Injury

Seizure Disorder Other (define) \_\_\_\_\_

None diagnosed

Please provide details about any disability: \_\_\_\_\_

\_\_\_\_\_

Is there an emotional disability?

Emotional Disability  Oppositional Defiant Disorder Other

(define) \_\_\_\_\_

Describe the behaviors: \_\_\_\_\_

\_\_\_\_\_

Does your child have sensory issues? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have an aide at school? If so, explain what that means: *(i.e. one-on-one aide or aide for a small group of children)* \_\_\_\_\_

Does your child struggle with social skills? If so, explain what that means, for example doesn't play well with other children, has no friends. \_\_\_\_\_

\_\_\_\_\_

Does your child wander? If so explain what this means: \_\_\_\_\_

\_\_\_\_\_

Please provide a description of the child's school performance from the past academic year and any areas in which you feel improvement is warranted: *(Use another sheet for additional information.)*

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL INFORMATION

Please inform the camp staff of any conditions or physical limitations (including serious injuries, operations, childhood diseases, chronic or recurring illness).

Allergies: **Dogs:** Yes  No  **Milk:** Yes  No  **Nuts:** Yes  No  **list:** \_\_\_\_\_

**Other allergies** (be as specific as possible): \_\_\_\_\_

How are these allergies treated?

Will we be expected to administer medication during camp? Yes \_\_\_\_ No \_\_\_\_

List medications that need to be administered during camp: \_\_\_\_\_

**NOTE:** We will not administer daily injection medication (i.e. insulin). We will use an Epi Pen in case of an allergic reaction.

*Any other pertinent information about your child should be written on another sheet of paper and attached to this application. The more we know about your child, the more sensitive we can be to your child's needs.*

I verify that all of the information on this application is complete and accurate.

\_\_\_\_\_  
Parent's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## BILLING INFORMATION

Name of person to whom billing should be directed \_\_\_\_\_

Address (If different from application information) \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

A minimum deposit of \$275 is required with the application. If for any reason your child is not accepted, the deposit is refundable. Once your child is accepted, enrollment deposits are NOT REFUNDABLE, except in emergencies, which are defined at the discretion of the camp trustees.

The balance for camp is due by May 12, 2010. Payments are non-refundable, upon submission. Partial refunds may be made only in a situation considered an emergency by the camp trustees.

### Payment Options:

\_\_\_\_\_ 1. Deposit check # \_\_\_\_\_ enclosed. Please make checks payable to: **Clonlara School**  
A check for the balance due must be sent prior to May 12, 2010 unless we receive written confirmation from other funding sources that they will be paying the balance.

\_\_\_\_\_ 2. Credit card deposit

Charge a deposit of \$ \_\_\_\_\_ to the following:

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiration date (Please make sure card is valid through June 2010) \_\_\_\_\_ / \_\_\_\_\_

Name (please print name as it appears on the card) \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ Please charge the balance for the tuition to this card on **May 12, 2010**

\_\_\_\_\_ Do not charge the balance due to this card. I will make payment through other means by May 12, 2010.

**NOTE:** Unpaid balances will be assessed a 5% LATE FEE AFTER May 12, 2010. If a credit card payment is denied by the card company, a \$25.00 processing fee will be assessed and another form of payment must be submitted immediately upon notification of the denial.