



## **2023 Camper Registration Form**

**June 12- June 16, 2023, and June 19 – June 23, 2023**

**9:00 am to 12:00 pm for 7-12 ages**

**1:00 pm to 4:00 pm for 13-17 ages**

**Inclement Weather Location:**

**Green Options for Autism (GOAL)**

**1660 Amesbury Road Toledo, Ohio 43612**

**Field Trips planned in the community**

**Parents/Guardian will drop off and pick up from  
Field Trip Locations**

**\$50.00 Registration Fee**

**\$250.00 Camp Fee – Scholarships available**



**Person who can act in the guardian/parent's place during an emergency.**

\_\_\_\_\_  
Name Relationship to Applicant

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone

**OTHER INFORMATION**

Does your child require any adaptive equipment?       Yes       No  
 Wheelchair       Braces       Crutches       Canes  
 Hearing Aid       Glasses       Pacemaker       Walker

**ACTIVITIES OF DAILY LIVING**

In order for us to meet needs for assistance, the following information is requested.  
Please check the appropriate level of care required in each of the following categories:

Dressing     No assist     Supervision     Partial assist     Total assist  
Hygiene/  
grooming     No assist     Supervision     Partial assist     Total assist  
Eating       No assist     Supervision     Partial assist     Total assist  
Toileting     No assist     Supervision     Partial assist     Total assist

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have bladder control?       Yes       No  
Does your child have bowel control?       Yes       No

**\*\*\*If you replied "No", then please provide a change of clothes and any other items, especially diapers, that your child will need for each day that they attend Camp.**

Are there any **dietary restrictions** for your child?  Yes  No

If so, please explain

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Are there any **restrictions on the activities** your child can participate in, such as swimming, play, length of time in the sunlight, naps, etc.?  Yes  No

If so, please explain

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**Medications\*\*\*\*\*:** Is your child on medication?  Yes  No

If yes, please list: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

\*\*\*\*\*NO MEDS WILL BE GIVEN AT CAMP

Does your child have a **heart condition**?  Yes  No

Does your child have **seizures**?  Yes  No

If yes, please explain the heart condition and/or state the **type, frequency, and procedure(s)** to follow during and immediately after a seizure.

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Does your child have any of the following conditions?

Allergies  Asthma  Fainting  Severe Headaches

If yes, please explain the condition including regularity, severity, and the type of treatment provided.

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**Does your child have any health issues not addressed in the application form that you believe Camp staff should be aware of? \*\*Please feel free to include or attach separate documentation**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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**SPEECH AND LANGUAGE:** Complete this section if the applicant has a speech or language impairment.

**Briefly describe the applicant's communication disorder. (State in your own words.)**

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**Check all that apply to your child:**

- \_\_\_\_\_ Able to express ideas verbally.
- \_\_\_\_\_ Able to be understood by others.
- \_\_\_\_\_ Able to comprehend conversation.
- \_\_\_\_\_ Can express thoughts in written form.
- \_\_\_\_\_ Can use and understand new words.
- \_\_\_\_\_ Can comprehend written words.

Does your child qualify for LCBDD Services? If so: Name of Service and Support Specialist

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**Child's Educational Program:**

School Attended: \_\_\_\_\_

Type of Class Placement: Please check appropriate blank

- |                                                                                                      |                                                     |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Regular Education                                                           | <input type="checkbox"/> Full-time SBH/ED Class     |
| <input type="checkbox"/> Regular Education with tutoring                                             | <input type="checkbox"/> Private Special Day School |
| <input type="checkbox"/> Self-contained Special Education Class                                      | <input type="checkbox"/> Residential School         |
| <input type="checkbox"/> Resource Room                                                               | <input type="checkbox"/> Home Schooled              |
| <input type="checkbox"/> Special Education Class with occasional interaction with non-disabled peers | <input type="checkbox"/> Alternate Learning Center  |

Additional information you would like Camp Staff to know about your child's educational background:

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**BEHAVIOR**

Are there any special behavior concerns?    \_\_\_ Yes    \_\_\_ No

Is your child on a Behavior Support Plan?    \_\_\_ Yes    \_\_\_ No

If yes, describe \_\_\_\_\_

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Behavioral Checklist -- Please check what applies:

Trait	Excellent	Good	Fair	Poor
Mood Stability				
Peer Relationships				
Sibling Relationships				
Relations with Adults				
Self- Discipline				
Acceptance of Own Limitations				
Response to Limit Setting				
Impulse Control				

List ways you or your child's teacher manages behaviors:

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List your child's strengths, abilities, and talents: \_\_\_\_\_

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Share with us an area of success he/she has had:

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What does your child struggle most with?

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What things would you like to see your child accomplish at camp?

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**The following information covers fee payment and/or financial assistance for Camp:**

**Please Check One: This section must be completed in order to process the application.**

1. \_\_\_\_ I am paying the full fee and deposit for ASNO Summer Camp.
  
2. \_\_\_\_ I am in need of scholarship and grant opportunities
  
3. \_\_\_\_ I am using an outside source to cover my camp fee (i.e. Family Resources)

**Note: Please state the name of the source and a contact person.**

Name of Source \_\_\_\_\_ Contact \_\_\_\_\_

***\*\*You will be responsible for all co-pays not paid by a third-party source!***

**All fees must be paid in full prior to your child attending camp!**

**Child's Name** \_\_\_\_\_

***Authorizations and Release Statement***

**Please read thoroughly and sign beneath each item:**

***Release of Information***

**I (we) hereby authorize The Autism Society and staff to contact my child's teachers, physicians, and other health care providers during the Camp session I (we) selected. I understand that any information received will be held in the strictest confidence and shared only among The Autism Society and Camp staff for the purpose of coordinating services to my (our) child.**

\_\_\_\_\_  
**Signature/Relationship**

\_\_\_\_\_  
**Date**



*Photo Release*

I (we) consent that photographs taken while at Camp may be used or reproduced by The Autism Society and others with the consent for educational purposes, including illustrations, news media, and publications.

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Signature/Relationship

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Date

*Liability and Medical Release*

I (we) shall hold neither The Autism Society of Northwest Ohio and All camp staff, its cooperating organizations, nor the Camp responsible in case of an accident. In case of an illness or accident, I authorize The Autism Society of Northwest Ohio to arrange for medical treatment. I hereby give my permission for my child to attend ASNO Summer Camp and participate in all camp activities, including field trips elsewhere in the Toledo area, except those activities noted by me (us) or the physician. I (we) have read the Fact Sheet for Parents/Guardians, or it has been explained to me (us) and I (we) fully understand the responsibilities of a parent(s)/guardian(s) of an ASNO Camper.

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Signature/Relationship

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Date

**Please submit all applications to:**

**The Autism Society of Northwest Ohio  
7140 Port Sylvania  
Toledo, Ohio 43617**

**Any questions – Please email Kate Schwartz at  
[executivedirector@asno.org](mailto:executivedirector@asno.org)**