



### Camp Loughridge Autism Inclusion Program Readiness Checklist

Thank you for your interest in this program. This checklist will help you determine your child's readiness for summer day camp.

- Your child has an autism spectrum disorder and is between the ages of 6 – 13 years.
- Your child must be toilet-trained, with or without assistance (no diapers/pull-ups).
- Your child must be able to be away from his primary caregiver from 9:00am – 5:00pm every day for one week.
- Your child must be able to tolerate the weather, including extreme heat, sun (be able to wear sunscreen), and severe weather (tornado alarms, thunder, etc.).
- Your child with autism will be attending a typical summer day camp with supports for inclusion. This is NOT a special needs summer camp.
- Your child must be able to follow the instructions of a one-on-one aide, who is most likely a teen or college student.
- Your child must be able to participate in daily activities including swimming, hiking, chapel, team sports, crafts and other activities. No portable gaming systems, education systems, or video/DVD players will be allowed. (This does not include assistive technology devices used for communication.)
- In order to serve as many children with autism as possible during each summer, campers may attend only 1 session in the autism inclusion program. However, if not all spots are filled campers may request additional weeks on a first come, first serve basis.
- Form #1: Fill out the Parent Questionnaire.**
- Form #2: Fill out the Autism Registration Checklist.**
- Form #3: Fill out the Summer Camp Enrollment Application for Camp Loughridge.**
- Form #4: Fill out the Scholarship Application (optional).**
- Return all forms directly to Camp Loughridge at 4900 W. 71<sup>st</sup> St., Tulsa, OK 74131 or scan and email to registrar@camploughridge.org**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:  
Date Received: \_\_\_\_\_  
Conf. Sent: \_\_\_\_\_  
Tuition Received \_\_\_\_\_

# CAMP LOUGHRIDGE PARENT QUESTIONNAIRE AUTISM INCLUSION PROGRAM SUMMER DAY CAMP 2019

Please return this application to Camp Loughridge:  
4900 W. 71<sup>st</sup> St.  
Tulsa, OK 74131-3459  
registrar@camploughridge.org

Attach Photo Here



## CAMPER INFORMATION:

Camper's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Nickname \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_

Secondary Diagnosis \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Email: \_\_\_\_\_

Does your child need a one-on-one aide in order to attend summer camp?  Yes  No

Does your child have a friend who is applying to Camp Loughridge at the same time?  Yes  No

Friend's name \_\_\_\_\_

Does your child have a sibling who will attend camp at the same time?  Yes  No

Has your child ever attended Summer Day Camp at Camp Loughridge?  Yes  No

Explain \_\_\_\_\_

Will your child be able to participate in the following activities with a one-on-one aide:

- |  |  |
|--|--|
| <input type="checkbox"/> Morning "Pow Wow" (music, fun, skits) | <input type="checkbox"/> Chapel              |
| <input type="checkbox"/> Nature Hikes                          | <input type="checkbox"/> Canoeing            |
| <input type="checkbox"/> Field Sports                          | <input type="checkbox"/> Challenge and Ropes |
| <input type="checkbox"/> Court Sports                          | <input type="checkbox"/> Games               |
| <input type="checkbox"/> Arts and Crafts                       | <input type="checkbox"/> Dance               |
| <input type="checkbox"/> Archery                               | <input type="checkbox"/> Swimming            |

**COMMUNICATION**

Can your child communicate his/her wants and needs?

Yes  No      Speech      Describe: \_\_\_\_\_  
\_\_\_\_\_

Yes  No      Gestures      Describe: \_\_\_\_\_  
\_\_\_\_\_

Does your child use any communication systems?

Yes  No  Verbal Prompt  Visual Prompt  
Describe: \_\_\_\_\_

Does your child ask for help?

Yes  No  Verbal Prompt  Visual Prompt  
Describe: \_\_\_\_\_

Does your child follow simple directions? Does he/she require prompts or gestures?

Yes  No  Verbal Prompt  Visual Prompt  
Examples: \_\_\_\_\_

Does your child understand what is said to him/her?

Yes  No  Verbal Prompt  Visual Prompt  
Explain: \_\_\_\_\_

Does your child easily transition from one activity to another?

Yes  No  Verbal Prompt  Visual Prompt  
Describe: \_\_\_\_\_

Does your child tell you when he/she needs to go to the bathroom?

Yes  No  Verbal Prompt  Visual Prompt  
Describe: \_\_\_\_\_

Does your child require assistance with toileting?

Yes  No  Verbal Prompt  Visual Prompt  
Describe: \_\_\_\_\_

Does your child tell you when he/she needs a break?

Yes  No  Verbal Prompt  Visual Prompt  
Describe: \_\_\_\_\_

Is your child prone to emotional upsets/tantrums? How can we assist your child if they become upset?

Yes  No      Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SAFETY

Does your child pay attention to warnings of danger? Please explain.

Yes  No      Examples: \_\_\_\_\_  
\_\_\_\_\_

Does your child show appropriate fear of unsafe situations? Please explain.

Yes  No      Examples: \_\_\_\_\_  
\_\_\_\_\_

Is your child a flight risk? Has he/she ever wandered off?

Yes  No      Explain: \_\_\_\_\_  
\_\_\_\_\_

Which of the following levels of safety identification would your child wear (check all that apply)?

- Wristband Identification
- Temporary Tattoo
- Shoe Label
- Nametag  Front of Shirt  Back of Shirt
- Ankle Band Identification

Does your child know how to swim?

Yes  No      Explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child:	Never	Rarely	Sometimes	Frequently
Head Butt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinch/Scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Expletives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throw Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse to Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Explain:

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

**SENSORY**

Is your child sensitive to certain or loud noises?

Yes  No Describe: \_\_\_\_\_

Does your child like certain noises or sounds?

Yes  No Describe: \_\_\_\_\_

Is your child sensitive to certain textures?

Yes  No Describe: \_\_\_\_\_

Does your child like certain textures?

Yes  No Describe: \_\_\_\_\_

Is your child sensitive to certain temperatures?

Yes  No Describe: \_\_\_\_\_

Is your child sensitive to certain smells?

Yes  No Describe: \_\_\_\_\_

Does your child like certain smells?

Yes  No Describe: \_\_\_\_\_

Is your child visually sensitive (bright lights, etc.)?

Yes  No Describe: \_\_\_\_\_

Does your child find certain things visually appealing?

Yes  No Describe: \_\_\_\_\_

Is your child a pick eater?

Yes  No Describe: \_\_\_\_\_

Will your child need to bring his/her own meal and snack?

Yes  No Describe: \_\_\_\_\_

Does your child have food allergies:

Yes  No Describe: \_\_\_\_\_

**SUMMARY**

Please describe what this opportunity means for your child:

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Camper Profile for Autism Inclusion Program at Camp Loughridge**

**Camper Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

**In order to facilitate a successful camping experience for your child, we will use the principles of positive reinforcement. We want to encourage and reward appropriate behaviors and be proactive, rather than reacting to inappropriate behaviors. To help the staff accomplish this, we need some information from you. Thanks for your cooperation.**

**1. Please list your child's favorites (If they don't have one, leave it blank. You can write more than one.)...**

Sports/Athletes \_\_\_\_\_

Superhero \_\_\_\_\_

T.V.Show/Character \_\_\_\_\_

Activities \_\_\_\_\_

Video Game/Character \_\_\_\_\_

Hobbies \_\_\_\_\_

Computer Game/Website \_\_\_\_\_

Toy/Game \_\_\_\_\_

Band/Musician \_\_\_\_\_

Song \_\_\_\_\_

Pet/Animals \_\_\_\_\_

Special Area of Interest \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**2. What motivates your child? We want to know what rewards your child will be working to earn for appropriate behaviors?**

Toys/small items \_\_\_\_\_

Theme \_\_\_\_\_

Sensory items \_\_\_\_\_

Food/snacks/candy \_\_\_\_\_

Activity at camp that is particularly rewarding \_\_\_\_\_

Reward Chart/ earning points for bigger reward at end of day? \_\_\_\_\_

\_\_\_\_\_

Earn video game time or other at home \_\_\_\_\_

Verbal Praise/High 5's \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**3. Will your child work better if he/she has access to the written daily schedule that he/she can check off things as they go?**

**4. Will your child work well if they are assigned "special helper" duties such as "line leader" or "head spy for the next adventure"?**

**5. Does your child have a meltdown if playing sports and someone else scores, or they perceive that they do not win? If so, what do they do, and what is the best way to handle it?**

**7. What are the warning signs that your child may have a meltdown?**

**8. What is your child most looking forward to at camp?**

**9. What are your fears/concerns for your child?**

**10. If the staff has a Bag O- Tricks, what would you like to see in there to help your child? (Ex: play doh, stickers, dinosaurs, cars, candy, etc?)**

**11. What else would you like for staff to know about your child?**



## 2019 SUMMER CAMP ENROLLMENT APPLICATION

4900 W. 71<sup>st</sup> St., Tulsa, OK 74131-3459 Phone: 918-446-4194 Fax: 918-446-3535

Summer Day Camp: 6-13 year olds

Early Care 7:30am- 8:30am \$25/Session Late Care 5:00-6:00pm \$25/Session OR Early & Late care \$50/Session

Camper's Name: _____	Phone: _____	D.O.B. _____
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Address: \_\_\_\_\_

### PROGRAM ENROLLMENT

Dates	Please select Summer Day Camp or Adventure Day Camp And indicate if you would like Early or Late Care for your camper	Amount Due
Session 1: June 10-14	<input type="checkbox"/> \$275 Summer Day Camp <input type="checkbox"/> Early Care <span style="float: right;"><input type="checkbox"/> Late Care</span>	\$
Session 2: June 17-21	<input type="checkbox"/> \$275 Summer Day Camp <input type="checkbox"/> Early Care <span style="float: right;"><input type="checkbox"/> Late Care</span>	\$
Session 3: June 24-28	<input type="checkbox"/> \$275 Summer Day Camp <input type="checkbox"/> Early Care <span style="float: right;"><input type="checkbox"/> Late Care</span>	\$
Session 4: 8-12	<input type="checkbox"/> \$275 Summer Day Camp <input type="checkbox"/> Early Care <span style="float: right;"><input type="checkbox"/> Late Care</span>	\$
Session 5: 15-19	<input type="checkbox"/> \$265 Summer Day Camp <input type="checkbox"/> Early Care <span style="float: right;"><input type="checkbox"/> Late Care</span>	\$
Session 6: July 22-26	<input type="checkbox"/> \$245 Summer Day Camp <input type="checkbox"/> Early Care <span style="float: right;"><input type="checkbox"/> Late Care</span>	\$
Session 7: July 29-August 2	<input type="checkbox"/> \$245 Summer Day Camp <input type="checkbox"/> Early Care <span style="float: right;"><input type="checkbox"/> Late Care</span>	\$

<b>Scholarship Fund</b>	If you found that Camp Loughridge was an enjoyable and meaningful experience for your child, please consider a gift to the perpetual endowment fund. The Camp Loughridge Board of Directors established the endowment to underwrite the costs of maintaining the camp. Your help will insure that future generations will also enjoy Camp Loughridge.	\$
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<b>Total Due</b>	Total all charges	\$
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### PAYMENT

A Non-Refundable deposit of \$50 per week is required with each application. The deposit will serve as the initial payment on your total balance. \$

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Name on Check \_\_\_\_\_

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Visa      Card # \_\_\_\_\_ Name on Card \_\_\_\_\_  
 Mastercard      Expires \_\_\_\_\_ Signature \_\_\_\_\_  
 AmExpress      Security Code \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Zip \_\_\_\_\_  
(if different than camper address)

**Balance is due two weeks before camp begins.**       Please charge above card two weeks prior to camp  
 I will send a check or another form of payment two weeks prior to camp



## 2019 Camp Enrollment Application

### Parent/Guardian Information

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_ Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Family Church \_\_\_\_\_ Denomination \_\_\_\_\_  
Email \_\_\_\_\_

Family Status: Married  Divorced  Separated  Single

Camper lives with (circle one)    Both Parents                  Mother                  Father                  Guardian

Camper may be released to \_\_\_\_\_

### Emergency Contact Information

(Someone other than parent-available during camp hours)

Name \_\_\_\_\_ Name \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_ Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_  
Relationship to camper \_\_\_\_\_ Relationship to camper \_\_\_\_\_

### Camper Information

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender: Male or Female

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Camper T-Shirt Included (Please choose one T-shirt size for your camper)

**Child**  Small (6-8)  Medium (10-12)  Large (14-16)                  **Adult**  Small  Medium  Large  Extra Large

How did you hear about us? \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_



**Health Information and Release Form**

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Tribe Friend Request (only one) \_\_\_\_\_

**Circle all that apply and give details below:** Heart Defect Convulsions Diabetes Hypertension Bleeding Disorder  
Mononucleosis Bedwetting Sleepwalking Measles Rubella Mumps Hearing loss Glasses/contacts Braces Asthma  
Allergic to: Poison Ivy/Oak Insect Bites Medications Hay Fever Sports/Activity Limitations Other

Chronic or recurring illnesses \_\_\_\_\_  
\_\_\_\_\_

Operations or serious illnesses (dates) \_\_\_\_\_

Current Medications \_\_\_\_\_

Medications that will be brought to camp with dosage and time to be given (**must be in labeled original container**) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any psychological conditions: \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Is the camper's immunization record in compliance with OK state school requirements for school attendance?  Yes  No

Hospital Preference \_\_\_\_\_

I hereby give permission for the administration of the following medications if deemed necessary by certified first-aid personnel or nurse. Doses will be administered according to directions on label unless directed by a physician.

**Please check the medication your child may be given if necessary.**

- Tylenol       Chewable Antacid Tablets       Benadryl       Pepto Bismal

**Authorization for Treatment** I hereby give permission to the medical personnel selected by Camp Loughridge to order ?-Rays, routine test, treatment; to release any records necessary for insurance purposes; and to provide or arrange any necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. The completed forms may be photocopied for trips out of camp.

**Parent/Guardian signature** \_\_\_\_\_

# Consent Form

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## **Camp Loughridge**

**4900 W. 71<sup>st</sup> St.**

**Tulsa, OK 74131**

**(918) 446-4194**

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The Challenge Course program involves a variety of activities which may include such activities as warm-ups, bending, jumping, climbing (ranging from 2ft. – 50 ft.). There may be times when participants wear harnesses and helmets that assist participants in climbing, falling, and suspending safely. The program follows all safety procedures to reduce, but not to eliminate every risk (e.g., bruises, sprains, & fractures) At times, the nature of these activities may cause the participant to have maximum heart rate in a short period of time. Certain elements of the program are physically, mentally, socially, and emotionally demanding. Participation in each of these various activities is voluntary and the purpose of this briefing and Registration/Health Form is to assist you in deciding whether or not to participate in certain activities. In addition, it allows our facilitators to design a program that maximizes your participation as well as assist you in the event of an emergency.

It is Camp Loughridge’s policy to ensure that our participants have control of their own personal safety. At all times, participants in activities are in control of their own level of participation. During our sessions, you only need to do or attempt to do those things that you choose. It is important that you listen to all instructions and briefings, set your own goals in relation to the group’s goals, make the decision as to your level of participation, and inform others of your choice. You will not be forced to do anything; the choice is your own. During the session we will provide a challenging setting in which to expand your limits while supporting your personal boundaries.

### RELEASE

“The undersigned will be participating in a Challenge Course program. The undersigned acknowledges that the program involves physical activities which, as with any sport, gives rise to the risk of bodily injury or property damage. In consideration of the opportunity to participate in this program and for other good and valuable consideration, I do hereby release and agree to hold harmless camp Loughridge, their respective agents, contractors, employees, officers, directors, and members from any and all liability, demands, suits, actions, claims, or judgments of thereto, for any injury, damage, illness, or death which I sustain during or as a result of my participation in the program or which is in any other way related to the program, whether arising out of my actions or the negligent acts or omissions of the above mentioned parties. I recognize the risks of injury inherent in connection with the program. I acknowledge that this release is being relied on by the above persons in permitting me to participate, and that this release shall be binding on me, my heirs, assigns, and personal representatives.”

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Participants Signature:

Date

**If participant is under 18 a parent/guardian signature is also required:**

Parent/Guardian Signature:

Date

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Complete and return this form **ONLY** if you require tuition assistance. A limited number of scholarships will be available.



## Scholarship Form

Camp fee assistance requests will be considered on a need basis. Please type or print legibly.

Name of camper \_\_\_\_\_

### SCHOLARSHIP INFORMATION

Week child will be attending camp: Week

# \_\_\_\_\_ Check One: \_\_\_\_\_ Summer Camp (age  
6-13)

\$

Less amount you can pay

- \$

Balance is amount of scholarship requested

\$

### PERSONAL INFORMATION

- Why is attending summer camp important to you? (We would like your child's input here.)

To be considered for camp fee assistance, please submit this form with your application. Email [registrar@camploughridge.org](mailto:registrar@camploughridge.org) or mail: Camp Loughridge 4900 W. 71<sup>st</sup> St. Tulsa, OK 74131