



# Application Form

Application  
Due Date  
April 15, 2020

Check one:  Focus Family  Professional  College Student (please indicate class)   
 Staff  Previous Focus Family  Other: \_\_\_\_\_

Thank you for your interest in Camp GIZMO! Camp begins on **Saturday July 11<sup>th</sup>** and ends on **Wednesday July 15<sup>th</sup>, 2020**. Everyone is encouraged to attend all days of camp to have a more complete experience. Everyone applying to attend may bring their children. You will be notified in advance if you are accepted. Please note that priority will be given to first time families, professionals, college students, etc. All others will be registered as space allows.

**Each individual/family applying to Camp GIZMO must complete this application and a Kids Camp Questionnaire for each child applying.**

**Part I: All complete**

Parent(s)/Applicant Name: \_\_\_\_\_  
 Focus Child's Name (if applicable): \_\_\_\_\_  
 Focus Child's Diagnosis (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Professionals and College Students only answer the following questions:**

- Organization/College Name: \_\_\_\_\_
- Discipline/Area of Expertise: \_\_\_\_\_
- Professionals may request to be placed on a team with a specific family/child. If so, please list the child's name: \_\_\_\_\_
- Please list any previous experience with assistive technology:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part II: Focus Family completes**

Assistive technology can help children in many ways such as feeding, positioning, getting around, communicating, seeing, letting people know his/her feelings and needs, playing, hearing, and learning with others. Please list areas you think your child needs help with: (use additional paper if needed)

Things my child needs help with:	How my child does this now:

Please turn over and continue

List any special devices or equipment your child is currently using:

**Part III: All complete**

Please list names of all individuals attending camp, their age, relationship to Parent/Applicant, and any special accommodations that will need to be made during camp for that individual.

Name	Age	Relationship	List any disabilities, diagnoses, and special accommodations needed for each person during your stay at camp <i>(anyone attending camp with specific dietary needs/restrictions is asked to provide options for themselves while attending camp)</i>

**Part IV: All complete**

Registration fees for Camp GIZMO. Please fill in total column on the right. Financial assistance is available for focus families applying to camp. Please contact Sara Miller for more information.

Attendees	Cost	Total
Focus child and two adults	\$50.00	
Additional family members (___)	\$25.00 each	
All others	\$75.00	
Additional family members (___)	\$25.00 each	
		Total:

**Please make checks payable to River Valley Child Development Services.**

**Application deadline is April 15, 2020.**

**Stipends are available by request.**

**Visit [www.wvearlychildhood.org](http://www.wvearlychildhood.org) if additional forms are needed to submit a complete application.**

**Please make sure the following completed documents are included for each application:**

- Application Form       Kids Camp Questionnaire(s)       Confidentiality Policy
- Photo/Video Release       Medical Release       Sibling Group Release (if applicable)

**Please submit all documents and payments to:**

RVCDS/WVECTCR  
Camp Gizmo Registration  
611 7<sup>th</sup> Ave, Suite 322  
Huntington, WV 25701

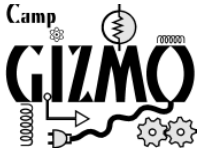
**If you have questions about camp please contact:**

Ginger Huffman, WVDE/OSP – 800-642-8541  
Pam Roush, WVBTT – 800-642-9704

**OR**

**If you have questions about camp/registration:**

Sara Fitzwater Miller, WVECTCR  
304-529-2535 ext. 3459  
Email: [smiller@rvcds.org](mailto:smiller@rvcds.org)



# KIDS CAMP QUESTIONNAIRE

A questionnaire must be filled out for each child applying to come to camp.

THIS FORM WILL HELP US TO MAKE THE WEEK AT CAMP SAFE AND HAPPY FOR YOUR CHILD/CHILDREN. IF WE KNOW YOUR CHILD'S/CHILDREN'S NEEDS AHEAD OF TIME, IT WILL HELP US PLAN FOR HIS/HER STAY. PLEASE FILL OUT THE ENTIRE FORM. PLEASE USE ADDITIONAL PAPER IF NEEDED TO ANSWER ANY QUESTIONS. PLEASE COPY THIS FORM FOR EACH CHILD. THANK YOU FOR YOUR TIME.

**Information:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M or F

Disability, if any: \_\_\_\_\_

Special needs or health issues that would prevent your child from participating in camp activities such as swimming, going out in the sun, going for walks, running, playing with a variety of toys and materials, etc?

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

**Medications:** \*\*Parents MUST give all medications to their own children.\*\*

List all medication child takes, times given, and side effects:

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

**Allergies:** Please list any allergies your child has.

Foods: \_\_\_\_\_ Medications: \_\_\_\_\_

Insects: \_\_\_\_\_ Lotions: \_\_\_\_\_

Other: \_\_\_\_\_

**Toileting:** Please indicate your child's toileting habits. Be as specific as possible.

\_\_\_ Diapers \_\_\_ Toilet Training \_\_\_ Trained w/assistance \_\_\_ Independent

Explain your child's toileting schedule or assistance needed, if any: \_\_\_\_\_

\_\_\_\_\_

**Communication:** Please indicate your child's communication skills. Be as specific as possible.

\_\_\_ Verbal \_\_\_ Non-verbal \_\_\_ Sign Language \_\_\_ Communication Board

\_\_\_ PECS (Picture Exchange Communication System) \_\_\_ Eye Gaze \_\_\_ iPad

\_\_\_ Understands and follows simple directions \_\_\_ Never \_\_\_ Sometimes \_\_\_ Always (please check one)

Other, tell us more: \_\_\_\_\_

Please turn over and continue

\*After completing both sides of this questionnaire for all children attending camp, please attach to your registration form and mail to WVECTCR (address listed on application form).

**Feeding/Eating:** Please indicate your child's feeding/eating level. Be as specific as possible.

\_\_\_ G-tube \_\_\_ Bottle Fed \_\_\_ With assistance \_\_\_ Independent

\_\_\_ Vegetarian diet needed

Food they CANNOT have: \_\_\_\_\_

Special feeding instructions: \_\_\_\_\_

**Assistive technology/Specialized equipment:** Please list all equipment your child is bringing to camp.

**Additional information:** Please be as specific as possible.

List things your child likes to do, what quiets him/her, or really upsets him/her. (For example, loud noises and being moved quickly upsets Johnny. Just let him know ahead of time that you will be moving him, and that if a balloon pops it will make a loud noise.) How do they react to new places, and new people?

List things your child would **NOT** be allowed to do: \_\_\_\_\_

Tell us about your child's daily routines (schedules, nap times, snack routines, etc.): \_\_\_\_\_

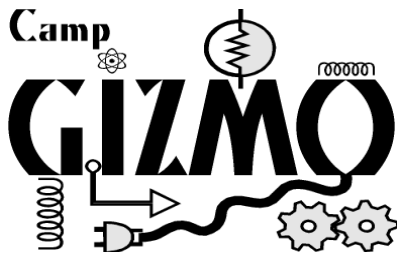
Does your child have hearing/vision problems? Explain. \_\_\_\_\_

Does your child like being around other children?

Does your child have any behavior issues (biting, hitting, hurting themselves, etc.)?

How do you handle their behavior issues?

\*After completing both sides of this questionnaire for all children attending camp, please attach to your registration form and mail to WVECTCR (address listed on application form).



## MEDICAL RELEASE

Name(s) of all adults: \_\_\_\_\_

\_\_\_\_\_

Name(s) of all children: \_\_\_\_\_

\_\_\_\_\_

In Case of Emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Medical Conditions/Allergies that we need to be aware of:

Name: \_\_\_\_\_ Info: \_\_\_\_\_

Name: \_\_\_\_\_ Info: \_\_\_\_\_

Name: \_\_\_\_\_ Info: \_\_\_\_\_

Name: \_\_\_\_\_ Info: \_\_\_\_\_

Name: \_\_\_\_\_ Info: \_\_\_\_\_

Name: \_\_\_\_\_ Info: \_\_\_\_\_

Name: \_\_\_\_\_ Info: \_\_\_\_\_

Insurance Information that would be needed in an emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

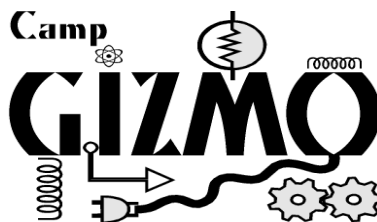
\_\_\_\_\_

The local rescue squad transports to the nearest facility, which is Hampshire Memorial Hospital.

**Signature:** \_\_\_\_\_

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

**This Medical Release is for Camp GIZMO 2020: July 11-15, 2020**



## RELEASE OF INFORMATION/PHOTO/VIDEO

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### PHOTO/VIDEO RELEASE

I, hereby give CAMP GIZMO and the Funders of the camp my free and unlimited consent and permission, waving all claims for any compensation by reason thereof or for damages by reason thereof, to use publish/broadcast, republish/rebroadcast, publish on social media networks or exhibit in the furtherance of its work with or without identification of me by name and/or my children, the irrevocable right and license to use my child(ren) likeness; to edit videotape or film or crop and alter photographs at our discretion, to incorporate the same in the production of media using my child(ren) image or likeness, and to use or authorize the use of the photograph taken of me and my child(ren) at Camp Gizmo becomes the property of the organizations sponsoring the Camp.

### INFORMATION RELEASE

Family and child(ren) information provided by you in the application forms and kids camp questionnaires regarding your child(ren) is shared with appropriate camp staff. Information will be shared as part of the team process at the camp. The names of your child(ren) will be posted for Kids Camp location. Results of Diagnostic Evaluations conducted at Camp Gizmo will be provided to the student's school system or the WV Birth to Three Program for educational programming. Please notify Camp Gizmo coordinators if you do not want to share the reports.

### SIGNATURE:

I, \_\_\_\_\_ hereby consent and agree, individually and as parents or legal guardian of: PRINT NAME(S) OF CHILD(REN)

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

to all the terms and provisions stated above.

Date: \_\_\_\_\_

Dates of Camp GIZMO 2020: July 11-15, 2020



July 11-15, 2020

### Camp Gizmo Confidentiality Policy

Our efforts to provide families the best camp experience at Camp Gizmo will be more effective if we know as much about their child’s developmental, educational, health, disabilities, behavioral and related matters as possible. Camp Gizmo values the privacy of the information that families may share and requires all Camp Participants to sign a confidentiality policy upon arrival at camp.

This is to certify that I, a Camp Gizmo participant, understand that any information (written, verbal, photo, video, or other form) shared during Camp Gizmo must remain confidential. I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty/contract to maintain confidentiality. This includes, the posting of photos, videos, or statements on any and all social media outlets. I agree that no photo, video, or statement containing information regarding a focus family will be posted to my social media pages/stories. I also agree not to post photos and/or comments that portrays Camp Gizmo in a negative manner to any social media pages and or stories including but not limited to Snap Chat, Instagram and or Facebook.

I further understand that my opportunity to serve in the role of staff member, student or volunteer at Camp Gizmo, will be terminated at the discretion of the Camp Gizmo organizers at any time, if they determine it is in the best interests of the families attending camp or of the reputation of the Camp itself.

I have read, understand and agree to the information presented above. All participants 14 yrs and older must sign and date below.

Parent/Applicant Name (should match application form): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Dear Parents,**

**The GIZMO Sibling Group is an opportunity for brothers and sisters of children with special health and developmental needs to obtain peer support and education within a recreational context.**

**The Gizmo Sibling Group will be a lively celebration of the many contributions made by brothers and sisters of children with special needs. The Sibling will acknowledge that being the brother or sister of a person with special needs is for some a good thing, others not so good and for others, somewhere in between. The group reflects a belief that brothers and sisters have much to offer one another.**

**The Gizmo Sibling Group seeks to provide siblings with opportunity for peer support. Because the group is designed (primarily) for school age children (ages 7 and up), peer support will be provided within a lively, recreational context that emphasizes the “kids’-eye-view.”**

**The Gizmo Sibling Group is not therapy, although its effect may be therapeutic for some children.**

**The Sibling Group offers a library of books to be checked out by sibs and parents.**

**The Sibling Group will be held during Kids’ Camp. Each session will be approximately one hour in length. The group will be facilitated by a team of service providers along with adult/adolescent siblings of children with special needs.**

**The Group Goals:**

- 1. The Gizmo Sibling Group will provide brothers and sisters of children with special needs an opportunity to meet other siblings in a relaxed, recreational setting.***
- 2. The Gizmo Sibling Group will provide brothers and sisters with opportunities to discuss common joys and concerns with other siblings of children with special needs.***
- 3. The Gizmo Sibling Group will provide siblings with an opportunity to learn how others handle situations commonly experienced by siblings of children with special needs.***

**If you have any questions or concerns about your child’s participation in the Gizmo Sibling Group, please speak with your team leader when assigned.**



# Camp Gizmo 2020 Sibling Group Release Form

I, \_\_\_\_\_, give my permission to  
allow my child(ren):

(ages 7 and up and please list child(ren) and age)

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to attend the Camp Gizmo Sibling Support Group. The activities will include games, crafts, snacks and time to talk about their special needs siblings in a group setting. No one is required to talk about their brother/sister but the opportunity will be open for all who do. Because a feeling of safety/security is essential, any conversations about brothers/sisters are confidential.

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Parents Signature and Date

Please return with your application by April 15, 2019:

Sara Fitzwater Miller, WVECTCR

Attn: Camp Gizmo

611 Seventh Ave, Suite 322

Huntington WV 25701

[smiller@rvcds.org](mailto:smiller@rvcds.org)