



Application Form

Application
Due Date
April 15, 2018

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 7th and ends on Wednesday July 11th, 2018. 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: |
|----------------------------------|-----------------------------|
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Please turn over and continue

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

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Part III: All complete

Please list names of all individuals who will be attending camp with you, their age, relationship to you, 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> |
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Part IV: All complete

Registration fees for Camp GIZMO. Please fill in total column on the right. Financial assistance is available for families applying to camp. Please contact LeAnn Ruddle 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, 2018.

Stipends are available by request.

Visit 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 payment to:

WVECTCR
 Camp GIZMO Registration
 611 Seventh 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:

LeAnn Ruddle, WVECTCR - 304/529-7603 ext. 410
 Email: lruddle@rvcds.org