

Last Name: _____
Season/ Session: _____



Day Camp Program
6753 University Avenue, San Diego, CA 92115
(619) 269-1470 / Fax: (619) 269-0272

INCLUSION IN-TAKE FORM

Directions: Carefully read and thoroughly complete each answer. Clearly print all responses. This form has been prepared to provide accommodations and support for RJKCCC Day Camp program campers and their families.

Contact Information

Camper Name: _____ Nickname: _____

Date of Birth: _____ School: _____ Grade: _____

Parent/ Guardian Name(s) _____

Complete Address: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Best time to call: _____

Ability Profile

Describe your child's level of ability: _____

Will your child be taking medications either at home or at camp during the camp session? If yes, please list the medications. *(Note: Any medications dropped off at camp must be in their original container with prescription label; parents must complete the Medication Information Sheet before leaving the medication with camp staff).* _____

What type of daily living assistance/ accommodations does your child need? _____

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Indicate which of the following camp activities you foresee your child needing accommodations for in order to successfully participate. If known, please list the type of accommodation(s) requested below.

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Morning rally | <input type="checkbox"/> Ice skating | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Arts & crafts | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Tag games |
| <input type="checkbox"/> Board games | <input type="checkbox"/> Library | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Lunch | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cards | <input type="checkbox"/> Movies | |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Skateboarding | |
| <input type="checkbox"/> Traditional sports | | |

Getting to know YOU - Parents, please work with your child to complete the following sections. This information will help us get to know him/ her better and how we can best support a successful time at camp.

List three things you like to do for fun.

1. _____
2. _____
3. _____

I'm looking forward to trying the following activities at camp:

- | | | |
|--|--|--|
| <input type="checkbox"/> Morning Rally | <input type="checkbox"/> Library | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Field/ Gym Sports | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Parachute games |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Rock Wall | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Card Games | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Tag Games | <input type="checkbox"/> Other: _____ |

Please draw us a picture of yourself with words (*example: I love to swim and ride my bike, I collect rocks and do not like meeting new people*). _____

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For Parents:

If known, how would you describe your child's learning style? (*example: visual, auditory, kinesthetic*)

List anything that upsets (stresses) your child such as loud noises, lots of people, or having to stop doing an enjoyable activity. _____

List techniques or "tools" that help your child calm down when stressed (*example: speaking quietly, having something to hold or "fidget" with, taking deep breaths*). _____

What tips or tricks work for you, school, or other recreation settings to help your child with the following:

- ✓ Make new friends: _____
- ✓ Speak respectfully to others: _____
- ✓ Avoid using hands or feet in ways that might hurt himself or others: _____
- ✓ Remain with his or her assigned group: _____
- ✓ Diminish or decrease fidgeting or repetitive behaviors: _____
- ✓ Be helpful with group projects (picking up after lunch, playing on a team): _____

What positive reinforcements help your child to recognize when s/he is doing a good job? _____

Please understand that poor choices (negative behavior) result in negative consequences. We anticipate all campers will show safe, respectful and acceptable behavior. In the unlikely event your camper earns negative consequences; please tell us what you find to be most effective in correcting the behavior. _____

My child needs the following:

- His or her own schedule
- Hand signals to change a behavior
- Verbal reminders (it's time to get ready for the next activity.) How many times? _____

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- Visual reminders (pictures or cards with 10 and 5 minute) reminders of when it's time to get ready for a new activity.
- Incentive/ sticker chart
- A Behavior Success Plan
- Partial participation in the following activity area(s): _____
- To sit next to a counselor (when and why): _____
- Team talk (verbal or written successes / challenges) How frequently? _____

Parents, please read the below expectations for EVERY camper with your child and sign (or mark), acknowledging your understanding. Additional age-appropriate group expectations are reviewed at the beginning of each session with the group counselors.

1. Stay with the group at all times.
2. Keep hands and feet to oneself; choose to use hands and feet for helping; not hitting, punching or kicking others or the property of others.
3. Listen to all instructions given by staff. (If a child needs alternative ways of receiving information and instructions, please be sure to indicate such needs on this form).

Parent Signature: _____

Date: _____

Camper Signature: _____

Date: _____

Day Camp Staff Signature: _____

Date: _____