



# 2019 Pathways Pioneers Summer Program Application

<input type="checkbox"/> New Camper <input type="checkbox"/> Returning Camper		<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Camper's Name:</b>		DOB:	Age:	Grade:
<b>Parent/ Guardian/Caregiver:</b>				
Address:	City:	State:	Zip:	
Home Phone:	Cell Phone:	Email:		
<b>Parent/ Guardian/Caregiver:</b>				
Address:	City:	State:	Zip:	
Home Phone:	Cell Phone:	Email:		
<b>Party Responsible for Payment:</b> <input type="checkbox"/> Parent <input type="checkbox"/> School				
<b>If school is paying, name of school and contact person:</b>				
School Address:	City:	State:	Zip:	
Office Phone:	Email:			
<b>Camper Information:</b>				
Diagnosis 1: _____		Diagnosis 2: _____		
Additional related diagnoses: _____				

**Camp Cost:** \$600.00 for the week which would include a \$100 non-refundable deposit (Total = \$600.00) **\$100.00 non-refundable deposit is due by June 14, 2019.** Remaining balance due prior to the week your child is enrolled in camp. Please send completed form and payment to: Pathways Strategic Teaching Center, 75 Centre of New England Blvd., Coventry, RI 02816- ATTN: Mackenzie Milner

**Please Indicate which week(s) your child will be attending Camp (Monday-Friday from 8:30a-2:30p):**

- Week 1 (7/8-7/12)**     **Week 2 (7/15-7/19)**     **Week 3 (7/22-7/26)**  
 **Week 4 (7/29-8/2)**     **Week 5 (8/5-8/9)**

**Parent/ Guardian Drop Off/Pick Up:** Camp Westwood, 2093 Harkney Hill Road, Coventry, RI 02816

**Indicate whether you are interested in additional information regarding financial assistance for your child:**     Yes       No

**Registration deadline is June 14, 2019**

## CAMPER PROFILE

<b>Camper's Name</b>	<b>DOB</b>	<b>Date</b>
<p><i>Please complete the following sections and provide as much detail as possible. This information will help us create a successful experience for your child.</i></p> <p>Please check all items that apply to child's present health. Thoroughly explain any checked answers.</p>		
<b>ALLERGIES</b> (list below): <input type="checkbox"/> No known allergies		
<input type="checkbox"/> Food (include any dietary restrictions):		
<input type="checkbox"/> Insects/Plants:		
<input type="checkbox"/> Medicine Allergies:		
<b>Treatment</b> for any of the above that Pathways may need to perform.		
<input type="checkbox"/> Epi Pen <b>**Doctor's order required**</b>		
<input type="checkbox"/> Other:		
<b>Medications</b> <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please list the medications below. Please indicate if a medication must be administered at camp. If yes, <b>**a doctor's order is required**</b> .		
<input type="checkbox"/> Admin at camp		Time:
<input type="checkbox"/> Admin at camp		Time:
<input type="checkbox"/> Admin at camp		Time:
<b>Physical limitations:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please explain:		
<b>***IMPORTANT*** Immunization Records are due before the start of the program</b>		
Recent history of hospitalization or other <b>important information for Camp Nurse</b> to know:		
<p><i>Please complete the following information, in the event that an emergency arises and we must contact you. Include information about how to reach you or another designated person during camp hours.</i></p>		
<b>Emergency Contact Name</b>	<b>Relationship</b>	<b>Work Phone</b>
<b>Cell Phone</b>		
<b>Emergency Medical Information</b>		
Name of Physician:	City:	Phone:
Hospital of Choice:		
<p><i>In case of emergency, I understand that every effort will be made to contact me or the contact people listed above. If I cannot be reached, I understand that staff will use a standard 911 protocol.</i></p>		
Signature of parent/guardian:		Date:
Printed name of parent/guardian:		

**Camper's Name:**

**Past Camp Experience**  Yes  No (if YES, Please Specify):

**Child's Likes:**

**Child's Dislikes:**

(favorite movies, characters, foods, games, music...etc.) (sounds, smells, touch, movement, foods etc.)

**Please describe your child's level with the following skills:**

	<b>Complete Assistance</b>	<b>Partial Assistance</b>	<b>Independent</b>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/> w/floatation	<input type="checkbox"/> w/floatation	<input type="checkbox"/>

**Comments:**

Not yet trained –please tell us your child's habits and required supports so we may ensure his/her comfort and privacy.

**Please indicate if your child engages in any of the following behavior:**

Elopement                       Disrobing                       Aggression                       Property Destruction  
 Self-Injury                       Other

**Does your child exhibit any of the following? If yes, please describe.**

When my child gets anxious she/he:

When my child is excited she/he:

When my child gets frustrated she/he:

Camper's Name:

**COMMUNICATION**     *Circle One:*    **Vocal**    **Non-Vocal**

<b>Does your child:</b>	<b>Independent</b>	<b>Requires Prompting</b>	<b>Comments</b>
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Follow non-verbal directions?

Follow verbal directions within familiar routines?

Follow verbal directions within novel activities?

Utilize visual supports to follow directions?

Use pictures/communication device/ or other augmentative communication

Require processing time to follow directions?

Make requests for basic wants and needs?

Comment on environment or the unexpected (oops!)?

Converse with peers/ adults?

**SOCIAL DEVELOPMENT**

<b>Does your child:</b>	<b>Independent</b>	<b>Requires Prompting</b>	<b>Comments</b>
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Engage in solitary play?

Play same toy alongside peers?

Engage in group play?

Share materials?

Take turns with peers?

**EMOTIONAL DEVELOPMENT**

<b>Does your child:</b>	<b>Independent</b>	<b>Requires Prompting</b>	<b>Comments</b>
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Request a break when upset?

Express feelings?

Indicate relaxation?

Request assistance?

Accept help?

Express confusion ("I don't know")?

Indicate likes/dislikes?

Respond to praise?

Does your child:	Independent	Requires Prompting	Comments
Make transitions?	<input type="checkbox"/>	<input type="checkbox"/>	
Recognize personal belongings?	<input type="checkbox"/>	<input type="checkbox"/>	
Organize needed materials for outings?	<input type="checkbox"/>	<input type="checkbox"/>	
Make choices?	<input type="checkbox"/>	<input type="checkbox"/>	
Wait when directed?	<input type="checkbox"/>	<input type="checkbox"/>	

Please describe your child's communication:

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Please add any comments you feel staff should know and areas of concern for supporting your child at camp:

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# PATHWAYS STRATEGIC TEACHING CENTER

75 CENTRE OF NEW ENGLAND BLVD

COVENTRY, RI 02816

PHONE: 401-615-2775

FAX: 401-615-2881

A PROGRAM OF J. ARTHUR TRUDEAU MEMORIAL CENTER

## CONSENT FOR RELEASE OF PHOTOGRAPHIC/ VIDEO REPRESENTATION

This document authorizes Pathways Strategic Teaching Center the use of photographs (still prints and/or video or digital images) of:

\_\_\_\_\_  
(Student's name)

for the purpose of updating student records, assessments, trainings, and general presentations about the Pathways program.

This statement must be signed and dated to be valid. The consent will remain valid while enrolled at Pathways Strategic Teaching Center and may be revoked at any time except to the extent that action has been taken prior to revocation.

- I hereby declare my understanding and consent to the disclosure of the photographic representation for the purpose(s) and extent stated above.
- I do not consent to the disclosure of photographic representation for any purpose.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed



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## BEHAVIOR MANAGEMENT PROCEDURES

I, \_\_\_\_\_, have reviewed the description of  
*(Name of parent/ legal guardian)*

the crisis management procedures provided. I am aware that Safety Care® procedures will be used for crisis intervention. These procedures will be implemented from least to most restrictive depending on the nature of the situation and may include physical restraint. Crisis intervention procedures may be utilized when the student is a danger to him/her-self or others and/ or no other intervention has been or is likely to be effective in averting the danger.

Having read the information above and the attached description of the crisis management procedure, I agree that Safety Care® may be utilized with

\_\_\_\_\_ When deemed necessary by Pathways staff.  
*(Name of student)*

\_\_\_\_\_  
*Parent/ Legal Guardian Signature*

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



Pathways Strategic Teaching Center

## 2019 Pathways Pioneers PERMISSION TO PICK UP CHILD

Child Name:	DOB:
Parent Name:	Date:
Address:	Phone:

**Please attach a photo of your child here:**

Please complete the following information in the event that someone other than yourself may pick up your child from Camp. You must notify us in advance of who will be picking up your child. Please note that we may ask that person to present identification to verify his/her identity before releasing your child to him/her.

Name	Address	Relationship	Phone #

<b>Signature of parent/guardian:</b>	<b>Date:</b>
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**Printed name of parent/guardian:**



**2019 Pathways Pioneers**  
**PAYMENT INFORMATION (Confidential)**  
**Tuition for camp (per week): \$600.00**

<b>Camper Name:</b>	<b>Date of Birth:</b>	
<b>Parent Name:</b>		
<b>Billing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Non-Refundable Deposit (\$100.00) required *Fee must be paid before registration can be processed.</b>		
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		
<b>Method of payment for Camp Tuition</b>		
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		
<input type="checkbox"/> Camp \$600.00 (\$600.00 total including \$100.00 Non-Refundable Deposit Fee)		
<input type="checkbox"/> Total Amount of Financial Assistance Received: \$_____		
<b>Total Payment \$_____</b> Please make checks payable to: <i>J. Arthur Trudeau Memorial Center</i>		

<b>FOR OFFICE USE ONLY</b>		
Payment Received: ___/___/___ \$_____	Initials _____	Financial Assistance: _____
Parent Portion: _____		

# 2019 Pathways Pioneers

## Demographic Survey: Camper (s)

Information is requested for data purposes only. Please do not include you or your child's name on this form

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**Participant's Sex**     male     female     other     prefer not to answer

**Participant's Age**     5-8     9-12     13-16     17-20     21 and up (Please specify) \_\_\_\_\_

**Household Income Range** (Please consider all who live in and contribute money to the household)

\$0-\$19,999     \$20,000-\$34,999     \$35,000-\$49,999     \$50,000+     prefer not to answer

**Race (please check all that apply)**     American Indian or Alaska Native     African American or Black

Asian     Native Hawaiian or Other Pacific Islander     White     prefer not to answer

**Ethnicity (please check one)**     Hispanic or Latino or Spanish Origin<sup>a</sup>     Not Hispanic or Latino or Spanish Origin     prefer not to answer

<sup>a</sup>Defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Primary Diagnosis (Child 1)**     Autism Spectrum Disorder     Autism     Childhood Disintegrative Disorder  
 Retts Syndrome     Fragile X     Non-Verbal Learning Disorder     PDD     PDD-NOS  
 High Functioning Autism     Asperger Syndrome     Downs Syndrome     Intellectual Disability  
 Developmental Disability     Other \_\_\_\_\_

**Primary Diagnosis (Child 2)**     Autism Spectrum Disorder     Autism     Childhood Disintegrative Disorder  
 Retts Syndrome     Fragile X     Non-Verbal Learning Disorder     PDD     PDD-NOS  
 High Functioning Autism     Asperger Syndrome     Downs Syndrome     Intellectual Disability  
 Developmental Disability     Other \_\_\_\_\_

**Preferred Language spoken in your home:**

English     Spanish     Portuguese     Arabic     Creole     Swahili     Hindi     Mandarin  
 Other \_\_\_\_\_     prefer not to answer