



Please preregister online at: <https://auttieworld.org/summer-camp-registration>

Please fill out this application and turn it into our office (via email or USPS), to secure your campers spot at: 101 N. 7<sup>th</sup> Street, Louisville, KY 40202, [information@auttieworld.org](mailto:information@auttieworld.org)

**LOCATION:**

Tennessee State Universities CAMA Program \_\_\_\_\_

California Community Center \_\_\_\_\_

Boys and Girls Club of Kentuckiana \_\_\_\_\_

**Participant Info:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M  F

Weight \_\_\_\_\_ Height \_\_\_\_\_

School Attended \_\_\_\_\_

T-shirt Size: Youth: S  M  L

Adult: S  M  L  XL  XXL  XXXL

**Parent/Guardian Info:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_



City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Type: cell  home  work

Secondary Phone \_\_\_\_\_ Type: cell  home  work

Email \_\_\_\_\_

Employer \_\_\_\_\_

**In case of Emergency:**

In the case of emergency if the guardian cannot be reached, please contact:

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

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

**Health**

Does the participant have allergic reactions? Yes  No

If yes, what are those reactions and the protocol? \_\_\_\_\_

**Does the participant:**

Wear glasses/contact lenses: Yes  No

Run away or is he/she a "runner"? Yes  No

Exhibit self-injurious behaviors? Describe those behaviors \_\_\_\_\_

Use a wheelchair: Yes  No  Crutches: Yes  No  Walker: Yes  No

Have emotional upsets: Yes  No  Sometimes

If yes, what usually triggers emotional upsets?

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

What normally calm down the participant if he/she becomes upset?

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

What are identified rewards or motivators for your child? \_\_\_\_\_



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Is the participant verbal? Yes  No  Limited Speech

Does he/she have trouble communicating wants and needs? Yes  No  Limited Speech

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Does he/she have a behavior plan? Yes  No  **If Yes, please provide a copy**

Typical camp activities include yoga, gym activities, board (table top) games, non-cooking preparation (veggies and fruits), arts and crafts and more. Please describe or attach any instructions or precautions that should be taken during routine camp activities \_\_\_\_\_  
\_\_\_\_\_

Please list any camp activities in which the participant may NOT participate:

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Medical Information:

Has permission to take over the counter drugs (**given by a guardian**) during camp session: Yes  No

Please list all medications the participant takes. **Please do not leave this with our staff. We are not licensed to administer any medication during our camp session.** The medication form is just for our records to know what the child is on, and if any situations should arise for us to contact you regarding any unforeseen situations (i.e. unexplained behavior). Please make every effort to administer medications to your child **prior** to daily arrival at camp.

Medication Name	Total dosage per administration	Total # of pills per administration	Special instructions	Specific times to administer



It is agreed that Auttieworld, Inc. assumes no responsibility for the participant's personal property and is released from liability in connection with camping activities and medication administration, except as covered by the participant's insurance. I understand that my participant will be outside participating in various recreational activities.

Parent/ Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Volunteer Opportunities:

*Circle all days and times you are available to volunteer at Auttieworld, Inc.*

I am available to volunteer on the following days of the week: M T W TH F.

I am available to volunteer during the following times: 1pm-4pm, 3-5pm, or other.

Auttieworld, Inc. Release Form:

**Permission is Hereby Granted** for official representatives of Auttieworld, Inc. and the business or individuals it designates to photograph my child while participating in the 20\_\_\_\_ Auttieworld, Inc. These photos will be used for the sole purpose of promoting, reporting or publicizing the work and program of Auttieworld, Inc. Such promotion may include the use of my participant's name and picture or newspaper or other print media/promotions, DVDs, television news and /or the Auttieworld, Inc. website. I also give my permission to for observations of my child to be conducted, and research and statistical data collected, so long as confidentiality of information is maintained. For purpose of Visual Holistic Arts being furthered and developed into a full-time program.

Participant's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Copy of insurance card**

Front

Back



### HOLISTIC VISUAL ARTS



### 2019 PRE CAMP SURVEY

As a parent/guardian, it is my hope that Auttieworld, Inc. will offer my child:

1. Maintenance/Improvement in the areas of social/emotional/behavior. YES \_\_\_ NO \_\_\_
2. Maintenance/Improvement in the area of Motor and Movement. YES \_\_\_ NO \_\_\_
3. Maintenance/Improvement in the area of Communication. YES \_\_\_ NO \_\_\_
4. Interaction with typical peers. YES \_\_\_ NO \_\_\_
5. Safe and Dignified High Quality Care. YES \_\_\_ NO \_\_\_
6. Maintenance of a routine to preserve continuity for a conducive return to school in August. YES \_\_\_ NO \_\_\_
7. An opportunity to participate in a summer experience similar to typical peers. YES \_\_\_ NO \_\_\_
8. Parent or family member was able to maintain employment or had opportunity to seek employment. YES \_\_\_ NO \_\_\_
9. Parent or family member participated in at least one parent involvement event (Holistic Art Camp, Art Showcase, etc.). YES \_\_\_ NO \_\_\_