



# Camp I CAN

*(Camp Including Children with Autism Now)*



## Mission Valley YMCA / Toby Wells YMCA



### What is “Camp I CAN”?

The purpose of this camp is to provide children with autism a day camp experience that will allow them to feel comfortable in a safe, fun and nurturing environment.

### Who is this camp designed for?

Children with autism between the ages of 6-12, 9-14 and one teen week at Toby Wells for ages 13-17. Participating families must live and/or work in San Diego County.

### Where is this camp located and at what time?

Camp I CAN will operate for 5 one-week sessions Monday through Friday from **9:00 a.m. - 3:00 p.m.\***

Please read the information below carefully.

#### Toby Wells YMCA Location

5105 Overland Avenue, San Diego, CA 92123

| <b>Camp Dates</b> | <b>Ages</b>                          |
|-------------------|--------------------------------------|
| July 25 - July 29 | 6 - 12                               |
| August 1 - 5      | 9 - 14                               |
| August 8 - 12     | 6 - 12                               |
| August 15 - 19    | 13 - 17                              |
| August 22 - 26    | 6 - 12 (High Functioning/Asperger's) |

\*Please note: Extended care available at an additional cost.  
(Please see registration form for information).

## How much does “Camp I CAN” cost?

The cost to you is only \$200.00 per week for San Diego County Chapter Autism Society members and \$250.00 for non-members. This camp is funded in a large part by the San Diego Autism Society, the Mission Valley YMCA and other agencies. Financial Assistance is available for all participating families. See parent information.

## What will my children be doing in this camp?

Your child will be in a camp with a maximum of 25 children. Staffing will be one camp leader for every 1-2 campers. Ratio to be determined based upon camper’s needs and camp supervisors discretion. Activities will include a daily field trip, and swimming on some afternoons. Field trips may include: Pump It Up, Belmont Park, Boomer’s, Birch Aquarium, the San Diego Zoo, and Chuck E. Cheese. In addition to the field trips, campers will have an opportunity to interact with the other day camps that operate out of the YMCA. Camp activities include games, puzzles, songs and other activities.

## How do I register?

Due to a limited number of spaces, registrations will be on a first come basis. **You may only register your child for one week of the five weeks offered.** Make sure you indicate your 1st, 2nd and 3rd choices on the registration form. **All registrations must be mailed, faxed or brought in to:** *(beginning March 21, 2011 at 8:00 a.m.)*

**Mission Valley YMCA**  
5505 Friars Road, San Diego, CA 92110  
619-298-3576 • Fax: 619-298-4341

## What Do I Do Next?

**If you are interested in enrolling your child, please complete the steps listed below.**

### Enrollment Checklist:

- \$100.00 per child non-refundable deposit made payable to the YMCA.  
*(We accept MC, Discover, Visa, American Express, Cash or Personal Checks).*  
You may pay entire balance at anytime before July 8, 2011.
- Complete assessment form and registration form.
- Mail, fax (only accepted with credit card payment) or bring to the

**Mission Valley YMCA**  
5505 Friars Road, San Diego, CA 92110  
Fax: (619) 298-4341 Attention: Corres Robinson

**We will begin accepting applications on March 21. Do not register before March 21 or your application will be returned to you. Please allow 3 weeks for processing. You will be notified of your status within 30 days.**

For more information, please contact Jason Williams at 858-496-9622, ext. 14007  
or [jwilliams@ymca.org](mailto:jwilliams@ymca.org)

For registration, please contact Corres Robinson at 619-298-3576, ext. 11234  
or [crobinson@ymca.org](mailto:crobinson@ymca.org)



# Parent's Information

## Camp I CAN

### Philosophy of YMCA Camp Programs

The YMCA is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.

The YMCA is dedicated to continuing the tradition of camping, to mold the lives of our youth and to create friendships and memories that last a lifetime. Thank you for joining us this summer.

### THE GOALS OF Y-CAMP

All YMCA camps are designed to meet the following goals. Each camper will:

- Learn to appreciate oneself, gain confidence and self esteem.
- Develop values for living.
- Learn to appreciate the natural environment and work toward its conservation.
- Develop positive relationships.
- Develop skills in leadership and group support.
- Learn responsibility.
- Learn to appreciate diversity.
- Learn new skills.
- Develop a balanced life: physically, mentally, socially and spiritually.
- Have fun and get dirty.

### REGISTRATION POLICIES AND PROCEDURES

#### FORMS

All registration and emergency forms must be completed and on file with YMCA.

#### DEPOSITS

A \$100 non-refundable payment fee is due upon registration. Along with all forms completely filled out.

#### FEES

PAYMENT IN FULL is due by July 8, 2011 — NO EXCEPTIONS!

#### FINANCIAL ASSISTANCE IS AVAILABLE

The YMCA has raised funds for Camperships to help families in need. To apply, complete a Summer Camp financial assistance form, attach required documents and return it to the YMCA. Required documents are a current pay stub, current bank statements, 2010 Federal tax return, and W2.

APPLICATIONS ARE ACCEPTED STARTING APRIL 11, 2011 AND WILL BE AWARDED BASED UPON AVAILABILITY.

If you wish to make a CONTRIBUTION to the YMCA 2011 Annual Support Campaign you may do so by sending your donation to the YMCA specifically earmarked for a Campership or Camp. Call the YMCA for more information.

### RETURNED CHECK CHARGE

The charge for a returned check is \$20. If this happens a second time, a cash payment agreement will need to be made.

### REFUND POLICY

- If the YMCA cancels the camp we will give you a full refund.
- If you request to cancel 14 calendar days in writing prior to the first day of the program, you may receive a credit less your deposit.
- If you cancel anytime after the above time line, we may (depending on circumstances) issue you a prorated Y-VOUCHER, depending on where and when you cancel. The Y-VOUCHER may be applied toward any Mission Valley/Toby Wells YMCA programs. This Y-VOUCHER will expire 6 months from the date of issue.

### NONDISCRIMINATION CLAUSE

All YMCA programs are open to all persons regardless of race, creed, color or national origin.

### COMMUNICATION WITH THE YMCA

Exchange of information between parents and staff provides insight for both parties. The format may be formal or informal. It is vital that you inform us of changes happening in your family. Changes at home include: moving, hospitalization of a sibling or parent, altercations in the parent's relationship, etc. These influence the way in which your child relates to others. Staff members can better provide for a child's needs if they are aware of the situation. We will treat this information with the utmost confidence.

### IN CASE OF AN EMERGENCY

If you need to get in touch with your child in case of a family emergency, call the Toby Wells YMCA at 858-496-9622, ask for Jason Williams, ext. 14007.

### LATE DROP OFF

If you drop off your child for Camp I Can after the bus has left, the parent is responsible for transporting his/her child to the camp location. The YMCA will not send a vehicle back to pick up late campers nor will we deliver a child to the program.

## PROCEDURE FOR LATE PICKUP

A late fee is required if your child is picked up after 3:00 p.m. A \$1/minute fee is charged, and is payable to the YMCA.

If a child has not been picked up by 4:00 p.m., we refer to their emergency information and begin calling the numbers listed. If, by 5:00 p.m. we have not heard from you, we would have no alternative but to turn the child over to Child Protective Services.

## SIGN IN & OUT

The YMCA requires that all children are to be properly signed in by an adult (18 years of age or older) and turned over to a YMCA staff person. This helps ensure the safety of your child. PLEASE

NOTE: It is our responsibility to see that your child leaves with the appropriate person each day. Until we get to know all our parents, we will ask for identification. Please do not be offended. This is done with the child's safety in mind.

## DISCIPLINE POLICY

Our camp staff is trained and is expected to resolve misbehavior problems in a positive manner. In more severe cases, a parent will be contacted. Together, parent and YMCA staff will work out a custom-designed behavior modification method depending on the severity of the problem. If your child is currently on a behavior plan, please include the plan with the assessment form. In the event the problems still exist, your child may be suspended or expelled from the program. Our policies do not grant refunds or credits for missed program days due to a misbehavior problem.

## OTHER CAMP INFORMATION

### TRANSPORTATION

Day camp children will be transported to and from daily activities in school buses leased from Laidlaw or owned by the YMCA. Our drivers are required to hold a DMV Class B certificate, pass our insurance guidelines for a good driving record, hold current certification in First Aid and CPR and complete a classroom and behind the wheel training program.

### LUNCH

At Y Day Camp you're asked to send a lunch. We would encourage you to plan for a nutritious meal that does not have high sugar foods or beverages. We also encourage you to pack the lunch in a mini-ice chest that has a re-freezable ice block.

### MEDICATION

Any prescription medication that needs to be administered should:

- a. Be brought to camp and given to a staff member, sealed in a paper bag (child's name and camp attending) with the following:
- b. Must be in original prescription container with the child's name printed on it.
- c. Medication Release Permission Slip needs to be filled out. Written instructions as per quantity, time to administer and any other directions and written clearance giving the YMCA permission to administer medication. Please specify if refrigeration is necessary.

NO OVER THE COUNTER MEDICATION WILL BE  
ADMINISTERED

## LOST & FOUND

The YMCA is not responsible for camper possessions that are lost or stolen. The best way to prevent loss of property is to leave valuables at home. Try to keep new jackets, hand held video games, personal stereos/radios, expensive watches and other items at home. Camp is a good place to recycle old things. **The YMCA is not responsible for lost possessions or money sent with child.**

A lost and found will be maintained at the YMCA and at the Day Camp site. We strongly encourage parents to label all clothing and possessions, and not to send valuables to camp.

## GRATUITIES

Although our staff work long, challenging hours, our policy states that employees are not to accept gratuities. If you wish, we would encourage you to make a donation to our Annual Support Campaign to help needy children go to camp. Contact the YMCA at 619-298-3576 (Mission Valley YMCA).

## BABY-SITTING ARRANGEMENTS

Although Y-Camp staff make ideal baby-sitters, our policy states that our staff may **not** baby-sit families from our YMCA programs, while they are employees of the YMCA.

# Reserve Your Spot Now!



## Mission Valley YMCA / Toby Wells YMCA 2011 Camp I CAN Registration

(Please complete one form per camper)

Mission Valley YMCA: 619-298-3576 Fax: 619-298-4341

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Camp Time: 9:00 a.m. - 3:00 p.m.; Location: Toby Wells YMCA**

| <u>Session:</u>                                    | <u>1st, 2nd and 3rd choice:</u><br><i>Please check the box of choice:</i>              | <u>Ages:</u> | <u>Extending Care*</u><br>8:30 a.m.    3:30 p.m. |                             |
|--|--|--------------|--|-----------------------------|
| July 25 - July 29                                  | <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd | 6 - 12       | <input type="checkbox"/> AM                      | <input type="checkbox"/> PM |
| August 1 - August 5                                | <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd | 9 - 14       | <input type="checkbox"/> AM                      | <input type="checkbox"/> PM |
| August 8 - August 12                               | <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd | 6 - 12       | <input type="checkbox"/> AM                      | <input type="checkbox"/> PM |
| August 15 - August 19                              | <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd | 13 - 17      | <input type="checkbox"/> AM                      | <input type="checkbox"/> PM |
| August 22 - August 26<br><i>(High Functioning)</i> | <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd | 6 - 12       | <input type="checkbox"/> AM                      | <input type="checkbox"/> PM |

**Please send proof of diagnosis of autism spectrum disorder - front page of IEP, statement from medical doctor or statement from other health professional.**

I am a current member of the San Diego County Chapter Autism Society of America:  Yes  No

- \$200.00 members of the San Diego County Chapter Autism Society
- \$250.00 non-members
- \$100.00 deposit
- \* \$25.00 AM Extended Care     \$25.00 PM Extended Care

**Payment Method:**  Check Enclosed    Visa    MC    Discover  
 American Express    Cash

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on card: \_\_\_\_\_

\$100 non-refundable payment is required in order to reserve your spot or you may pay entire balance at this time.

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

\_\_\_\_\_  
Date

# Mission Valley YMCA / Toby Wells YMCA

## Camp I CAN Participant Assessment Form

Please fill out in full detail. This information will be used to insure a positive successful camp experience. It will not be used to prohibit participation.

Child's Name \_\_\_\_\_

### **MEDICAL INFORMATION:**

Diagnosis: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Diet/Feeding Restrictions: \_\_\_\_\_

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

Other medical concerns: \_\_\_\_\_

Shirt size: YOUTH:  Medium ADULT:  Small  Medium  Large  X-Large  XX-Large

### **BEHAVIOR INFORMATION:** (Information will be used to place your child with the most appropriate staff. Please be very specific.)

Aggressive behavior:  Yes  No

If yes, please explain: \_\_\_\_\_

Behavior Plan:  Yes  No

If yes, please attach.

Sensory Diet/Plan:  Yes  No

If yes, please explain (please label your child's equipment) \_\_\_\_\_

Flight Risk:  Yes  No

### **SKILLS INFORMATION:** I = Independent SA = Some Assistance TA = Total Assistance

(Circle one)

Explanation

Feeding: I SA TA \_\_\_\_\_

Toileting: I SA TA \_\_\_\_\_

Dressing: I SA TA \_\_\_\_\_

Swimming: I SA TA \_\_\_\_\_

### **COMMUNICATION INFORMATION:**

Expressive: Verbal Verbal (limited) Non-verbal Sign Language  
(Talking) PECS Augmentative Device \_\_\_\_\_

Other/Explanation: \_\_\_\_\_

Receptive: Follows simple directions:  Yes  No  Verbal  Written  Gestural

(Understanding) Uses visual schedule:  Yes  No  Written  Picture  Object

Other/Explanation: \_\_\_\_\_

### **SPECIAL INTERESTS/FAVORITE THINGS (please list):**

Sports: \_\_\_\_\_ Toys: \_\_\_\_\_

Games: \_\_\_\_\_ Music: \_\_\_\_\_

Books: \_\_\_\_\_ Shopping: \_\_\_\_\_

Positive Reinforcers: \_\_\_\_\_

### **FEARS/DISLIKES:**

Please tell us what your personal goals are for your child during this week of camp: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA staff signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MISSION VALLEY / TOBY WELLS / HAZARD CENTER YMCA

5505 Friars Road, San Diego, CA 92110-2682 Phone: (619) 298-3576 Fax: (619) 298-9262

## REGISTRATION FORM (One Form Per Child)

Version en Español disponible en la area de recepcion y en el internet en:  
www.missionvalley.ymca.org

Child's name \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_ Grade \_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ School \_\_\_\_\_

Parent's name \_\_\_\_\_ Parent's name \_\_\_\_\_

Employed by \_\_\_\_\_ Employed by \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Parent's work phone/cell \_\_\_\_\_ Parent's work phone/cell \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO. \_\_\_\_\_

Policy number: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

Address: \_\_\_\_\_

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

### HEALTH RECORD (check all that apply)

- Peanuts     ADHD     Bleeding     Disorders     Insect Sting
- Asthma     Diabetes     Penicillin     Seizures

Is the child currently taking medications?     Yes     No

If so, please indicate:

\_\_\_\_\_

Description of any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or consideration while in the program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACTS

Authorized persons, other than parents, to pick up child from the facility or to be called in case of emergency:

| Name  | Phone | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |

Persons **UNAUTHORIZED** to pick up child from the facility:

| Name  | Relationship |
|-------|--------------|
| _____ | _____        |
| _____ | _____        |
| _____ | _____        |

Child in custody of/lives with:

- both parents     mother     father     other: \_\_\_\_\_

The Mission Valley YMCA may use my child's photos for promotional purposes.

- Yes     No

### BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

Name of Minor \_\_\_\_\_

Please Print

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

- Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.
- Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
- I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.
- I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
- I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

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

Date \_\_\_\_\_

Print Name \_\_\_\_\_

This form must be completed every 6 months for all programs except camp; for all camps, a new form must be completed at the time of each registration.