

**Camp Good Times of Charleston, INC.**  
**"The summer day camp for kids with autism and their friends"**

P.O. Box 81114

Charleston, SC 29416

843-817-2221

[www.campgoodtimesofcharleston.org](http://www.campgoodtimesofcharleston.org)

February 1, 2012

Dear Families,

Your friends at Camp Good Times of Charleston, Inc are excited to invite your camper to sign up for another fun summer at camp this June! Our unique and enriching summer day camp experience is for children and teens with an Autism Spectrum Disorder and their neurotypical peers.

Camp Good Times will host all of your favorite summer camp activities along with the appropriate supports to meet the needs of your camper. Our fun, friendly and professionally trained staff will make your campers experience a success! Some highlights of activities planned for this summer include swimming, arts and crafts, music and movement activities, sports and games as well as field trips for most of our campers.

**Who:** Campers with Autism and friends ages 3-19

**When:** Mondays-Thursdays; 8:30am-3:00pm, Weeks of June 11<sup>th</sup>, 18<sup>th</sup>, 25<sup>th</sup>

**Where:** Hunley Park Elementary School

**Cost for Camp Good Times 2012 Summer Camp:**

Campers with autism ages 3&4: \$200.00 per half-day sessions

Campers who are neurotypical peers ages 3&4: \$190.00 per half-day sessions

Campers with autism ages 5-15: \$335.00

Campers who are neurotypical peers ages 5-15: \$190.00

Campers accepted to our Teen Adventure Camp (TAC) with autism ages @16-19: \$400.00

Campers who are neurotypical peers in TAC @ ages 16-19: free\*,

\*please call The Camp Director for details

**Applications will be due FRIDAY, MARCH 9<sup>th</sup>, 2012**

Acceptance letters are sent out by March 26<sup>th</sup>, 2012.

All applications received after due date; will be placed on a waitlist, unless space is available.

**PUBLIC FUNDING IS VERY LIMITED!!!!** Please consider contacting your Disabilities Board Service coordinator or Carolina Children's Charities for possible tuition assistance, ASAP.

Camp Good Times also has a limited number of camperships available.

These are based on financial need.

We CAN'T WAIT to see you this summer so make sure you fill out these forms and return them to us ON OR BEFORE: **Friday, MARCH 9<sup>th</sup>, 2012.**

***Send only this application- NO MONEY yet!***

If you have a sibling or know a friend who is "neurotypical" and would like them to attend Camp Good Times, please enclose a separate application for that child.

**SEND YOURS TODAY, DON'T WAIT!!!!!!!**

If you have any questions, call the Camp Director at: (843) 817-2221

Check out our website, it's filled with lots of helpful information and great pictures from past camp sessions!

**[www.campgoodtimesofcharleston.org](http://www.campgoodtimesofcharleston.org)**

Here's to a great summer and happy campers,

Beth Weiner, Camp Director, 843-817-2221



**Camp Good Times of Charleston, Inc.  
Summer Camp 2012 Application Form**

**2012 Camp Schedule: Mondays-Thursdays 8:30am-3:00pm\***

**June 11<sup>th</sup> – 14<sup>th</sup>, 18<sup>th</sup> – 21<sup>st</sup>, 25<sup>th</sup> – 28<sup>th</sup>**

**Hunley Park Elementary School**

\*Our preschool (3 and 4 yr olds) campers will have half day sessions

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**TO REGISTER:** Please send this completed **Application Form, (keep this first page)** and the **Release of Information Form**, and either email to Beth Weiner, Camp Director at [Cgt\\_kids@yahoo.com](mailto:Cgt_kids@yahoo.com)

Or mail to:

**Camp Good Times of Charleston, Inc.  
P.O. Box 81114  
Charleston, SC 29416**

**Application due March 9, 2012**

**Cost for Camp Good Times 2012 Summer Camp:**

Campers (ages 3 & 4) with autism: \$200.00 half day sessions

Campers (ages 3 & 4) neuro-typical peers: \$190.00 half day sessions

Campers (ages 5-15) with autism: \$335.00

Campers (ages 5-15) neuro-typical peers: \$190.00

Campers in TAC (Teen Adventure Camp) (@ages 16-19) with autism: \$400.00.

You will be notified that your camper will be in TAC.

Campers in TAC (@ages 16-19) who are neuro-typical peers: Free, you will be notified that child is in TAC.

Tuition for all campers includes all material, field trips and activity fees and a 2012 Camp Good Times T-shirt!

**Upon Acceptance letter received, Payment can be made by cash, check or money order**

***Please consider contacting your Disabilities Board Service coordinator or Carolina Children's Charities for possible tuition assistance, AS SOON AS POSSIBLE: there is very limited funding***

**CAMP GOOD TIMES CAMPER APPLICATION**

**Camper's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Male**  **Female**  **Age at start of camp:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**School and District** \_\_\_\_\_

**Grade/Class entering in upcoming school year** \_\_\_\_\_

**Each camper receives one camp T-shirt. Choose one T-shirt size for your camper:**

**CHILD'S T-SHIRT SIZE:** S M L or **ADULT T-SHIRT SIZE:** S M L XL

*\*If you do not select a size, one will be selected for you. If you would like to purchase additional shirts they can be ordered on this form, each additional shirt costs \$15.00, please include payment for additional shirts with this application.*

**Mother/Guardian Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/ State/Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Child lives with:** \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Transportation:** The camper named above has my permission to be transported as deemed reasonable and necessary for camp activities (For campers ages 5 and up).

**\*Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission for Camper Pick-Up:** Please list all people authorized to pick up the above camper, at end of camp activities, in emergencies, or by special request. An ID will be needed.

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

**\*Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Release of Liability/ Hold Harmless Agreement:** I, the undersigned, agree to allow my child, \_\_\_\_\_, to participate in all scheduled activities at Camp Good Times of Charleston, Inc., do agree to release and hold harmless Camp Good Times of Charleston, Inc., camp staff, volunteers, agents, employees, officers, directors, successors, assigns and any other persons acting on behalf of Camp Good Times of Charleston, Inc., from any and all liability for any and all claims, demands, injuries loss, damages, costs, expenses, actions or causes of actions of any nature for personal injury, sickness, physical or mental injuries or property damages of any kind arising in any way from my child's participation at Camp Good Times of Charleston, Inc. I also agree to indemnify and hold harmless Camp Good Times of Charleston, Inc., staff, volunteers and any other persons acting on behalf of Camp Good Times of Charleston, Inc. and assigns against all civil actions or claims from harm, or disability to the named child that I am the parent/legal guardian of that are caused in whole or in part from any act having any connection with and or arising from participation in any and all activities at and during Camp Good Times of Charleston, Inc.

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission to Photograph or Video:** I consent to use by Camp Good Times of Charleston, Inc. of the name, photograph, videotape, or likeness of the above registered camper to promote and encourage young people to attend Camp Good Times including and not limited to newspaper, website, television, brochures, and for other purposes of trade, and waive the right to approve such uses. Permission is granted to make reasonable and tasteful alterations to such photograph(s), picture(s), or likenesses for the purposes mentioned above, and I release Camp Good Times of Charleston, Inc. from any and all liability should any occur.

**\*Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Refund Policy:** Camp fees are not refundable after 2 days of camp have past, and open slots will be given to wait listed campers. CGT of Charleston recognizes that behavioral challenges are inherent in this population and will do everything possible to ensure a positive experience for all campers. However, CGT of Charleston reserves the right to contact family/guardians to discuss any concerns about camper and/or dismiss any camper due to unsafe behavior that may endanger others as determined by the Camp Director and the Behavioral Team.

**\*Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Release of Information**

I, \_\_\_\_\_ (Parent or Guardian) do hereby grant any member of the Camp Good Times of Charleston, Inc. Board of Directors or Camp Directors of Camp Good Times of Charleston, Inc. authorization to examine and/or obtain photocopies of Behavioral Intervention Plans and Functional Behavioral Assessments of: \_\_\_\_\_ (child's name) for the 2012 Camp Good Times session, From (name of school and district)  
\_\_\_\_\_.

I also authorize any staff of Camp Good Times of Charleston, Inc. to engage in verbal discussion regarding relevant information pertaining to this child. I acknowledge that a photocopy of this signed authorization shall be valid as the original.

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*\*\*Accompanying 1:1/ ABA Therapist Policy\*\*\*\*\***

**Camp Good Times allows campers with private therapists/1:1aides, to attend camp with them provided that the information about the ABA/ aide is furnished to the camp, along with a schedule of when to expect them (days and times). This information MUST be provided 2 weeks prior to the start of camp. *If not provided in a timely manner, the therapist will NOT be allowed at camp.***

**Please read the accompanying ABA Camp Policy Letter included with your application.**

**Camp Good Times policy is that only 1 therapist can accompany a camper at a time. It is the expectation of the camp that therapists will review and abide by all camp policies to ensure camper safety and provide photo identification upon entry to camp.**

**\*Camp Good Times of Charleston requires all employees, 1:1's, ABA Therapists and any adult working at camp directly with a camper, or observing in a group room, to have a current South Carolina Law Enforcement Division (SLED) Background check. Your child's 1:1 or ABA Therapist must provide this documentation to the Camp Director BEFORE the start of camp. If they do not have this documentation, the individual will not be permitted to work at camp until a paper copy of the documentation is received. Camp Good Times can conduct the SLED check at a charge of \$25 to be paid 3 weeks before the 1:1, or ABA therapist commences work at camp. The fee must be paid before the SLED check has been done.**

Will your child have an accompanying 1:1/ABA therapist? Yes  No  don't know yet \_\_\_\_\_

If yes, please complete the following: **Therapist Name (If known)** \_\_\_\_\_

Company therapist is employed by: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CAMP/PARENT COMMUNICATION AND BEHAVIOR ASSESSMENT,**

*The following information requested, is reviewed only by camp staff to provide the best possible experience for your camper and is not used as acceptance criteria.*

Name of Child: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

How does your camper communicate his/her wants and needs? *Check Box:*

**Non-Verbal Communication:** Picture Exchange Communication , Sign Language ,  
Voice-Output Alternative or Augmentative Communication Device , other  \_\_\_\_\_

**Verbal Communication:** Word Approximations , Single Words ,  
Multiword Utterances , Fluent Speech

Below, please describe how your child communicates his/her wants and needs in more detail.  
For example, discuss the type of communication system/device your child uses.

- **Please Note:** *CGT does not provide individual camper communication devices, however, camp counselors will facilitate your child's use of such devices when sent to camp to best meet your child's communication needs.*

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Does your child ask for help? Yes  No

Describe: \_\_\_\_\_

Does your child follow simple directions? Yes  No

Does he/she require prompts or gestures? Yes  No

Examples: \_\_\_\_\_

Is your child comfortable in the community? Yes  No

Please explain community situations that they enjoy and places that may induce anxiety or problem behavior. (for example: Movies, malls, Chucky Cheese, Bowling Alley, and grocery stores)

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Please list activities that your child does not like: (Ex: loud places, crowded places, beach, movies, etc.)

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Please list activities that your child enjoys:

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Is your child prone to emotional upsets/tantrums?

Yes

No

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Please describe any possible triggers:

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How can we assist your child if they become upset?

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**Does your child (check the best answer):**

- Head Butt:** Never  Rarely  Sometimes  Frequently   
**Hit:** Never  Rarely  Sometimes  Frequently   
**Pinch/Scratch:** Never  Rarely  Sometimes  Frequently   
**Kick:** Never  Rarely  Sometimes  Frequently   
**Bite:** Never  Rarely  Sometimes  Frequently   
**Spit:** Never  Rarely  Sometimes  Frequently   
**Curse:** Never  Rarely  Sometimes  Frequently   
**Run Away:** Never  Rarely  Sometimes  Frequently   
**Scream:** Never  Rarely  Sometimes  Frequently   
**Cry:** Never  Rarely  Sometimes  Frequently   
**Self Injury:** Never  Rarely  Sometimes  Frequently   
**Throw Objects:** Never  Rarely  Sometimes  Frequently   
**Undress (when not necessary):** Never  Rarely  Sometimes  Frequently   
**Refuse to Walk (when necessary):** Never  Rarely  Sometimes  Frequently

Does your child transition easily from one activity to another? Yes  No

How can we can we help them transition? \_\_\_\_\_

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Does your child pay attention to warnings of danger? Yes  No

Please describe warnings that are successful \_\_\_\_\_

Does your child enjoy the bus? Yes  No

Does your child show appropriate fear of unsafe situations? Yes  No

Please Describe/Examples \_\_\_\_\_

Is your child able to independently manage bowel and bladder? Yes  No

My child wears diapers , pull-ups , or underwear .

To what extent does your child require assistance with toileting? Please describe:

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Does your child need help when changing into and out of clothes and bathing suits? Yes \_\_\_ No \_\_\_

**Camper Medical Information: Information will be kept by Nurse on staff**

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

Age: \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

Does your child have *medical issues or chronic conditions* that require special care? (Include allergies to food or environment, bee stings, asthma, digestive disorders, etc.; types and purpose of medications; care procedures, etc.) Please describe:

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Has your child ever had a seizure? Yes  No

If yes, indicate type of seizure, date of last seizure, and whether it is controlled by medication.

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Is there any camp activity in which your child should not participate, due to any physical limitations.

Yes  No

If yes, please describe:

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Please list medications taken regularly, for what purpose, and when they are administered, Whether or not they are taken at camp. *Nurse needs all medication info in case of illness at camp.*

**\*\*\*All medications brought to camp must be in the original prescription container and delivered by the parent to the Camp Nurse.\*\*\***

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Does your child have any dietary restrictions? Yes  No   
If yes, please describe:

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Every effort will be made to comply with special diets of campers. It is the responsibility of the family/guardians to send snacks/drinks daily for any campers on a special diet.

**Immunization Statement:** \_\_\_\_\_ (Child's name) has up-to-date immunizations.

**\*Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*for office use only, GROUP ASSIGNED:* \_\_\_\_\_



February 1, 2012

Dear Families of Camp Good Times Campers,

We are gearing up for another great summer at Camp Good Times! We'd like to take a moment to talk about ABA therapists at camp.

First, our counselors are highly qualified to understand and deal with any issues your child may have, and our ratios of counselors to campers is calibrated to make sure every camper has adequate assistance to make each camp day a success.

Second, Camp Good Times is not school (hopefully it is much more fun!) and the expectations placed on your child are simply not the same! Your child may require a shadow at school, but that does not mean he or she needs a private therapist with him or her at any time to integrate fully into Camp.

Finally, Camp Good Times is filled with many, many activities. Every day, campers are going on field trips, swimming in the pool, creating works of art and mastering the computer. Being "pulled out" for table-based ABA adds another layer of transition for your camper. We'd ask you to consider that our traditional camper activities, occurring in a rich, social, accepting environment may be a wonderful complement to your child's more structured therapy.

All of this said, we know that for insurance requirements or peace of mind or whatever reasons you may have, you may still wish to have ABA therapists at camp. That is fine. However, we will require that the following rules be followed regarding therapists.

\*No more than one therapist per child at a time. No exceptions!

\*ABA therapists will not ride the bus for field trips without prior authorization from the Director.

\*All therapists must sign a waiver of liability and bring a photo ID to camp daily.

**\*The therapist must provide a recent (within 6 months) SLED check and you MUST provide a schedule of dates and times a therapist will attend Camp by June 1, 2012. Email these to [cgt\\_kids@yahoo.com](mailto:cgt_kids@yahoo.com) or mail them with your application**

Please let us know if you have questions about this policy, call Beth at 843-817-2221. I know change is difficult, but the numbers of therapists is, at times, overwhelming. We are so excited about Camp Good Times 2012 session and look forward to a successful camp experience!

Here's to happy campers!

Beth and Ellen