



HEROES Summer Camp 2012

An integrated camp to promote success for students with disabilities

Child's name: _____ DOB: _____

Grade '11-'12 school year: _____ School/District Attending: _____

Disabilities: _____

Parent/guardian: _____

Address: _____ City: _____

Zip code: _____ Home phone #: _____

Cell #: _____ Work #: _____

Email address: _____

T-shirt size:

Child: S ___ M ___ L ___

Adult: S ___ M ___ L ___ XL ___

We encourage campers to wear the camp t-shirt when we are out in the community. T-shirts are \$10/each. It is not mandatory that a t-shirt be purchased.

For which weeks are you registering?

A \$50 nonrefundable deposit is required for each week you are signing up to attend. This is to reserve the spot for your child.

_____ June 18-22 _____ June 25-29 _____ July 9-13

_____ July 16-20 _____ July 23-27 _____ July 30-August 3

Hours of operation are 9:00 AM to 4:00 PM

Extended care needed: _____ No _____ Yes _____ a.m. _____ p.m.

Extended care cost is \$50/week for one time (am or pm) and \$75/week for both am and pm.

In order to allow us to best meet the needs of your child, please give us a description of your child's abilities and challenges in the following areas:

Eating (special diets, likes or dislikes)

Toileting

Speech/Language - please let us know what communication method is used at home and/or school. If a voice output device or a communication book is used, please consider sending that with your camper.

Swimming (all non-swimmers are required to wear a life jacket)

Moving about in the community (stamina, equipment needed, etc.)

Behavior (we turn no student away, please be clear on any behavior we need to be made aware of; share some positive motivators and reinforcers)

Medical issues (including any medicine/procedures needed during the day. All medication dispensed during the day must be in the appropriate prescription bottle)

Any other information you would like to share

We do not turn away campers due to level of care needed. If your camper needs one on one care due to severe medical or behavioral issues, and you are able to consider an additional donation to assist in staff coverage, we would greatly appreciate it.

Mail or drop off registration and payment to:

Allyson George
Re: Heroes Camp
503 North Central Expressway
P.O. Box 830877
Richardson, TX 75080

Questions, Concerns, Comments? Call our Parent Liaisons!

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