



PLEA
Bringing help and hope together

PLEA SUMMER CAMP

Application/Registration

PLEASE RETURN COMPLETED FORM TO ~

PLEA Summer Camp

733 South Avenue

Pittsburgh, PA 15221

(412) 243-3464

..... For Office Use Only

S.C.U. _____

Funding _____

Transportation _____

Age as of July 1 - _____ years _____ months

.....
ALL INFORMATION MUST BE COMPLETED TO BE CONSIDERED FOR THE PLEA SUMMER CAMP.
COMPLETING THIS FORM DOES NOT INSURE PLACEMENT IN THE SUMMER CAMP.
.....

Date of Application _____

Child's Name _____
First Name Middle Name Last Name

Social Security Number _____ - _____ - _____ Sex _____ Date of Birth _____ - _____ - _____

Parents/Guardians _____

Child's Residence ~ Street Address _____

City _____, PA Zip Code _____

Home Telephone Number _____ Cell Phone Number _____ Work Telephone Number _____

Residence Parents Foster Home Other _____

If another child at same residence has applied for PLEA Summer Camp, please list name of that child

How will the Summer Camp be paid for? School District (ESY) Service Coordination Unit (S.C.U.)
 Self Other _____

Have you contacted this source for funding verification? Yes No

Contact Person _____ Telephone Number _____ - _____ - _____

REFERRAL SOURCE

Person referring Child (other than Parent) _____ Agency _____

Street Address _____

City _____, PA Zip Code _____

Telephone Number _____ - _____ - _____ Extension _____

Service Coordination Unit where child is registered _____

Service Coordinator _____ Telephone Number _____ - _____ - _____

TRANSPORTATION

We are unable to transport every child, but will take your needs into consideration. Please check below.

- We will provide transportation for this child only.
- School District will provide transportation.
- This child cannot attend unless transportation is provided.
- We would like to have transportation if possible, but child can still attend if not available.

If transportation is available for your child, please give complete address at which your child should be

picked-up: _____ dropped off: _____

EMERGENCY & MEDICAL INFORMATION

Child's Name _____

Parent/Guardian _____ Telephone Number _____ - _____ - _____
between 9:30 a.m.-2:30 p.m.

Emergency Contacts (other than Parents/Guardians) - Please notify emergency contacts that you have listed them as such.

Name _____ Name _____

Relationship to Child _____ Relationship to Child _____

Telephone Number _____ - _____ - _____ Telephone Number _____ - _____ - _____

Foster Care Worker _____ Telephone Number _____ - _____ - _____

Type of Medical Coverage _____ Policy Number _____

Medical Assistance Card Number _____ Expiration Date _____

Child's Primary Care Physician _____

Telephone Number _____ - _____ - _____ Location of Office _____

Is your child currently on medications? Yes No

Prescribing Physician _____ Telephone Number _____ - _____ - _____

Please list below only those medications that need to be taken during Summer Camp hours (9:30 a.m.-2:30 p.m.)

If child takes medication during Summer Camp hours, the attending physician's written instructions and the family's written instructions must be submitted with this form. Staff will not administer medication. Child must administer their own medication, with staff monitoring.

Medication _____ Dosage _____ Time to be Taken _____

Medication _____ Dosage _____ Time to be Taken _____

Please list below any other medications that your child is currently taking

Medication _____ Dosage _____ Medication _____ Dosage _____

Please list any side effects from taking any of the medications _____

Please list any allergies that your child has _____

When was your child's most recent physical examination? _____

Are your child's immunizations up to date, including Tetanus Toxoid? Yes No

Does your child have seizures? Yes No If yes, describe _____

PERMISSION FOR EMERGENCY TREATMENT

I/We, _____, hereby grant PLEA Summer Camp permission to take my/our child, _____, to the emergency room of a hospital or medical center, when the Summer Camp Director and/or Group Leader consider medical attention necessary.

Signature of Parent or Guardian

PERMISSION TO ATTEND

I give permission for my child, _____, to attend the PLEA Summer Camp including all activities and field trips. I accept the responsibility for my child while engaged in the program activities and hereby release PLEA from any and all liability which may arise out of the attendance of said child at the Summer Camp.

Witness the due execution hereof with the intent to be legally bound hereby this _____ day of _____, 20_____.

Signature of Parent or Guardian

PERMISSION TO PHOTOGRAPH

Photographs may be taken for public relation releases. I understand these pictures may be in newspapers, magazines or pamphlets, and that movies, slides, and pictures of the children may be shown to civic groups interested in promoting the welfare and education of the children.

- I do give permission for pictures of my child to be taken at the PLEA Summer Camp to be used for public relation releases and PLEA’s website.
- I do not give permission for pictures of my child to be taken at the PLEA Summer Camp to be used for public relation releases and PLEA’s website.

Photographs are used in the groups for various arts and crafts projects throughout the Summer Camp. These photographs are not intended for publication.

- I do give permission for pictures of my child to be taken for classroom projects only.
- I do not give permission for pictures of my child to be taken for classroom project.

Signature of Parent or Guardian

PERMISSION TO SWIM

Throughout the Summer Camp, we may take the campers on swimming outings. The children may wade, play or swim in the water or play outside of the water. In addition to the PLEA Summer Camp staff, certified lifeguards would supervise the campers.

- I do give permission for my child to attend swimming outings, and enter the water under staff supervision
- I do give permission for my child to attend swimming outings, but do not wish my child to enter the water.
- I do not give permission for my child to attend swimming outings.

Which best describes your child?

- | | | |
|--|--|--|
| <input type="checkbox"/> Excellent Swimmer | <input type="checkbox"/> Average Swimmer | <input type="checkbox"/> Beginning Swimmer |
| <input type="checkbox"/> Enjoys the water | <input type="checkbox"/> Fears the water | <input type="checkbox"/> Unsure |

Signature of Parent or Guardian

BACKGROUND INFORMATION

School where child is currently enrolled _____

School District _____ Grade _____ Type of Classroom _____

Is your child currently in Behavioral Health Treatment? (example: BHRS, Partial Outpatient) Yes No

Therapist/Agency _____ Telephone Number _____ - _____ - _____

Does your child have a current BHRS Plan? Yes No

Provider _____ Telephone Number _____ - _____ - _____

Has your child ever been under psychiatric care? Yes No

Where	When	By Whom	Inpatient/Outpatient
_____	_____	_____	_____
_____	_____	_____	_____

If your child has a psychiatric diagnosis, give specific name of diagnosis _____

Evaluator _____ Telephone Number _____ - _____ - _____

Has your child ever had any of the following problems?

- | | | | |
|-----------------------------|--|-------------------------|--|
| Aggression | <input type="checkbox"/> Yes <input type="checkbox"/> No | Injury to Self | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Autism/PDD | <input type="checkbox"/> Yes <input type="checkbox"/> No | Injury to Others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Behavioral Problems at Home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Learning Disabilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Behavior Problems at School | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mental Retardation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Destruction of Property | <input type="checkbox"/> Yes <input type="checkbox"/> No | Noncompliance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emotional Disturbances | <input type="checkbox"/> Yes <input type="checkbox"/> No | Repetitive Acts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hyperactivity | <input type="checkbox"/> Yes <input type="checkbox"/> No | Running Away or Bolting | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are there any circumstances at home or school that you think may affect or influence your child's behavior?

Yes No If yes, please explain _____

Does your child have any problems with the following?

- | | |
|-----------|--|
| Hearing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vision | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Toileting | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please describe

Does your child use verbal language to communicate? Yes No

If no, how does your child communicate needs? _____

Does your child use augmentative device? Yes No

Please list any communications that are used with your child that are helpful _____

What specific diagnosis has been given to your child? _____

Describe in detail behaviors demonstrated by your child _____

Are there any medical problems/handicaps that would limit your child's participation in Summer Camp? Yes No If yes, please describe in detail _____

Are there any activities in which your child is not permitted to participate? Yes No

If yes, please specify _____

How does your child get along with other children? _____

How does your child get along with adults? _____

What specific behavior problems should the Summer Camp staff be aware of? _____

What strategies have been useful to distract/redirect your child from inappropriate behaviors? _____

What type of discipline does your child best respond to? _____

What type of discipline does your child least respond to? _____

What type of activities does your child most enjoy? _____

Please add any other specific information that you feel would help the staff to better provide a beneficial experience for your child in the PLEA Summer Camp _____

Are there any planned vacations during the Summer Camp time? Yes No

If yes, when? _____



PLEASE BE SURE TO COMPLETE ALL INFORMATION.

NO ONE WILL BE ADMITTED TO THE SUMMER CAMP UNTIL THIS FORM IS COMPLETED AND RETURNED.

YOU WILL BE NOTIFIED AS SOON AS POSSIBLE IF YOUR CHILD IS ACCEPTED INTO THE PLEA SUMMER CAMP.

ALL INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED BY THIS AGENCY TO BETTER SERVE YOUR *CHILD*.

