



2019 Beacon School Summer Camp Application

All sections of application must be completed to be considered

Child's Name _____			Gender _____
First	Middle	Last	
School: <u>DD Board Served/</u>		Child's current grade (K-11) _____	
Age _____	Date of Birth ____/____/____	T-Shirt Size: Youth: __ Adult: _____	

1st Parent/Guardian	
First Name:	Last Name:
Address:	City, State, Zip:
Phone:	Cell Phone:
Place of Work:	Work Phone:
2 nd Parent/Guardian <input type="checkbox"/> Check if address same as 1 st Parent/Guardian	
First Name:	Last Name:
Address:	City, State, Zip:
Phone:	Cell Phone:
Place of Work:	Work Phone:

Please list the first and last names of any siblings also applying to Beacon School Summer Camp program.
Please complete a separate application for each child.

Name	Grade	Name	Grade
Name	Grade	Name	Grade

Is this child in Foster Care? Yes No
 If Yes, are you the guardian of this child through foster care? Yes No

I give permission for Athens County Board of DD/Beacon School Summer Camp to use my child's name and or picture in newspapers, magazines, social media, and other communication? Yes No

● Number of members in household _____ Total household yearly gross income _____
(Include Social Security, Disability, Child Support, Alimony, etc.)

● Does your child qualify for a school lunch program?
 Free Lunch Reduced Lunch do not know does not qualify

Racial or Ethnic Identity of your child (please circle all that apply):
 White/Caucasian Black/African American Hispanic/Latino Asian/Pacific Islander
 American Indian/Alaskan Native Other

OFFICE USE ONLY: Date Received _____	by (initials) _____
Date Entered in Database _____	by (initials) _____
Application Status _____	Date _____ by (initials) _____
	Date _____ by (initials) _____
	Date _____ by (initials) _____

Session Registration

Please select below which camp sessions your child would like to attend. Children can choose to attend only one session, or can attend both sessions. Completing this application does not guarantee enrollment.

Please select ONE of the following options: Priority will be given to those choosing both sessions

- First Summer Session Only – June 17 through June 28.
- Second Summer Session Only – July 8 through July 19.
- Both Summer Sessions

Important Information (to help us better serve your child)

We will not be able to provide staff for summer camp as Beacon does during the school day. We plan to keep group sizes small and staff to student ratios high.

Does your child require 1:1 to attend camp, Yes No, if Yes why?

If 1:1 Why? Safety Communication Restroom Incontinent Feeding

Other: _____

Does your child wear any of the following: Hearing Aid Glasses Contact Lenses

Please circle any of the following items that apply to your child:

- Learning Disability Visual Impairment Developmentally Delayed Physical Impairment
- Severe Behavior Disorder Attention Deficit Disorder (ADD/ADHD) Hearing Impairment
- Limited English Proficient Other: _____

Please explain in detail any checked item. _____

Beacon School Summer Camp makes every effort to accept any eligible child applying for the summer program. Beacon School reserves the right have a discussion with parents/guardians to determine if the summer program is a safe and appropriate placement for their child.

Meals

Beacon School Summer Camp will provide meals daily during camp to participants. We do our best to accommodate special diet needs. Please complete the following to help us best serve your child.

Does this child have any food allergies or special dietary needs? Yes No

If so, please list: _____

Does your child require pureed food? Yes No

Are you willing to provide your own food if we cannot meet the dietary needs or your child? Yes No

In order to provide specialized diet accommodations, a Physician's note may be required.

Please contact Beacon School office for more details.

As parent/guardian of this child, I acknowledge that the above information is correct and my child has my permission to participate in Beacon Summer Camp. By participating in this program, I agree to allow the staff to discuss my child's progress with his/her school to better meet my child's needs. I also give permission for the release of my child's permanent file by his/her school for program planning and delivery. I agree to allow my child to be surveyed or evaluated to determine the program's effectiveness. I understand that this program will never use an individual child's name on any document to be published without the express written consent of the parent/guardian or where required by law. I release and agree to hold my child's school, Beacon School Summer Camp, Athens County Board of DD, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature: _____ **Date** _____

Please return completed applications to:

Beacon School
801 W. Union Street
Athens, OH 45701

No faxed or emailed applications will be accepted.
Deadline to submit applications has been
extended to June 1, 2019

If you have any questions, please contact:

Becky Martin or Ruth Robertson

Beacon School
801 W. Union St.
Athens, OH 45701
Phone: 740-594-3539

Email:

bmartin@athenscbdd.org
rrobertson@athenscbdd.org

THANK YOU!