

# Camp SSTAR

## Social Skills, Technology Asperger Recreation Camp

Please complete the following application form and return it to Connie Coulter at [ccoulter@heartspring.org](mailto:ccoulter@heartspring.org) or mail it to Connie Coulter at Heartspring 8700 East 29<sup>th</sup> Street North, Wichita, Kansas 67226. Acceptance to Camp SSTAR will **not** be based solely on a "first come, first served" basis. Other considerations include; the availability of slots, the best available candidate (i.e. match) for a particular group or activities, the identified need as expressed by the parent specific to social skills deficits and challenges, and the sincere desire of the child to attend Camp SSTAR.

### Child Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Addresses \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child's Primary Language \_\_\_\_\_ Type of Communication System \_\_\_\_\_

How did you hear about us or who referred you? \_\_\_\_\_

### Parent/Guardian Information

Child lives with (Circle One):

Mother    Father    Both    Split/Joint Custody    Other, Please Specify: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

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

Check if legal guardian

Check if legal guardian

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

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

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

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

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

Hours at work: \_\_\_\_\_ Hours at work: \_\_\_\_\_

Siblings living at home (first name, gender, and current age): \_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_

**School Information**

Child's Current School \_\_\_\_\_ Location \_\_\_\_\_

Current Grade \_\_\_\_\_ Does your child receive special education services? \_\_\_\_\_

What kinds of supports, if any, does your child receive at school? (For example, occupational therapy, speech, and language therapy, social skills groups, learning center support, in-school counseling, modified behavior plan, 1:1 teaching assistant, reduced class size, adaptive PE, etc.)

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

**Medical Information**

Child's Physician \_\_\_\_\_ Location \_\_\_\_\_

Is your child currently taking any medication? (Note: medications will **not** be administered at camp. Please plan accordingly)

\_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Allergies/Special Diet: \_\_\_\_\_

Special limitations or concerns: \_\_\_\_\_

**Developmental Information**

What are your child's strengths and interests? (Please be specific)

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

Does your child have a diagnosis Asperger's Syndrome or High Functioning Autism? (Please list other diagnoses in addition to the Asperger or HFA diagnosis)

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

Please describe your child's learning style:

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

What interventions or services have been helpful in meeting the needs of your child? (Please include any behavioral challenges as well as a copy of current Behavioral Intervention Plan if applicable)

---

---

---

**Child's Full Name:** \_\_\_\_\_

It is important that you fully provide the information that we request so that we can assess and address your child's needs as effectively as possible. Withholding of pertinent information can not only jeopardize your child from receiving the best care possible, but also hinder our ability to handle any challenges or crises that may arise.

Please indicate if your child attended camp last year.      \_\_\_\_\_yes                      \_\_\_\_\_no

I/We hereby make an application and give permission for my child/ward to attend Camp SSTAR. I/We have filled out all the information to the best of my/our knowledge.

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

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

\_\_\_\_\_  
Date

IF POSSIBLE  
PLEASE  
ATTACH RECENT PHOTO  
OF APPLICANT  
HERE

**Contact Information:**

Connie Coulter  
Director of CARE and Autism Outreach  
8700 East 29th Street North  
Wichita, Kansas 67226  
Phone 316.634.8862



**Photograph, Videotape and Information  
Release Consent**

Please circle the appropriate response for each of the following statements:

As the parent/guardian/power of attorney of \_\_\_\_\_, I give Heartspring permission to use video recordings and /or photographs of the individual named above, as well as any correspondence I share with Heartspring staff, including testimonials, for production of educational or promotional materials, publications, Heartspring Web sites and/or releases to the news media that may be viewed by the general public. I understand photographs of the child named above may be used even upon completion of services.

**YES**

**NO**

Permission is given to use the child's name as follows (please circle one).

First name only

no name

I also agree that characteristic, diagnostic, and other information about the child named above may be used in educational or promotional materials, publications, Heartspring Web sites and/or releases to the news media that may be read by the general public.

**YES**

**NO**

I hereby give Heartspring permission to release my name, address, e-mail and/or telephone number to other families who might wish to contact me regarding Heartspring.

**YES**

**NO**

In an effort to share with Heartspring patron organizations how their financial support is used by Heartspring, I give permission to share the information outlined above as requested for patron newsletters, stewardship reports, and/or proposals for additional funding.

**YES**

**NO**

I recognize that Heartspring often receives requests from parents for information regarding their child's program at Heartspring, such as photographs, video recordings, and other documentation relating to Heartspring activities. I give permission for such documentation that includes the child named above to be shared with other Heartspring parents.

**YES**

**NO**

---

Signature of parent/guardian

Date