

Futures Explored, Inc.

3547 Wilkinson Lane

Lafayette, CA 94549

www.futures-explored.org

**2017 Application Form -- Joey Travolta's Summer Inclusion Film Camp
(Please Complete One Form per Applicant, and send a photo with application)**

Applicant Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female

School: _____ Grade: _____

Home Address: _____

Home Phone: _____ Email: _____

Mother/Guardian Name: _____ Cell/Work Phone: _____

Father/Guardian Name: _____ Cell/Work Phone: _____

T-Shirt Size (Circle): Adult Sizes: Small Medium Large X-Large

Youth Sizes: Medium (10-12) Large (14-16)

Has your child been diagnosed with a disability? No; peer participant **(Peer participant: Parent signature on page 2; then skip to pages 3 and 4.)**

Yes; please describe: _____

Do you want to carpool, and can we release your email address to other parents interested in carpooling? Yes No

Describe your child's interests and educational program: (Favorite activities, topics of interest, school program, community program, in school and/or private therapies, etc.) _____

Does your child have a full or part time aide at school? No Yes

Will his/her aide be attending this film camp? No Yes. Aide's Name: _____

How does your child understand and interpret information? (Reads, uses written notes to assist with auditory understanding, writes, uses picture schedule or written schedule, etc.) _____

How does your child communicate? Conversation Phrases Single Words Gestures Picture Communication

What support helps your child communicate better? Verbal Prompts Pictures Written Text

Please describe: _____

What is challenging for your child in a large group? Attending Asking Questions Group Conversation

Compromising Contribution to a Group Accepting Feedback Listening to Other's Opinions

Staying on Track with Task Other ; please describe: _____

What challenging behaviors does your child experience? (Aggression towards classmates/adults, leaving areas without permission, tantrums, fighting, verbal abuse, refusing to complete work, etc.) _____

Does your child? Ask Questions Stay on Topic of Other's Interest Discuss Topics of Own Interest

Ask for More Information Make Comments About What Others Say

What type of behavioral support does your child receive? Behavior Intervention Plan (Please Attach!)

Behavior Services ; please describe frequency of support, how support is provided, if assistants are present/what they do: _____

In what situations is your child the most comfortable? _____

What situations make your child uncomfortable? (What happens, what makes the situation worse, what helps most?) _____

Signature of Parent or Guardian

Date

(Please Complete One Form Per Applicant)
2017 Full Release and Indemnification Agreement Form
Joey Travolta's Summer Inclusion Film Camp

For and in consideration of my child's (please print name) _____, participation in the Joey Travolta Summer Inclusion Film Camp from June 26th-July 7th, and other valuable consideration, the undersigned parent(s) or guardian(s) consent to their child participating in all activities associated with the camp and release Joey Travolta's Inclusion Films, Futures Explored, and Saint Mary's College, its members, employees, officers, and/or Board of Directors and all participating volunteers and campers from any liability or claim resulting from any accident or injury sustained by my family member during the camp activities. Further I/we agree to indemnify and assume all expenses, costs and fees, and losses arising from said injury or accident to said family and to hold Joey Travolta's Inclusion Film Camp, Futures Explored, and Saint Mary's College, its members officers and/or Board of Directors, employees and volunteers, consultants, and all campers free and harmless there-from.

Signature of Parent or Guardian

Date

2017 Photograph and Name Release Form
Joey Travolta's Summer Inclusion Film Camp

I give my permission to post photos and use my child's name (please print name) _____ on the websites of Futures Explored, Full Inclusion Films and Saint Mary's College, and other promotional material for the Joey Travolta Summer Inclusion Film Camp.

Signature of Parent or Guardian

Date

Payment

Camp fee is \$1,700 per camper, due by June 15th 2017

A deposit of \$200 must accompany this application and must be received by March 1st, 2017 in order to hold your spot. The balance of the tuition must be received by June 15th. If you are a Regional Center consumer, the deposit will be considered part of the Family Cost Participation Co-Pay and adjustments (either refunds or additional Co-Pay requests) will be made upon receipt of the Purchase of Service Authorization. Any refunds will be sent by mid to late September. Any additional Co-Pay (above the deposit), as determined by RCEB guidelines are due by June 15th. **We must receive a Purchase of Service (POS) from RCEB authorizing camp no later than June 15th or you will be required to pay as a private pay camper (i.e. tuition payable in full by June 15th).** Please contact your case manager at RCEB as soon as possible to request camp and to generate the POS if you want RCEB to provide support for this camp.

Please make checks payable to **Futures Explored**.

My check # _____ is enclosed for Deposit \$ _____ or payment in full \$ _____.

I will make my deposit/payments by Credit Card on-line at www.futures-explored.org Inclusion Film Camp Tab

I am a Regional Center of the East Bay client. My Case Manager Name & Contact Information is:

Case Manager: _____ Phone: _____

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Film Camp 2017 Emergency & Permission to Treat Form
(Please Complete One Form per Applicant, and give at least two emergency contacts)

Camper Name: _____

Camper Date of Birth: _____ Sex: Male Female

Camper Cell Phone: _____ Camper Email (Optional) : _____

Mother/Guardian Name: _____

Home Phone: _____ Cell/Business Phone: _____

Email Address: _____

Father/Guardian Name : _____

Home Phone: _____ Cell/Business Phone: _____

Email Address: _____

In Case Of Emergency, Hospital name and phone # _____

Does your camper have any of the following:

Medical Conditions or Physical Limitations; please describe: _____

Allergies, please describe: _____

Dietary Restrictions, please describe: _____

Other; please describe: _____

Currently taking medication; please provide: _____

Will medication(s) need to be administered at camp? No Yes (A medication form will need to be completed before the first day of camp.)

Medical Insurance Coverage

Company Name: _____ Member ID #: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Emergency Contacts (If parent(s)/guardian(s) cannot be reached)

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Permission to Treat

In the event I cannot be reached in an emergency, I give my permission to camp personnel to call 911 and/or contact a medical treatment facility or physician to secure proper medical treatment for my child and I will be responsible for any expenses incurred as a result of this emergency.

Signature of Parent or Guardian

Date