

*Participant Application: Summer 2018 Ferry Hill Day Camp*



Email: [info@secondnaturesocialskills.com](mailto:info@secondnaturesocialskills.com)

Phone: 508.747.2663

Address: 15 Main Street Extension, Unit 7, Plymouth, MA, 02060

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Emergency Contact: (Home): \_\_\_\_\_

Emergency Contact: (Cell): \_\_\_\_\_

*Which number do you prefer us to try first while your child is with us? **Circle One: Home/Cell***



**Choose Week:** Please select the week(s) you would like your child to attend.

**July 9 - July 13: "Sports Week"**

\_\_\_\_\_ Younger Elementary (Ages 7-10)  
\_\_\_\_\_ Older Elementary/Middle School (Ages 11-14)

**July 16 - July 20: "Game Show Week"**

\_\_\_\_\_ Younger Elementary (Ages 7-10)  
\_\_\_\_\_ Older Elementary/Middle School (Ages 11-14)

**July 23 - July 27: "Carnival Week"**

\_\_\_\_\_ Younger Elementary (Ages 7-10)  
\_\_\_\_\_ Older Elementary/Middle School (Ages 11-14)

**July 30 - August 3: "Time Travel Week"**

\_\_\_\_\_ Younger Elementary (Ages 7-10)  
\_\_\_\_\_ Older Elementary/Middle School (Ages 11-14)

**August 6 - August 10: "Inventors Week"**

\_\_\_\_\_ Younger Elementary (Ages 7-10)  
\_\_\_\_\_ Older Elementary/Middle School (Ages 11-14)

**August 13 - August 17: "Spirit and Talent Week"**

\_\_\_\_\_ Younger Elementary (Ages 7-10)  
\_\_\_\_\_ Older Elementary/Middle School (Ages 11-14)



**Payment Option (please check one): Less than \$20.00 per hour of instruction**

<input type="checkbox"/> <b>One</b> full payment provided with application <ul style="list-style-type: none"><li>• \$550 for EACH one week of camp</li></ul>
<input type="checkbox"/> <b>Two</b> payments: 50% at time of application, remaining 50% due at the beginning of camp <ul style="list-style-type: none"><li>• 2 installments of \$275</li></ul>

***\*\*\*The program cost may be covered by some insurance plans for our clients with an Autism Spectrum Disorder Diagnosis. If you are seeking insurance reimbursement, please fill out our Insurance Reimbursement Form found on our registration page. In order to verify benefits with your insurance company, we will need that along with a copy of the front and back of your insurance card, and a Doctor's note stating your child's diagnosis and the need for Social Skills Instruction using the ABA model.***

***\*\*\* Please note, that you will be responsible for all costs not covered by your insurance including co-pays or co-insurance, as applicable.***

***Otherwise, scholarships available upon need. If you would like more information on the scholarship process please email [info@secondnaturesocialskills.com](mailto:info@secondnaturesocialskills.com) and reference the Martin Joseph Gordon Jr. scholarship in your inquiry.\*\*\****

**Applicant Information (please check one):**

<input type="checkbox"/> <b>RETURNING</b> Applicant	<input type="checkbox"/> <b>NEW</b> Applicant ( <b><i>A one-time \$60 enrollment fee applies. This fee includes record review, interview, and formal evaluation to best serve your child's placement needs. Due at the time of application.</i></b> )
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Parent/Legal Guardian Waiver, Release & Responsibility Form

Please read and initial next to each section:

\_\_\_\_\_ A. General Liability Waiver

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, do hereby consent to his/her participation in voluntary projects and functions sponsored and/or organized by Second Nature Social Skills©, its members, or its staff (hereafter referred to as Second Nature©). I understand that he/she is responsible for his/her behavior. I do hereby waive and release Second Nature©, their service partners (including schools) and/or sponsors of any project, event, or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's participation in Second Nature© organized and/or sponsored projects or functions.

\_\_\_\_\_ B. Transportation Liability Waiver

I do hereby consent to Second Nature© providing transportation (in private vehicles) for my child/ward if necessary. I understand this service is not guaranteed. I do hereby waive and release Second Nature©, their service partners and/or sponsors of any project or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's involvement in transportation services provided by Second Nature©.

\_\_\_\_\_ C. Release to Seek Medical Treatment\*

In the event of a medical emergency, I do hereby consent to Second Nature© releasing my child/ward to the nearest, most appropriate medical professional available. I understand that Second Nature© will notify me of such an event immediately after they have sought proper medical treatment for my child/ward. Second Nature© should contact me at the following phone number: \_\_\_\_\_.

**\*If your child/ward has a chronic or recurring medical condition, for which emergency treatment is not necessary, please discuss your child's/ward's needs with Second Nature© directly.**

\_\_\_\_\_ D. Photo / Video Release

I hereby grant Second Nature© permission to use my child's/ward's likeness in a photograph / video in any of its publications, including website entries, without payment or any other compensation. I understand and agree that these materials will become property of Second Nature© and will not be returned.

\_\_\_\_\_ E. Video Release

I hereby grant Second Nature© permission to use my child's/ward's likeness in a video for educational purposes. I understand that it will be shared and reviewed with other video participants, the video participant's parents / guardians, Second Nature© Educators, and attendees at Second Nature© sponsored educational events.

\_\_\_\_\_ F. Group Commitment and Responsibility

I understand that I am responsible for full payment of the entire group session (winter, spring, summer or fall) regardless of missed sessions. For planning purposes and for the other group participants, I agree to give at least 24 hours advance notice whenever possible via telephone if my child/ward is going to miss a session.

**By signing below, I indicate that I understand and agree to the items initialed above.**

**Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***How did you hear about Second Nature Social Skills© (please circle one)?***

***a. Referral from another participant's family***

***b. AANE (Asperger's Association of New England)***

***c. Internet Search***

***d. Referral from another source (please name): \_\_\_\_\_***

***e. Other: \_\_\_\_\_***

***What are at least three things you would like us to focus on?***

***1. \_\_\_\_\_***

***2. \_\_\_\_\_***

***3. \_\_\_\_\_***

***Please list any allergies or accommodations needed in order to participate.***

\_\_\_\_\_

***Please include a copy of the attendee's most recent evaluations with this application.***

***Relevant evaluations include, but are not limited to:***

- Neuropsychological/Neurology Evaluations
- Speech and Language Evaluations
- Occupational Therapy Evaluations
- Individualized Education Plans (IEPs) and / or 504 Plans

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***To join our next group session, please use this checklist & submit the following:***

\_\_\_\_ Completed application/participant forms

\_\_\_\_ Copies of all recent evaluations

\_\_\_\_ Payment to Second Nature© for the session (see third sheet for payment schedule)

\_\_\_\_ Enrollment Fee

\_\_\_\_ Case History Form (separate document found on our registration page)