

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

**(Return Registration Packet to Cheryl General by May 24, 2023.)**

NEW AVENUES TO INDEPENDENCE



**New Avenues Summer Camp  
2023 Registration Packet**

**June 20-July 21, 2023**

**Cheryl General**  
Children's Programs Director  
Cell: (216) 390-2617  
[cgeneral@newavenues.net](mailto:cgeneral@newavenues.net)

New Avenues Summer Camp is held at Broadmoor School,  
8090 Broadmoor Rd., Mentor, from 9am-2pm daily, Monday-Friday.

**Please return applications to Cheryl General at Broadmoor School by  
May 24, 2023.**

Participant Name:

Summer 2023

*All important information relative to the participant's health and well-being should be on the application. Please DO NOT rely on verbal instructions at the time of registration to communicate important information about your child.*

### Participant Information

Participant Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender:  Male  Female

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Disability (Please describe): \_\_\_\_\_

Camper T-shirt Size: **Child:** S M L **Adult:** S M L XL 2XL 3XL 4XL

Mailing Address: \_\_\_\_\_  
Street City/State Zip

Name of Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

What is your preferred method of receiving notifications and paperwork:  Email  Postal Mail

### Emergency Contact Information

Emergency Contact #1 Information:  Parent(s)  Guardian  Caregiver  Other: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City/State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact #2 Information:  Parent(s)  Guardian  Caregiver  Other: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City/State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Health History**

Age: \_\_\_\_\_ Weight/lbs.: \_\_\_\_\_ Height: \_\_\_\_\_

**REQUIRED:** Primary Diagnosis (medical, no abbreviations): \_\_\_\_\_

Secondary Diagnosis (if any): \_\_\_\_\_

Other conditions or concerns (including psychiatric): \_\_\_\_\_

**Allergies:**

Medication: \_\_\_\_\_

Food: \_\_\_\_\_

Environment/Animals: \_\_\_\_\_

Comments/Allergy Reactions: \_\_\_\_\_

**Seizure Disorders:**  Does Not Apply Tonic-Clonic (Grand Mal)     Non-convulsive (Petit Mal)     Psychomotor     Nocturnal     Mixed

Typical Seizure Frequency: \_\_\_\_\_ Typical Length of Seizure: \_\_\_\_\_

Known Triggers, PRN Medications (if any), and protocol to follow: \_\_\_\_\_

Does the participant have a history of:	Yes	No	Does the participant have a history of:	Yes	No
Asthma			Frequent Ear Infections		
Frequent Colds			Stomach Disorders		
Heart Disorder/Disease			Urinary Tract Disorders		
Episodes of Passing Out			Diarrhea		
Bleeding Disorders			Constipation		
Hepatitis A, B, or C			Problems with Joints		
Diabetes			Chronic or Recurrent Illnesses		
Skin Problems (rashes, itching)			Past or Recent Surgeries		
Skin Breakdown (bedsores)			Past or Recent Hospitalization		
Eating Disorder/Difficulty Swallowing			Problems Sleeping		
Emotional Difficulty (For which professional help has been sought)			Adaptive Equipment (braces, wheelchair, walker, hearing aid, C-PAP)		
Head Injury			Signs/symptoms of communicable disease		
Frequent Headaches			Other:		

Please explain "yes" answers from above.

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

Summer 2023

### Insurance Information

Name of Health Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Holder ID: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### Mobility and Special Appliances

Indicate all that apply to camper:

- Walks/Runs Independently
- Uses Walker/Crutches/Cane
- Uses Wheelchair:  Manual  Power
- Wears AFOs or Braces
- Prosthesis
- When:**  For Long Distances  At All Times
- Who Maneuvers:**  Self  Others

Mobility Comments: \_\_\_\_\_

### Communication

- Uses complete sentences
- Understands complete sentences \_\_\_\_\_
- Understands 2-3 word phrases \_\_\_\_\_
- Uses single words
- Understands single words \_\_\_\_\_
- Uses sign language
- Understands sign language \_\_\_\_\_
- Uses/understands gestures, points, etc. \_\_\_\_\_
- Uses pictures or word cards \_\_\_\_\_
- Uses adaptive systems such as a communication board \_\_\_\_\_
- Writes to communicate
- Able to read \_\_\_\_\_
- Facilitated communication (devices used; who usually acts as a facilitator?) \_\_\_\_\_

### Mealtime/Snacks

Food Likes: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Typical appetite is:  Large  Typical  Small

Participant can use:  Fork  Spoon  Knife  Uses special utensils (please label and bring)

Takes portions independently  Needs Food Cut  Drinks from Cup  Uses Straw

Diet:  Standard  Chopped  Blended/Pureed  Low Salt  Low Calorie  Low/No Sugar

Uses G-Tube  Other

**G-Tube information (Camper families furnish all supplies needed for the 5 weeks of camp.):**

Formula Type	Amount	Time	Infusion type (bolus/pump)

**Toileting**

Please bring all supplies (briefs, wipes, swimming briefs, etc.) for the **duration** of camp.

- Uses toilet independently     Needs to be reminded \_\_\_\_\_
- Needs some assistance using the toilet \_\_\_\_\_
- Uses the toilet on a schedule (Please list schedule) \_\_\_\_\_
- Does not use toilet at all (uses incontinent briefs, etc.) \_\_\_\_\_
- Is independent in menstrual care (if applicable) \_\_\_\_\_

How does he/she let you know the need to go to the restroom? \_\_\_\_\_

**Dressing**

- Has no difficulty dressing
- Can put on:  Underwear     Socks     Shirt     Pants     Shoes
- Can:  Button     Snap     Zip     Tie Shoes
- Can undress partially     Can undress completely     Needs lots of assistance dressing/undressing

Please describe what assistance is needed to (un)dress: \_\_\_\_\_

**Behavior**

	Never	Seldom	Often	Explain/Details
Aggressive toward others, throws things				
Bites self or others				
Climbs on tables, etc.				
Crying/screaming at times for unknown reasons				
Difficulty transitioning from activity to activity				
Does not like to be touched				
Enjoys social gatherings				
Grabs others				
Has good manners				
Leaves room without asking/telling				
Prefers to be alone				
Runs away or darts				
Scratches, pinches, or hits				
Self-stimulating sexual behavior				
Spits				
Uses inappropriate words				
Withdraws from group activities				
Other				

Please list words to help your child feel good/help them through situations: \_\_\_\_\_

### Behaviors Continued

*It is most beneficial for your child to provide accurate and detailed information to maintain consistent management. Please attach established behavior plans and feel free to add comments on an additional piece of paper.*

Please describe in detail these or any other challenging behaviors we should know about \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What usually triggers challenging behaviors? \_\_\_\_\_

What are effective responses to challenging behaviors? (Please indicate if more than one staff needs to be present when agitated) \_\_\_\_\_

What are two or three effective rewards? \_\_\_\_\_

\_\_\_\_\_

### Activities

**Fine Motor (involving hands):**  Arts & Crafts  Drawing  Painting  Puzzles  Board Games  
 Computer Games  Cars, Trucks  Dolls  Blocks

**Sensory (touching, sounds, visual):**  Play Doh  Shaving Cream  Music  Weighted Activities  
 Vibration  Singing  Uses One Point Vestibular Swing  Uses Weighted Vest  
 Uses Chewy  Uses Vibrating Toy

**Large Motor (whole body):**  Taking Walks  Running  Outdoor Play  Swinging  Dancing  
 Balls  Bike Riding  Trampoline

**Swimming:**  Participant swims well  Participant cannot swim but will go into water.  
 I am unsure how he/she does in the pool.  Fears water  Will not get into water willingly  
 Needs to always wear a life jacket (mark this item if participant has a seizure disorder)

**Sun Exposure:**  Participant has very sun-sensitive skin.  Participant has somewhat sun-sensitive skin.  
 Participant's skin is not sun-sensitive.

Please list participant's favorite activities:

\_\_\_\_\_

\_\_\_\_\_

Please list participant's least favorite activities:

\_\_\_\_\_

**School Information**

School District:  Fairport Harbor  Painesville City  Kirtland  Riverside  Willoughby-Eastlake  
 Madison  Wickliffe  Perry  Mentor  Other: \_\_\_\_\_

My child is expecting to receive ESY (Extended School Year Services). My child will **not** receive ESY (Extended School Year Services).

**Please include a copy of your child's most current IEP with goals.**

**Consent for School Record Release**

*The following form should be filled out for **all** children. The purpose of this release of information form is to give permission for your child's regular school to release a copy of the current IEP to the New Avenues Summer Camp or pertinent information from their teacher. Although your child's IEP is not valid during the summer months, staff at New Avenues Summer Camp will use the IEP information to become familiar with your child's ability level and to reinforce goals as much as possible. Thank you for your cooperation!*

School Name:	Child's Name:
Teacher's Name:	Child's DOB:
School Address:	City:
State:	Zip Code:

I am requesting the following information/records for the above-named student be released to New Avenues:

- Therapy Evaluations
- Current IEP and ESY goals (if applicable) to focus on during summer camp
- Behavior Plan and Guidelines (if applicable)
- Teacher Information (form included)

Please release information to:

Cheryl General  
 Children's Programs Director  
 New Avenues to Independence, Inc.  
 New Avenues Summer Camp  
 8090 Broadmoor Ave  
 Mentor, OH 44060

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

\_\_\_\_\_  
 Date

### Activity Release

I, as a parent or guardian of the Participant, understand that New Avenues to Independence, INC. ("New Avenues") makes efforts to operate and conduct its activities in a safe and responsible manner. These activities include, but are not limited to arts and crafts, music, games, sports, swimming, and/or exposure to nature (e.g. weather conditions, animals, plants, insects, etc.). I understand that New Avenue's activities and the actions and/or inactions of other program participants involve certain inherent risks. I recognize these risks and agree to assume all liability for all risks by allowing the Participant to attend New Avenues Summer Camp program and participate in such programs and/or activities. I hereby release, indemnify, and hold harmless New Avenues, its affiliated entities, their officers, agents, employees, and all other from all liability and/or damages for injury, illness, and/or death sustained by the Participant relating to or deriving in any way from participation in New Avenue's Summer Camp program, whether arising from an act or omission or otherwise, shall be subject to mandatory and binding arbitration clause shall be invalidated, or for any other type of claims and/or causes of action against New Avenues, such as claims.

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

\_\_\_\_\_  
Date

### Supervision Ratio

I, as a parent or guardian of the participant, understand that New Avenues generally provides supervision of participants at the following participant to staff ratio: 4:1. I understand that if additional support is needed, the parent or guardian must make arrangements with the Summer Camp Director at 216-390-2617 as New Avenues is able to provide 1:1 staffing, 1:2 staffing, or 1:3 staffing for a fee, on a limited basis, or may be able to accommodate a personal care aid to attending with the participant. I understand that the stated ratios do not guarantee that my camper will have a successful camp.

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

\_\_\_\_\_  
Date

### Medical Release

With my signature, I certify that I will accept emergency services offered by New Avenues for injury and/or illness. I hereby acknowledge that the designated first aid person in charge may perform emergency care and I hereby grant permission to New Avenues to release my medical information required by said individual and do hereby give permission for treatment. I understand that medical care will be provided to me according to the standards of the Ohio Emergency Management Agency and said designated first aid person is protected from liability under the Good Samaritan Act.

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

\_\_\_\_\_  
Date



### Authorization for Transport

In the event of an emergency, I give permission to transport \_\_\_\_\_ to the closest medical facility while he/she is attending New Avenues to Independence Summer Camp.

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

\_\_\_\_\_  
Date

### Missing Person's Release

I hereby give consent to New Avenues to take a recent photograph of my child and keep it on file to be used in the event a missing person's report must be filed. I also give my consent to New Avenues to release this photograph and other necessary information to the Mentor and/or Ohio State Police and any other agency for the sole purpose of filing a missing person's report. I certify that I have read above and/or had the information read and explained to me.

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

\_\_\_\_\_  
Date

### Photo Release

I give my permission for New Avenues to Independence to use my child's name and/or photo in:

- Any New Avenues **ELECTRONIC** public relations and social media marketing including but not limited to; A) New Avenues **websites** B) New, Avenues **Facebook** page, and C) New Avenues **LinkedIn** page.

*Check the appropriate boxes:*

You may print my child's name.

You may NOT print my child's name.

You may use my child's photo.

You may NOT use my child's photo.

- New Avenues public relations **Publications** and marketing including, but not limited to; A) monthly and Quarterly **newsletters**, B) **brochures**, C) **annual reports**, and D) **promotional pieces**.

*Check the appropriate*

You may print my child's name.

You may NOT print my child's name.

You may use my child's photo.

You may NOT use my child's photo.

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

\_\_\_\_\_  
Date

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

Summer 2023

### Physician Orders

***This form must be signed by Parent/Guardian and Physician. Please send enough medication to last the full 5 weeks of camp. If your child is NOT receiving meds at camp, please write “NO MEDS AT CAMP” on this form and sign below. A physician’s signature is not required if your child does not receive meds at camp.***

Participant’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

**Doctor Prescribed Medication:** (Includes any medications that are to be given at camp either prescription or over the counter and any medication given on an as needed basis.)

Name of Medication & Dosage of Pill	Reason for Medication	Times	Route	Special Instructions: (i.e. crush, mix with pudding)

**\*Please review the medications above and authorize New Avenues to Independence to administer as prescribed by signing this form.**

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Name:

Summer 2023

## G-Tube Feeding Form (if applicable)

*Must be signed and dated by a physician. Forms can be faxed to 440-602-1030.*

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

### Important Notes for Campers Using G-Tubes:

- All medications and dietary supplements (such as Ensure) **must** be listed on the Physician Orders form.
- Campers must bring their own supply of syringes, pumps, bags, and other g-tube supplies. We are not able to provide these at camp.
- All supplies must be turned into the nurse on or before the first day of camp.

Does this camper use a pump? Yes No If no, please describe how feeding and medication is to be given.

Can this camper have anything by mouth? Yes No If yes, please describe.

Please describe the mealtime procedures including frequency and type of flush that should be given: Please be descriptive!

Additional Notes:

**Be sure to use this form as a supplement to the medical form. Both forms MUST be turned in prior to the camper's arrival.**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name/Title (printed): \_\_\_\_\_

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

## Financial Information

Tuition for Summer Camp is **\$1,800 (without ESY services)** for Lake County residents or **\$2,000 (with ESY services)** for Lake County residents. Tuition for Summer Camp is **\$2,000 (without ESY services)** for out of Lake County residents or **\$2,200 (with ESY services)** for out of Lake County residents. Therapy services are available for an additional charge of **\$65** per half hour. 1:1 aides are available upon request & with the approval of the participant's school district. **Grant opportunities are available for those who qualify.** Contact Cheryl General for more information.

**Payment arrangements should be confirmed with Summer Camp Director by June 1, 2023.**

**Please check the boxes below to request New Avenues Summer Camp services & verify payment provider(s).**

New Avenues Summer Camp (5 weeks **without** Extended School Year Services):

Lake County resident:  \$1,800      Out of Lake County resident:  \$2,000

New Avenues Summer Camp (5 weeks **with** Extended School Year Services):

Lake County residents:  \$2,000      Out of Lake County resident:  \$2,200

Therapy Services Requested (\$65 for one half hour session):  Speech       OT       PT

Frequency of therapies:

- Once weekly (\$325 total for 5 weeks of camp)       Twice weekly (\$650 total for 5 weeks of camp)  
 Consultation Only (\$65 total for one-time therapist in-put with camper's staff)

1:1 Aide Services Requested for 5 weeks of camp (Consult with Summer Camp Director for cost)  Yes       No

Party responsible for camp payment:  Family       School District \_\_\_\_\_  
Name

FSS/NEON       Other \_\_\_\_\_

**Payment Method:**

**Check** (Payable to New Avenues to Independence)      **Amount:** \_\_\_\_\_

Please send checks to:

New Avenues to Independence, 3615 Superior Ave. E., Suite 4404A, Cleveland, OH 44114

**Credit Card:**       Master Card       Visa      **Amount:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **(3-digit) CVC #** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **(card holder) zip code:** \_\_\_\_\_

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

**FSS/NEON**      **Amount:** \_\_\_\_\_

*Please check with your FSS/NEON coordinator to verify if you have a co-pay (% of a submitted bill that the family is responsible for). All co-pays are due by **June 16, 2023.***

**For questions regarding payments, please contact:**

Cheryl General

Cell: (216) 390-2617

Email: [cgeneral@newavenues.net](mailto:cgeneral@newavenues.net)