



4645 LaGuardia Drive
 St. Louis MO 63134
 314-994-1600
 Fax 314-994-1601

Jefferson City Summer 2022 Camp Application

*Please email or fax completed applications to Emily Love (lovee@ucpheartland.org) Fax: 314-916-5388.
 Parents will be notified of acceptance, and to complete enrollment paperwork upon acceptance.*

Circle which week(s) the individual is applying for:

July 11-15

July 18-22

July 25-29

August 1-5

Camper's will be involved in physical activities and games, create arts & craft projects, practice social skills, work on life skills activities, take community trips & interact with peers. Individuals should be able to participate in small group settings. Support and assistance will be provided throughout the day. **Staffing is a 1:3 ratio.**

General Information:

| | | |
|----------------|----------------|---------------|
| Camper's Name: | Date of Birth: | Phone Number: |
| Address: | City, State: | Zip: |
| Sex: | Height: | Weight: |
| Race: | Eye Color: | Hair Color: |

Contact information:

Parent(s)/Guardian(s) name: _____

Email Address: _____

Phone number: _____

Does your child have a diagnosis of an intellectual or developmental disability?

Yes (if yes, please complete rest of form below)

No

Camper's Primary Diagnosis:

Learning Disability

Autism

Epilepsy

Intellectual Disability

Cerebral Palsy

Other _____

Secondary Diagnoses or other pertinent information we need to know:

Level of Support needed:

Does your child have any challenging behaviors? No Yes.

If yes, please explain nature of behaviors, triggers, severity, and techniques used to address behaviors:

Does your child engage in physical behaviors (pinching, hitting, punching, biting, etc)? No Yes

If yes, please explain any triggers, severity of behaviors, and techniques used to address behaviors:



JEFFERSON CITY SUMMER 2022 CAMP INFORMATION

Dates:

Monday, July 11 – Friday, August 5

Camp Location:

To be determined

Camp hours:

Monday through Friday 9a-3p

Camp Fees:

\$50/week per child

Email or fax completed application to Emily Love at:

Fax number: 314-916-5388

Email: lovee@ucpheartland.org