



2017 STUDENT SUMMER CAMP APPLICATION

Sunday, June 18, 2017, 7:00 p.m. - Saturday, June 24, 2017, Noon

Please check the one camp to which you are applying.

- Camp for Children Who Are Blind or Visually Impaired, ages 6-12
Camp for Children Who Are Deaf or Hard-of-Hearing, ages 6-12
Teen Camp for Students Who Are Blind or Visually Impaired, ages 13-16
Teen Camp for Students Who Are Deaf or Hard-of-Hearing, ages 13-16

ELIGIBILITY REQUIREMENTS

- Campers must:
Have a hearing or vision loss that affects learning;
Be a South Carolina resident;
Meet the age requirements of the camp;
Be toilet-trained;
Have the physical, mental, and behavioral capabilities to benefit from the programs offered during the camp;
Not have attended SCSDB during the 2016-2017 school year.

Yes, my child meets all of these eligibility requirements. I will pick my child up on Saturday at the conclusion of the program.

Signature of Parent/Legal Guardian

Date

PERSONAL INFORMATION

Child's Name (Nickname) Sex Age

Address Date of Birth

City State County Zip E-Mail Address:

Father's Name Home Phone # Work Phone # Cell #

Mother's Name Home Phone # Work Phone # Cell #

Father's Text # Video Phone# Mother's Text # Video Phone#

Has your child participated in camp(s) before? If yes, camp name(s) and date(s)

I would like to request a day camp option.

Child's preferred language: Child's swimming ability: None Beginner Intermediate Advanced

T-Shirt Size: Child's Medium Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large Adult XXX-Large

How did you learn of this camp? SCSDB Mailer Newspaper My Child's Teacher or School Staff Website Other

DISABILITY INFORMATION

Hearing Loss: Mild Moderate Severe Profound Cochlear Implant: Yes No Hearing Aid: Yes No

Communication Style: ASL - American Sign Language Cued Speech Oral Signed English

Visual Impairment: Eye Condition

Visual Acuity Best Correction: Near Vision: Left Right Far Vision: Left Right

Reading Style: Braille Large Print Regular Print Glasses: Yes No Crutches/Walker: Yes No

Wheelchair: Yes No Other Disabilities (Please List)

Behavioral Concerns?

Are there any other special needs (physical or emotional) that we should be aware of?

SCHOOL INFORMATION

Name of School Currently Attending Grade

City State Zip Code

School Phone # ( ) Name of Child's Teacher

School District

## MEDICAL INFORMATION

Child's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Medicaid # \_\_\_\_\_

How is health care provided for this child?  Employment Insurance  Private Insurance  Medicaid  Other \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### Does your child have health problems? Please check:

Allergies, please list (food, medicine, other) \_\_\_\_\_

Anemia  Asthma  Diabetes  Diastat  EpiPen  Heart Problems  Seizures/Convulsions  Sickle Cell Anemia

Are there any other special needs we need to be aware of? \_\_\_\_\_

Does your child take medication? \_\_\_\_\_ Name of medication(s) \_\_\_\_\_

Dosage and frequency \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

## EMERGENCY INFORMATION

Please give us the names of two relatives or close friends whom we can call in case the parent/guardian cannot be reached.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

## SUMMER CAMP GENERAL PERMISSION FORM

*All scheduled activities (both on and off campus) are closely supervised. Please check yes or no to the following questions.*

- I give my son/daughter permission to participate in water activities with a certified lifeguard present.  
 Yes  No Special Restrictions: \_\_\_\_\_
- My child may ride in a school vehicle to attend special off-campus activities.  
 Yes  No Special Restrictions: \_\_\_\_\_
- I want my child to ride the bus to camp. Transportation routes to camp will be based on campers who have registered by May 15 and will be communicated two weeks before camp begins. **(Families MUST pick up their children at the conclusion of camp by noon, Saturday, June 24.)**  
 Yes  No Special Restrictions: \_\_\_\_\_
- My child has permission to access the Internet or the school's computers following the SCSDB Policy for Acceptable Use of the Computer Network.  Yes  No Special Restrictions: \_\_\_\_\_
- I give my permission for pictures/video tapes to be taken of my child. These pictures/video tapes may be used in publications, on television, for website purposes, social media, and in other audio/visual materials for public relations. This includes use by The Walker Foundation, SCSDB's fund-raising arm.  
 Yes  No Special Restrictions: \_\_\_\_\_
- I give my permission for my child's teacher/vision or hearing teacher/specialist to be contacted for informational purposes.  
 Yes  No
- I understand that I am responsible and financially liable for the medical care of my child. In case of an emergency and I cannot be notified, the school has permission to treat and to order injections, anesthesia, or surgery for my child.

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

\_\_\_\_\_  
Date

## APPLICATION AND INFORMATION

Please return completed application form to:

Le'Tesha Gray

SC School for the Deaf and the Blind

355 Cedar Springs Road

Spartanburg, SC 29302-4699 • 864-577-7558 or 1-888-447-2732

**CAMP IS FREE - PLEASE BRING \$40 FOR FIELD TRIPS - NO CHECKS ACCEPTED - CASH ONLY!**

**SPACE IS LIMITED, SO PLEASE REGISTER EARLY. APPLICATION DEADLINE - MAY 15, 2017**