

Maranatha Kids Games Camp Information Form  
**Special Needs Support for:** \_\_\_\_\_

(Child's Name)

**(Summer Games Registration Form and \$80 check must accompany this form)**

**Please Return Form To:**

K.I.D.S. Therapy Associates, Inc., 11838 Bernardo Plaza Court, Suite 110, San Diego, 92128

OR via email at [sportscamp@kidstherapyassociates.org](mailto:sportscamp@kidstherapyassociates.org)

We are excited and blessed to have your child joining us for the Sports Camp at Maranatha this year! It is our earnest desire to help your child have a very positive experience at the camp, learn new skills, and meet new friends. K.I.D.S. Therapy Associates Inc. staff members will be on site during the camp to assist all kids who require additional support. We will be providing supervision and training to volunteers from the community who will be serving as buddies to each child. In order to provide appropriate support for your child, we would appreciate you providing us with the following information. We will be reviewing the information that you provide to us prior to the start of the camp, so that we have the supports necessary for your child when he/she arrives on his/her first day of camp.

**Child's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **M**      **F**

**Is this your child's first time at camp? YES      NO**

**MEDICAL CONDITIONS:**

This is a very physically active sports camp. Are there medical conditions that impact your child's participation or safety in active play and sports? **YES      NO**

**Explain:**

**ALLERGIES:**

*Please note that you will be responsible for sending a snack to camp with your child each day*

Does your child have allergies? **YES      NO**

**List all known allergies:**

**MEDICATION:**

Please list any medications that your child currently takes:

Let us know if these medications cause sun or heat sensitivity.

**\*Parents will be responsible to provide sun protection for their child everyday.**

How does your child communicate best?

\_\_\_\_\_

How does your child indicate the need for help? \_\_\_\_\_

What type of visual supports does your child use (if/then, picture schedules, etc...)?

\_\_\_\_\_

Does your child have any gross motor skill or mobility challenges?

\_\_\_\_\_

Approximately how long can your child attend to a small group, structured activity? \_\_\_\_\_

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(Child's Name)

Does your child have any sensory needs (i.e. sensitivities/triggers)? What type of sensory supports does your child need (i.e. movement breaks, deep pressure, etc...)?

\_\_\_\_\_

Does your child have any behavioral concerns (i.e. aggression, running away, impulsive, etc...)? Please explain.

\_\_\_\_\_

Does your child need any assistance for toileting or hygiene?

\_\_\_\_\_

How does your child indicate the need for toileting? \_\_\_\_\_

Does your child need assistance with feeding? \_\_\_\_\_

Please explain any further support you feel your child would benefit from in order to successfully participate in Kids Games Camp:

\_\_\_\_\_

I agree that the information provided here is accurate and best represents my child's needs.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CAMP READINESS SOCIAL GROUP:**

This year, we have the opportunity for your child to participate in a research based social language group to take place each day before camp.

Would you be interested in participating in a social language group and will you be able to drop your child off each day at 7:45 AM? YES NO##

**Photograph Authorization:** Participating in this camp program has been a wonderful opportunity for all KIDS Therapy staff and we would love the chance to share your camper's experience with other families. We would be thrilled to use your camper's photo for our website, newsletter, Facebook and other marketing materials.

The undersigned consents to and authorizes the taking of pictures of camp participation activities to be used on the K.I.D.S. Therapy Associates, Inc.'s website, newsletter, Facebook and other company marketing publications. The patient's name will not be published.

Yes No

\_\_\_\_\_  
**Printed Name Parent/Guardian**

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