



D.R.E.A.M. to improve the lives of children with disabilities!

Pattison's Academy Day Camp 2011

(5th Annual Day Camp - the only one to integrate daily therapy with education and FUN!)

WHO: Children with orthopedic impairments and other special needs

AGES: 1 to 15 years old but we may be able to accommodate other ages depending on demand.

DATES: June 20 - July 22, 2011 (this is subject to change depending on funding)

TIME: 9AM until 3PM - Monday - Friday

LOCATION: Rutledge Baptist Church on Bees Ferry Rd. West Ashley (our new school location)

COST: \$150 per week (includes therapy services as long as we can bill private insurance and or Medicaid), **no campers accepted have ever been turned away for financial reasons.**

NUMBER of CAMPERS: We plan to serve 50 children.

DESCRIPTION: Campers will be exposed to very active days of physical therapy, occupational therapy, speech therapy, and field trips. Child must be able to tolerate at least 3 hours per day of therapy and attend **ALL 4 WEEKS OF CAMP.**

PRIMARY STAFF: Cindy Dodds, MHS PT; Kimberly Wilson, Special Education Teacher; Pam Sloat, Director of Operations & Programs; Barbara Wright, Lead Teaching Assistant; Marlayah Legare, Ex Officio Camper and Administrative Coordinator

Application (Please fax or mail your application as shown below. It is important to include an e-mail address if you have one so that we can contact you via e-mail regarding camp information and deadlines. This will help us reduce our costs and yours.)

Child's Name: _____

Nickname: _____ Birthday: _____

Child's Diagnosis Condition: _____

- Uses a wheel chair Uses a walker Non- verbal
- Feeding tube Oral Feed with assistance Self feeds
- Uses diapers Diaper and toilet Toilet only
- Intellectual disabilities Behavioral Concerns Autism
- Other - Please list _____

Does your child have ? Private Insurance Medicaid None

Does your child have transportation to and from camp? YES NO

Are you available to volunteer to help at the camp? YES NO

Dis. Board\Early Interventionist\Case Worker: _____

How did you hear about us? _____

Child's Address: _____

City: _____ State: _____ Zip: _____

County: _____

Primary contact person(s) regarding camp:

(A) Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work: _____

Mobile Phone: _____ E-mail: _____

(B) Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work: _____

Mobile Phone: _____ E-mail: _____

Thank you very much for your interest in Pattison's Academy Day Camp!