



Pattison's Academy Day Camp 2009

(4th 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 and funding.

DATES: June 29 - July 31, 2009

LOCATIONS: Previously camps have been held at Mt. Pleasant Presbyterian Church in Mt. Pleasant and Bethany United Methodist Church in Summerville

TIME: 9AM until 3PM

LOCATION: Mt. Pleasant Presbyterian Church's Education Building and Bethany United Methodist Church

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

NUMBER of CAMPERS: We hope to serve 25 children in two groups for a total of 50 campers at one time—subject to funding.

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.

PRIMARY STAFF: Cindy Dodds, MHS PT; Kimberly Wilson, Special Education Teacher; Pam Sloat, Director of Operations & Programs

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/Disabilities/Condition: _____		

Does your child have private insurance?	YES	NO
Does your child have Medicaid?	YES	NO
Does your child have transportation to and from camp?	YES	NO
Are you available to volunteer to help at the camp?	YES	NO
Dates and times available?		
Dis. Board\Early Interventionist\Case Worker: _____		
How did you hear about us? _____		

Child's Address: _____
City: _____ State: _____ Zip: _____

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!