

Washington School for the Deaf

Camp Sponsored by Washington State Center for Childhood Deafness & Hearing Loss

WSD Summer Camp

Registration Packet



Deaf & Hard-of-Hearing
Students entering 6-8th grades

July 24, 2011
check-in: 4-6pm
July 30, 2011
check-out: 1pm

\$150 fee Includes: 6 nights lodging, all meals, memory book, memory CD, T-shirt, literacy activities, field trips, journaling, farewell barbecue on the last day of camp. Partial scholarships may be available for students who qualify for free and reduced lunch. Campers must be able to function independently in small groups.



Free Parent Camp July 29-July 30, 2011 (parents of campers only)
Includes one night lodging, meals, activities, classes, special guest speakers!

*No transportation will be provided to and from students' homes.

Checklist



All information must be filled out completely and requested documents must be attached before your child will be accepted.

Use this checklist to ensure that documents are completed and enclosed with your registration packet.

-  Parent Information
-  Registration
-  Camper Background
-  Medical Release
-  Photo Release
-  Expectations & Agreements
-  Behavior Agreement
-  Free Parent Camp Registration



WASHINGTON SCHOOL FOR THE DEAF
611 GRAND BLVD
VANCOUVER, WA 98661

For more information contact Judy Smith at
(360) 696-6525 x0401 V/TTY or judy.smith@wsd.wa.gov
www.wsd.wa.gov

Schedule

Sunday, July 24th

- 4:00-6:00: Campers Sign-In to Cottages
- 6:00-7:00: Pizza Dinner under shed or CH-Basement
- 7:00-8:00: Social at TBA

Monday, July 25th

- 8:00-8:45: Introductions/Icebreaker game (review day's agenda, rules & expectations)
- 9:00-3:00: Field trip to Bonneville Dam & Multnomah Falls
- 3:00-4:00: Back at WSD, small groups do writer's workshop (introduce journaling, expectations)
- 4:00-5:30: Free Time
- 5:30-6:30: Dinner
- 6:30-7:30: Small Groups
- 7:30-8:30: Free Time

Tuesday, July 26th

- 8:00am-5:30pm: Field trip to Mt. St Helens (review agenda/expectations on bus)
- Evening in the cottages: Journaling (video & writing)
- 5:30-6:30: Dinner
- 6:30-7:30: Small Groups
- 7:30-8:30: Free Time

Wednesday, July 27th

- 8:00-8:45: Team Building
- 8:45-9:00: Review agenda/expectations
- 9:00-11:30: Water Junkbox Wars
- 11:30-12:30: Lunch/Recreation time
- 12:30-2:00: Water Colors Art Activity
- 2:00-4:00: Small groups journaling
- 4:00-5:30: Free Time
- 5:30-6:30: Dinner
- 6:30-7:30: Small Groups
- 7:30-9:30: Movie (Water Theme) in CH-Basement

Thursday, July 28th

- 8:00-8:45: Team Building
- 8:45-9:00: Review agenda/expectations
- 9:00-2:00: Field trip to Tryon Creek
- 2:00-4:00: Small groups create poems/short stories (Anthology/Memory Book & CD)
- 4:00-5:30: Free Time
- 5:30-6:30: Dinner
- 6:30-7:30: Small Groups
- 7:30-8:30: Free Time

Friday, July 29th

- 8:00-8:45: Team Building
- 8:45-9:00: Review agenda/expectations
- 9:00-3:00: Water Field Day! (Lunch at 12pm)
- 3:00-4:00: Wrap Up/ Sign each other's Memory books
- 4:00-6:00: Parent Camp begins
- 6:00-7:00: Dinner
- 7:00-8:30: FAN



Academic Enrichment

Team Building/Leadership Building

Journaling:

- Will be in ASL (videotaping/pictures) and English (writing), sign and write about the day's experiences
- Campers run a daily blog/vlog
- Campers are responsible for photographing/videotaping during the field trip, and taking ideas from journals to create poem or short story to be put into Camp Anthology book and video

Create Anthology/Memory Book/CD-will include:

- Poems & short stories, photographs of the week, pages for campers to write to each other on Friday (similar to yearbook)

Junkbox Wars:

- Requires reading, writing, ASL, science

Water Field Day:

- Water Balloon Toss
- Water Balloon Fight
- Waterslide

Games:

- Capture the Balloon (i.e. Flag)

Parent Information



- ◇ All Summer Camp Staff receive ongoing safety training and are fluent in American Sign Language.
- ◇ Applications are accepted for the full camp only. WSD accepts cash, checks, money orders, and purchase orders/requests.
- ◇ Partial scholarships are available for campers who currently receive free or reduced lunch. Full payment must be received by July 1, 2011 for your camper to participate in WSD Summer Camp.
- ◇ There will be no reduction in cost or refunds for campers arriving late or leaving early.

For payment arrangements, contact Kay Pedisich @ 360-696-6525 x0415 or kay.pedisich@wsd.wa.gov. All applications must be filled out completely and mailed with the total fee to:

Washington School for the Deaf
Summer Camp
611 Grand Blvd
Vancouver, WA 98661

Visitation: Attending camp provides an extraordinary opportunity for participants to gain language skills, self-reliance, self-confidence, and independence important to a child's development; therefore the camp program should not be interrupted with visits by parents, relatives or friends during the week. **We highly recommend parents attend the FREE Parent Camp on July 29-30, 2011.**

Letters and Packages: Please address letters and packages to the camper in the following format:

Washington School for the Deaf
Summer Camp
Child's Name
611 Grand Blvd
Vancouver, WA 98661

Refund Information:

50% of the amount paid will be refunded **IF** you cancel on or before **July 5, 2011.**

No refund will be given after **July 6, 2011.**

Registration



Registration deadline is July 1, 2011
Early Registration is advisable to ensure a place in Camp!

Camper's Name _____ Age _____

Does your child use Cochlear implant Hearing Aids

Primary Mode of Communication: ASL PSE SEE Oral Other _____

If spoken language is used, what is the primary language? _____

Parent/Guardian Name _____

School Attending _____ Grade Level (in fall 2011) _____

Address _____ City, State, Zip _____

Email _____ Home Phone _____ Video Voice

Parent/Guardian Work Phone _____ Cell Phone _____ Voice text

Parent/Guardian Work Phone _____ Cell Phone _____ Voice text

Fee: **\$150** *Make all checks payable to WSD/Camp

For partial scholarship Approval: Please provide proof of eligibility for free or reduced lunch.

Does she/he have any learning or physical disabilities? Please explain.

Please list all dietary restrictions/food allergies _____

Adult T-Shirt Size S M L XL XXL

Youth Size S M L XL XXL

(We reserve the right to refuse acceptance of any applicant who, in our judgment, will neither benefit from nor contribute to the camp experience. The right is also reserved to dismiss from camp a participant who, in the director's judgment, is detrimental to the best interest of the camp.) No Refund will be given if a camper is sent home for behavior issues (see behavior agreement).

For Office USE only

Date Received: _____

Deposit Amount: _____

check money order purchase order

Receipt #: _____ Letter Sent: _____

Camper Background



This Camper Background Information aids in considering program and placement suitability and best match.

Please answer the following questions truthfully, honestly and to the best of your personal knowledge. Any falsification of or withholding of pertinent information may mean that your child is sent home from camp.

NAME of CAMPER: _____ DATE: _____

NAME of Parent/Guardian COMPLETING THIS FORM: _____

PLEASE CIRCLE CORRECT RESPONSE

- 1) Are there any diagnosed learning disabilities or learning exceptionalities present for this child? **YES NO**
- 2) Does your child have any records of disciplinary actions in any previous educational/camp setting? **YES NO**
If yes, please explain: _____
- 3) Has your child ever received school and/or mental health counseling? **YES NO**
If Yes, please explain: _____
- 4) Is/was this student on a Behavioral Intervention Plan? **YES NO**
If Yes, please explain: _____
- 5) Has your child ever been suspended? **YES NO**
If Yes, please explain: _____
- 6) Has your child been placed in an Interim Alternative Educational Placement? **YES NO**
If Yes, please explain: _____
- 7) Does your child have ongoing needs related to severe emotional, behavioral or mental disorder? **YES NO**
If Yes, please explain: _____
- 8) Does your child require 1:1 behavior management to protect self or others? **YES NO**
If Yes, please explain: _____
- 9) Has your child engaged in behavior that could be dangerous to self or others (hitting, etc.)? **YES NO**
- 10) Does your child have attention problems? **YES NO**
- 11) Does your child exhibit current or past self-harm behaviors or make suicidal threats? **YES NO**
- 12) Does your child exhibit current or past violent or intimidating threats towards others? **YES NO**
- 13) Does your child understand and respect other people's personal boundaries? **YES NO**
- 14) Has your child ever exhibited inappropriate sexual touching or aggressiveness? **YES NO**
- 15) Has your child ever played with fires or started fires? **YES NO**
- 16) Has your child ever been in possession of a weapon? **YES NO**
- 17) In the past, was physical restraint ever needed for your child either at home or at school? **YES NO**
- 18) Does your child fantasize or make up stories? **YES NO**
- 19) Has your child been charged/arrested/adjudicated for any violent offenses? **YES NO**
If Yes, please explain: _____
- 20) Has your child been charged/arrested/adjudicated for any sexual offenses? **YES NO**
If Yes, please explain: _____
- 21) Does your child have any history of suspected or founded victimization? **YES NO**
- 22) Does your child have any suspected or actual history of drug or alcohol abuse? **YES NO**

What to Bring?



Please mark **NAME** clearly on all items!

Sheets, Pillow, Pillow Case, Blankets, Towels & Washcloths will be provided.

- ◇ Enough clothing for 6 days
- ◇ Tennis shoes
- ◇ Warm sweater or sweatshirt
- ◇ Bathing suit
- ◇ Pajamas
- ◇ Toothbrush, toothpaste
- ◇ Shampoo
- ◇ Deodorant
- ◇ Sun block
- ◇ Comb or brush
- ◇ Hair bands (for long hair)
- ◇ Soap & soap dish
- ◇ Hearing aid batteries
- ◇ Water bottle
- ◇ Medications (All medications must be given to nurse at checkin)



Optional:

- ◇ Camera
- ◇ Sunglasses
- ◇ Extra glasses/contacts
- ◇ Swim goggles, earplugs
- ◇ Books
- ◇ Hat
- ◇ Stationary and stamps

WSD is not responsible for lost or stolen items.

Medical Information

Release

Camper Name _____

Age _____ Date of Birth _____

Allergies _____

Date of Last Tetanus Shot (Please attach a copy of immunization card) _____

Any known medical conditions and/or life threatening conditions, such as: asthma, seizures, diabetes, allergies

Insurance Information (Please attach a copy of your insurance card)

Name & Address of Insurance Company _____

Policy & Group Numbers _____

Emergency Contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Care

This is to authorize WSD medical staff and/or other doctors so designated to provide emergency medical treatment to my child and administer anesthetic by qualified personnel if it becomes necessary.

WSD staff has the right to give first aid treatment to any camper and to seek and retain medical emergency or rescue services to treat, transport and/or hospitalize a camper.

Parents/guardians are responsible for providing payment or medical insurance coverage for their camper including medical expenses, evacuation and/or emergency transportation charges. WSD does not provide medical insurance coverage for students and will not be held responsible for medical expenses under any circumstance.

Parent/Guardian Signature _____

Date _____

Photo & Field Trip Release



Photo Release:

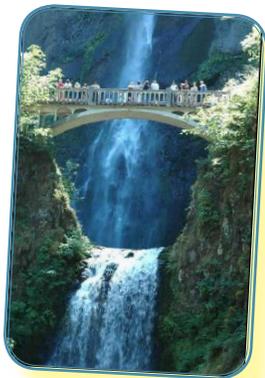
I **do** / I **do not** give WSD the right to use my child's photograph in all forms of media and in all manners, including composite or other representations, for advertising, trade or other lawful purposes.

Parent/Guardian Signature _____ Date _____

Field Trip:

I, _____ (parent/guardian), give permission for my child to ride in WSD state vehicles to participate in all offsite camp activities, including but not limited to Marshall/Firstenburg Community Center, Tryon Creek State Park, Bonneville Dam, Mt. St. Helens and Multnomah Falls.

Parent/Guardian Signature _____ Date _____



Multnomah Falls



Tryon Creek State Park



Bonneville Dam



Mt St Helens

Expectations & Agreements



Personal Loss:

I understand WSD does not cover theft, loss, or damage to my child's personal equipment or property. I understand WSD recommends I check with my personal insurance coverage to confirm my insurance will cover any loss.

Parent/Guardian Initials _____ Camper Initials _____

Damage to WSD Property:

I understand I am responsible for all costs incurred if my child damages any WSD property. I understand if the damage is serious enough, local law enforcement will be contacted.

Parent/Guardian Initials _____ Camper Initials _____

Expectations:

The primary responsibility of WSD Staff is to keep participants safe. We expect campers to follow the rules to keep everyone safe.

Camp is a group experience. The campers' attitude influences the group. A positive attitude is expected.

I agree to the following:

- ◇ I will not participate in any illegal activity.
- ◇ I will not use or be in possession of alcohol, tobacco, weapons or any controlled substance.
- ◇ I will treat each team member with equal respect and fairness.
- ◇ I understand that any disregard for these rules may result in my dismissal from camp.
- ◇ I understand my parent/guardian will be responsible to pick me up immediately if I violate the rules.
- ◇ I have read the above agreements with my parent/guardian and agree to abide by them.

There will be **no refunds** for campers who are dismissed for disciplinary reasons or arrive late or leave early. I have read the above agreements with my parents/guardians and agree to abide by them.

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Behavior Agreement

Camper Code of Conduct



WSD Summer Camp is for middle schoolers who:

- ◇ Treat each other with respect
- ◇ Value other's rights to have a fun experience at camp
- ◇ Are not disrespectful, violent, or mean
- ◇ Do not bully, tease, harass or isolate other campers
- ◇ Use appropriate language at all times

Dress must be appropriate for an active camp program, meaning:

- ◇ Clothes must fit closely enough so the camper is not endangered during any activities
- ◇ Clothes must not be extremely tight or provocative
- ◇ No underwear may be showing
- ◇ Modest bathing suits are required for all campers
- ◇ No logos depicting violence, foul language, or topics such as: beer, tobacco, drugs, sex or gang references

In the event the camper fails to meet the above Code of Conduct at any time during the camp session, there will be a discussion with the camper and parents or guardians will be contacted. Your camper may be sent home at the family's expense and no refund will be given. WSD is committed to helping each and every camper have a fun and rewarding experience.

I have read, fully understand and agree to abide by the above guidelines and conditions.

Camper Signature _____ Date _____

Parent Signature _____ Date _____

Free Parent Camp Information/Registration



Free Parent Camp is for Parents of Campers only.

Will you be attending? []Yes []No

Name _____ Relationship to Camper _____

Adult T-Shirt Size []S []M []L []XL []XXL

July 29, 2011 check-in at 4pm
July 30, 2011 check-out at 1pm
1 night lodging, meals, activities,
classes, special guest speakers!

