



Camper Name: \_\_\_\_\_

### **Welcome**

Melodic Connections is a community music therapy studio providing services to all ages and abilities. Our primary goal is to create an environment that prepares our students for their communities and communities for our students. Our summer camps fill this mission through intentional creation of arts-based social experiences for all abilities. At Melodic Connections each voice is unique and every voice will be heard. Welcome! We are glad you are here.

### **Payment Policy**

- Level 1, I/O and SELF waivers are accepted for our summer camp program. We must be in contact with your camper's SSA no less than two weeks before the first day of camp. Service and Support Administrator (SSA) contact information is included in registration materials.
- Private payments are due first day of camp. Payment may be made online during the registration process. Credit cards will be accepted by phone. Payments by check or cash will be accepted through the first day of camp. Payments may be mailed to:

Melodic Connections  
407 Vine Street  
Suite 112  
Cincinnati, OH 45202

### **Attendance Policy**

- Camp operating hours are Monday-Friday, 10am-3pm. Please arrive by 9:45 on Monday. Arrival and pick up time for half day campers will be determined dependent upon registration.
- Based on location, age and needs of campers instructions will be emailed regarding drop off and pick up procedures. Campers must be in visual range of parent/guardian or camp staff during all pick up/drop off times.
- If there is an individual, other than yourself, picking your camper up please send a picture of the individual by text or email with his/her name and phone number (note: this is giving permission that your camper can be sent home with this individual)
- If your child is sick or cannot attend for any reason, please email [Christina@MelodicConnections.org](mailto:Christina@MelodicConnections.org) before the start of camp that day so she may alert staff.



Camper Name: \_\_\_\_\_

### **Health Guidelines**

- The Board of Health considers the following signs to indicate communicable disease/illness: vomiting, fever over 100 degrees, diarrhea, sore throat, rash/swelling, red or running eyes. Please be sure your camper is symptom free for 24 hours before resuming programs. Please note that if you bring your camper to program and he/she exhibits any of the above symptoms, it is at the staff's discretion to send him/her home in order to protect themselves and our other clients from infectious illness.
- Our staff cannot administer medication, including over-the-counter and cream.

### **Consent to Treat**

- By signing below, I consent to care and treatment falling under the practice guidelines of the American Music Therapy Association, and the state of Ohio. I acknowledge that there is always a risk of injury with any program involving physical activities.

### **Emergency Medical Information**

- Primary emergency contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

- Secondary emergency contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

- If unreachable, preferred local hospital: \_\_\_\_\_

- Comments: (include any special medical or personal information you would want an emergency care provider to know - or special contact information)

\_\_\_\_\_  
\_\_\_\_\_

### **Other**

- I do \_\_\_\_\_ / do not \_\_\_\_\_ give Melodic Connections permission to use my voice and/or image for educational, advocacy and promotional purposes. (initial preference)
- I agree to indemnify and hold Melodic Connections and its employees, officers, directors and agents harmless from all suits, liabilities, damages, judgments, losses, claims,



Camper Name: \_\_\_\_\_

demands and expenses of every kind and character, directly or indirectly arising out of or in conjunction with this program.

- Name of Employer: \_\_\_\_\_

Melodic Connections is a 501C3 nonprofit organization that depends partly on grants and donations to do our important work to bring music therapy at no or low cost to individuals with developmental disabilities.

Do you work for an organization that offers grants, matching gifts or contributions for volunteering? YES NO NOT SURE

If so, may we contact you about potential matching gifts from your employer? YES NO

- Please let us know if your camper is on a specific behavior plan so that we can be consistent and make an effort to comply with this plan during our programming.

We all learn in our own way and the therapists/instructors will make every effort to engage each camper to his/her full abilities. However, sometimes a camper will communicate through his/her behavior that a break is needed from the camp environment. When this happens, a staff will allow him/her to take a supervised break. Some behaviors may communicate to staff that the environment is not appropriate for a camper, at that time. Behavior patterns may be discussed as a team, if deemed appropriate.

- Each camper is responsible for packing their lunch, including a water bottle each day. Please consider using an ice pack.
- If your camper is not independent in his or her bathroom needs, please communicate with Melodic Connections prior to registration. We will do our best to provide supports, however due to the nature of camp it may be agreed upon that parental assistance is needed, pending the level of support required.
- Site specific information will be emailed 5 to 7 days before the start date of designated camp week. At this time confirmation of attendance will be required via email or phone. If attendance is not confirmed by 12 pm the Friday before camp your spot will be offered to a camper on the waiting list. In the event of a waiting list, priority will be given to full day campers.

I have read, agree to, and understand the above information and policies.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Primary contact: Christina Weber, MT-BC Program Director  
[Christina@melodicconnections.org](mailto:Christina@melodicconnections.org) 888-858-3048 ex.102