

JULY 24-28, 2019



AT CAMP ARANZAZU

# CAMPER APPLICATION PACKET

Enrollment begins February 11, 2019

Spots limited! Apply immediately.

CAMP DIRECTOR

Renee Attaway, MS, CCC-SLP  
rattaway@parishschool.org

OFFERED BY THE PARISH SCHOOL



THE PARISH SCHOOL

11001 Hammerly Blvd., Houston, TX 77043  
Phone: 713-467-4696 • Fax: 713-467-8341  
[www.parishschool.org](http://www.parishschool.org)



## POLICIES AND INFORMATION

Camp Connect combines a camp experience with intensive therapy for social challenges. This camp offers intensive social learning therapy using the Social Thinking® methodology for 12- to 16-year-olds with daily social groups and Social Thinking® concepts embedded throughout traditional camp activities. Throughout the week, campers participate in several small group therapy sessions focusing on concepts relevant to teenagers. These concepts include forming connections with peers, perspective taking, problem solving, and hidden social rules. During camp activities, social learning concepts are embedded and practiced with self-reflections and self-ratings completed daily. This experience provides an incredible opportunity for teenagers to connect with others and to learn new concepts.

### CAMPER ELIGIBILITY

Camp Connect accepts campers between the ages of 12–16 years who would benefit from the Social Thinking® approach. The camp serves children who demonstrate age-appropriate or mildly delayed language skills, average to above average cognitive potential, and who interact spontaneously with other peers their age. Campers who have good self-help skills, can tolerate being away from home, can be successful in a camp environment without 1:1 assistance, and are ready for a camp experience are eligible for this camp. ***The camp is not equipped to help children who have more serious behavioral, emotional or medical difficulties that require psychological support, smaller ratios, and more adult assistance.*** If a child struggles to remain in the group, pay attention to other people around them, or exhibit huge reactions of sadness, anger or aggression, this camp would not be an appropriate placement. Consults will help to determine if camp or other forms of therapy are the best matches for your child's learning needs. Campers must be accepted to camp through an admissions process to be eligible.

### CAMP TUITION

The cost of camp is \$1,350 and includes transportation, lodging, food and intensive group therapy services (minimum of 8 direct hours in group therapy). Camp Connect requires a \$250 deposit and a Payment Authorization Form or payment in full with this application to reserve a camper spot. If the director determines the camp is not a good match for the student, all payments will be refunded in full. Any remaining payment for the camp will be direct debited or processed through your credit card on or about June 3, 2019. The Payment Authorization Form is included in this application. Please contact the business office at 713-467-4696 x.112 with any questions about payment.

### ADMISSION TO CAMP CONNECT

Campers are encouraged to register early, as **space is limited**. Please submit all information (including medical forms) as soon as possible. Applications without a full packet are not considered. Turn in the applications to The Parish School's business office or via email to [rattaway@parishschool.org](mailto:rattaway@parishschool.org). Applications for Camp Connect are reviewed by the Director and Assistant Director who determine whether the camp is appropriate for the student based on interviews, the teacher questionnaire (for new campers only), communications with therapists, and review of the application. All new campers will be asked to attend a Camp Consultation, which consists of an informal evaluation of the camper's social needs. The cost for this is \$85 (payable by cash or check at the time of the consultation). This consultation usually takes 45 minutes and is conducted at The Parish School. All applicants will be contacted via email or phone within two weeks after the application is received to confirm enrollment or to schedule a session for new applicants.





## CAMP ARRIVAL AND PICKUP

Parents drop off at The Parish School on Wednesday, July 24 between 11:00 and 11:45 a.m. The bus leaves promptly at 12:00 p.m. We are unable to accommodate late arrivals and you will be required to bring campers directly to Camp Aranzazu (no refunds given for late arrivals). Campers arrive at the camp around 3:30–4:00 p.m. (please send money for a bathroom/snack stop along the way). The bus returns to The Parish School at 2:00 p.m. on Sunday, July 28. Parents are texted updates on arrival time, but should plan to meet the bus promptly.

## CAMPER ACCEPTANCE

After completing this application and being accepted to the camp, families receive a camper packet with emergency forms, packing list, important dates and additional information. Please return all emergency and medical forms by **May 15, 2019**. For additional questions, contact Renee Attaway at [rattaway@parishschool.org](mailto:rattaway@parishschool.org).

## PARENT COMMUNICATION

More information on this will be shared in the camper packet.

## APPLICATION PACKET

(must include **ALL** of the following:)

- Application Form
- Payment Authorization Form—unless payment is made in full with this application
- Camper Information
- Daily Care & Social Challenges
- Camper Profile
- Acknowledgement of Behavior Policy Form signed by the applicant and parent/guardian
- School or Extracurricular Questionnaire

## EXCLUSIONS AND BEHAVIORAL POLICY

Should any information completed in this application be found to be falsified previous to and/or during the week of camp, Camp Connect reserves the right to deny acceptance and/or to send the camper home. This policy also applies

in cases where the camp is not the right match for a student or to ensure the success of the camp and campers (i.e., in instances including, but not limited to excessive physical limitations, required care that is not possible given our staff ratio, significant behavioral disturbances, physical aggression toward staff or campers, or other reasons determined by camp administration). Refunds may not be issued in these situations.

## CONTACT INFORMATION

For any questions, please contact Renee Attaway, MS, CCC-SLP at [rattaway@parishschool.org](mailto:rattaway@parishschool.org). You can also reach us by phone at 713-467-4696 ext. 216. Scan, mail or drop off any applications to the address below.

The Parish School  
Re: Camp Connect  
11001 Hammerly Blvd.  
Houston, TX 77043  
Phone: 713-467-4696  
Fax: 713-467-8341

*The Parish School does not discriminate on the basis of race, gender, creed or religious beliefs.*



## APPLICATION FORM JULY 24-28, 2019

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

This enrollment form reserves a spot for my child for Camp Connect. All packets must include the required **Payment Authorization Form** or a **full payment of \$1,350**. A minimum \$250 deposit is required with all applications and may be made by check **payable to The Parish School** or by direct debit.

I understand that any remaining camp fees will be processed according to my Payment Authorization Form on or about **June 3, 2019**. I also understand if my child is not accepted into Camp Connect, any fees paid will be refunded.

This application has my approval and consent.

Signature of Parent or Guardian \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

All applicants will be contacted via email or phone within two weeks after the application is received to confirm enrollment or to schedule a consultation for new applicants.

### PAYMENT METHOD

Please check the box beside the preferred payment option.

☐ **\$250 Deposit** (made by check, credit card or direct debit) with a Payment Authorization Form completed and attached to this form. Remaining fees will be processed on or about June 14, 2019.

☐ **Full Payment** with a Check (# \_\_\_\_\_) or Payment Authorization Form.

Please return this **Application Form** and **Payment Authorization Form** to the Business Office check box, by mail or fax. **This form will not be accepted without the completed Payment Authorization Form or payment in full attached.**



Child's Name: \_\_\_\_\_

## PAYMENT AUTHORIZATION FORM

Please select one of the following:

☐ **1. Authorization Agreement for Direct Debits (ACH Debits)**

I/we, \_\_\_\_\_, hereby authorize The Parish School to initiate debit entries to my/our ☐ **checking** or ☐ **savings** account (select one) indicated below at the depository financial institution named below, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law. Payment amounts and processing dates of Direct Debits are based on the payment option selected in the signed Enrollment Contract or Optional Program Enrollment Form for the 2018-2019 school year.

**Please complete this section and attach a voided check:**

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

☐ **2. Authorization Agreement for Credit Card Processing**

I/we, \_\_\_\_\_, hereby authorize The Parish School to process credit card transactions to my/our credit card noted below. Amounts and processing dates of credit card transactions are based on the payment option selected in the signed Enrollment Contract or Optional Program Enrollment Form for the 2018-2019 school year. **We acknowledge that by selecting to pay via credit card, an additional 3.25% service fee will be applied to my account to cover credit card processing costs.**

**Please complete this section:**

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

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**THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE PARISH SCHOOL HAS RECEIVED WRITTEN NOTIFICATION FROM ME/US OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE PARISH SCHOOL AND ANY DEPOSITORY FINANCIAL INSTITUTION INVOLVED A REASONABLE OPPORTUNITY TO ACT ON IT.**

Account Holder Name \_\_\_\_\_ Date \_\_\_\_\_

Account Holder Signature \_\_\_\_\_



## CAMPER INFORMATION

*This section is to be completed by the parent or legal guardian. All information provided is confidential.*

**Camper Full Name** \_\_\_\_\_

**Preferred Name** \_\_\_\_\_

**Date of Birth (M/D/Y)** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** ☐ Male ☐ Female

**Current School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City/State/ZIP** \_\_\_\_\_

**Mother's/Legal Guardian's Name** \_\_\_\_\_

**Email** \_\_\_\_\_ **Facebook Email** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Work Address** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Address (if different from child)** \_\_\_\_\_ **City/State/ZIP** \_\_\_\_\_

**Email** \_\_\_\_\_ **Facebook Email** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Work Address** \_\_\_\_\_

**Who is the child living with** ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

**Ethnicity** ☐ Caucasian ☐ African American ☐ Asian ☐ Native American ☐ Hispanic ☐ Other

**Child's Primary Language** \_\_\_\_\_ **Parent's Primary Language** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_ **Diagnosis Made By** \_\_\_\_\_

Please list the Camper's current therapies (Speech, OT, PT, Social Groups, Psychologist, Other):

**Child's T-Shirt Size** Youth ☐ S ☐ M ☐ L ☐ XL Adult ☐ S ☐ M ☐ L ☐ XL

**Who will be bringing the child to camp?** \_\_\_\_\_

**Who will be picking up the child from camp?** \_\_\_\_\_

Please provide at least 3 teachers, therapists or agencies that The Parish School may contact for references. These references should be able to provide information about their social functioning in other areas.

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**How did you hear about our camp?** ☐ Website ☐ Flyer ☐ School

☐ Another Parent (Name \_\_\_\_\_) ☐ Professional (Name \_\_\_\_\_)



## DAILY CARE & SOCIAL CHALLENGES

*Please answer all questions and provide as much information as possible so that we can best care for your teenager while at camp.*

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

Has your teen successfully attended an overnight camp before? ☐ Yes ☐ No

If no, has your teen ever slept overnight away from family? ☐ Yes ☐ No

Please give us more information about your teen:

Eating habits/diet \_\_\_\_\_

Serious fears/anxieties \_\_\_\_\_

Bedtime/sleep habits \_\_\_\_\_

Bedwetting? If so, how is this handled at home? \_\_\_\_\_

Recent stressful events we should know about? \_\_\_\_\_

Daily medications \_\_\_\_\_

Other important details for an overnight camp \_\_\_\_\_

Can your teen remain in the group and participate in activities independently (even when bored or uninterested)?

What are your primary concerns about your teen's social skills?

List 3 goals that you would like to see improved during this social camp:

What modifications do they need to be successful during extracurricular (or less structured) activities like soccer, church, scouts, etc.?



## CAMPER PROFILE

*This section is to be completed by the camper.*

We would like to know a little bit about each camper before he/she gets to camp.

Please have your camper answer the following questions to help us support your child at camp.

Your name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

What are your hobbies and interests?

What are you looking forward to at camp?

What worries you about this camp experience?

What would you like your counselors to know about you?

When you get angry or upset, you: ☐ Yell ☐ Hit/push ☐ Stay mad a long time ☐ Cry  
☐ Stop talking ☐ Other: \_\_\_\_\_

When worried, you: ☐ Shut down ☐ Cry ☐ Look angry ☐ Become silly  
☐ Other: \_\_\_\_\_

Do you get homesick? \_\_\_\_\_

What are your strengths? \_\_\_\_\_

What are you working on socially? \_\_\_\_\_

What do you want to learn or improve upon at camp? \_\_\_\_\_

Do you make and keep friends easily? \_\_\_\_\_





## CAMPER PROFILE, CONTINUED

Please rate yourself in the following areas... (must be completed by camper—not parent)

	Always	Sometimes	A little bit	Not really
I think about others with my eyes/brain.				
I pay more attention to other people around me than my own thoughts (internal drivers).				
I observe socially to figure out the situation around me, as well as what is "expected" and "unexpected".				
I keep my body/brain in the group.				
I think about other's thoughts, emotions, intentions.				
I can guess what others are thinking about me.				
I can solve problems well with other peers (conflict, handling negative emotions, etc.).				
I realize when I have said or done something that has made another person feel uncomfortable or annoyed.				
I adapt my behavior well to what is expected and to keep others around me feeling comfortable.				
I participate well in conversations by adding comments that connect to what people are talking about and by asking questions to find out more.				



## ACKNOWLEDGEMENT OF BEHAVIOR POLICY

To provide a positive camp experience and help all campers benefit from the therapy offered, Camp Connect holds to the following behavior policy. Because of the nature of the Social Thinking® approach, campers must be able to follow expectations in the group and choose appropriate behavioral actions/words with minimal adult assistance. When significant behavioral challenges arise, our staff will follow these steps to help the camper choose expected behaviors in the group. Camp Connect is not appropriate for children who have significant emotional or behavioral challenges. While all children who have social challenges will struggle at times with behavior (e.g., anxiety, anger, difficulty staying in the group, defiance), all campers must be able to benefit from the therapy interventions used at Camp Connect. Every effort will be made to find effective strategies and techniques to help the campers be successful, as long as it is possible in our ratio and with our training.

### BEHAVIOR

The staff defines problem behavior as conduct that is disruptive to others at camp or appears harmful to other campers or staff. The following lists specific examples of those behaviors, followed by the intervention the staff may take to provide a solution and help the camper resume expected behaviors.

#### Examples of Unexpected Behaviors

<b>Physical Aggression</b>	Kicking, hitting, pinching, throwing things, spitting, pushing, dunking in pool
<b>Verbal Aggression</b>	Name-calling, foul language or taunting
<b>Inappropriate contact</b>	Touching other campers in inappropriate ways or engaging in physical affection with opposite sex (depending on severity, this can be an automatic expulsion)
<b>Wandering Away</b>	Persistently leaving the group; requiring an adult to keep camper focused on group activities
<b>Excessive Emotion</b>	Crying nonstop due to homesickness, anger or anxiety; no strategies seem to help

#### Exceptions and Disclaimer to the Behavioral Plan Listed Below

Behavioral difficulties include but are not limited to threatening a camper/staff member, physically harming anyone, or running away from the group. In any of these cases, the Director has the authority to send the camper home and **no refund is guaranteed**.

### BEHAVIOR PLAN

The following course of action could be bypassed in the event of severe behavioral, emotional or physical difficulties at the discretion of the Camp Director. Once a repeated unexpected behavior has been identified, the staff will implement the following:

#### **Warning I: Intervening Staff: Cabin Counselors**

Unexpected behavior is called to the camper's attention. Staff will discuss the unexpected behaviors and their impact on the thoughts/feelings of other campers and staff members. Consequences may be given to the camper depending on the nature of the unexpected behaviors. Staff will attempt to use Social Thinking® techniques, problem solving strategies, visual aids and positive redirections.

#### **Warning II: Intervening Staff: Cabin Counselors, Assistant Directors, Director**

When the techniques listed above have failed to help the camper resume expected behaviors, more serious consequences may be given. These might include the camper being asked to leave the group for a specified amount of time or sitting with the staff during meal times. Parents will be contacted at this point to inform them of the situation and ask for guidance or strategies.

#### **Warning III: Intervening Staff: Camp Director and The Parish School Staff**

Camper will be sent home in cases where the above techniques have failed or when extreme behaviors have occurred at the camp.

**We have read, discussed and agree to the above Behavior Policy:**

Camper Signature/Date \_\_\_\_\_ Parent Signature/Date \_\_\_\_\_



## SCHOOL OR EXTRACURRICULAR QUESTIONNAIRE

(for new campers only)

*The information on the next two pages is to be completed  
by the child's teacher, coach or leader in an extracurricular activity.*

**Thank you for your willingness to complete this two-page questionnaire! Please return this form promptly to help the camper reserve their spot for Camp Connect.**

Child's Name \_\_\_\_\_

Parent(s) \_\_\_\_\_

This form is being completed by \_\_\_\_\_

Title of person completing form \_\_\_\_\_

Where you observe the child (school or extracurricular activity) \_\_\_\_\_

Age of students in class or group \_\_\_\_\_ Total number of students in group \_\_\_\_\_

Contact number or email for person completing this form \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

What are his/her strengths in your setting?

\_\_\_\_\_

What are his/her weaknesses or areas that need focus?

\_\_\_\_\_

What strategies or techniques do you use to help this student?

\_\_\_\_\_

Do you have any concerns or problems with this student in your setting?

\_\_\_\_\_

Please complete the checklist on the following page and return all forms to:

**Camp Connect at The Parish School**  
**11001 Hammerly Blvd., Houston, TX 77043**

P: 713.467.4696 • F: 713.467.8341

or email Renee Attaway at [rattaway@parishschool.org](mailto:rattaway@parishschool.org) with the form/questions.

Please complete page 11 as well and return **BOTH** to Camp Connect.



## SCHOOL OR EXTRACURRICULAR QUESTIONNAIRE

(for new campers only)

*Checklist to be completed by the child's teacher, coach or leader in an extracurricular activity.*

**Please rate the student's performance or abilities in these areas**

	Often	Sometimes	Seldom	Never
Performs at grade level in reading				
Comprehends reading passages				
Performs at grade level in math				
Writes well for grade level				
Communicates well at age level				
Understands what he/she hears				
Stays with the group/other peers				
Follows group expectations				
Listens to and follows directions				
Listens to other people				
Pays attention in the group				
Has age appropriate conversations with other peers				
Plays with peers at unstructured times (recess, etc.)				
Talks to other peers often				
Has close friends				
Solves problems using words (rather than aggression)				
Shows normal emotional reactions (doesn't cry excessively or rage)				
Works through anger well				
Initiates interactions with others (isn't too anxious)				
Shows confidence and a normal level of worry (isn't too anxious)				

**Thank you so much for providing us with this information!**

Signature of Person Completing Form \_\_\_\_\_

Printed Name \_\_\_\_\_ Date completed \_\_\_\_\_