

Camp BreakThru

Located at BreakThru Family Fit 4 Life
48 Union St., Stamford, CT

Please Attach
a Recent Photograph
Here

Application for Admission

Date _____

Full Name of Child _____

Date of Birth Month _____ Day _____ Year _____

Address _____

City, State _____ Zip Code _____

Mother's Name _____ Father's Name _____

Mother's Home Phone _____ Work _____ Cell _____

Father's Home Phone _____ Work _____ Cell _____

Email _____

Child's present grade level _____ Name of school presently attending _____

Who is the emergency contact person in the event that both parents are unavailable?

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Who is permitted to pick up your child(ren) other than parents?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

How did you hear about Camp BreakThru?

Student Information

Please tell us about your child. Be specific in your answers.

How would you describe your child's personality? _____

What are your goals for your child this summer?

Special Strengths and Abilities _____

Preferences and Special Interests _____

How does you child communicate his/her wants and needs?

Peer Relationships (taking turns, sharing, making friends) _____

Coping Skills _____

Are there specific events that make your child upset? _____

What do you do to comfort your child he/she is upset? _____

Is there any additional information we should know about your child? _____

Medical History and Emergencies

Please be specific in providing this information.

Allergies

Medications

Special Dietary Requirements

Medical Conditions

In cases of medical emergency, Camp BreakThru will immediately attempt to contact parents or emergency numbers. If we are unable to reach parents or contacts, the family physician will be contacted. If none of the above people can be reached, I hereby give permission to Camp BreakThru to act on my behalf.

Signed _____ (Parent/Guardian)

Date _____

Family Physician _____ Phone _____

Program Costs	
Deposit (applied to tuition)	\$500.00
Day Camp	
2 weeks	\$650.00
3 weeks	\$975.00
4 weeks	\$1,300.00
5 weeks	\$1,625.00
6 weeks	\$1,950.00
7 weeks	\$2,275.00
8 weeks	\$2,500.00 (\$100.00 discount included)
A minimum attendance of 2 weeks is required. A 5% discount is offered for siblings.	

Please select your sessions:

June 22-26
 June 29- July 3
 July 6-10
 July 13-17
 July 20-24
 July 27-31
 Aug 3-7
 Aug 10-14

Camp BreakThru is not a camp for children with severe emotional problems or children who are aggressive. Children must be toilet trained.

Transportation: Parents arrange for and are responsible for all transportation to and from the premises.

Lunch/Snack: Please send a snack with your child daily.

How to Enroll

Please complete all parts of this application and sign it. Mail it to Achieve Fluency, PO Box 2273, Stamford, CT 06906. After reviewing your completed application, we will contact you to arrange an informal meeting so we can meet you and your child and you can ask any questions you may have about the program. In order to reserve your child(ren)'s placement, a \$500.00 deposit is required upon acceptance. This deposit will be applied towards tuition. The full tuition payment is due by June 1st, 2009. If you have any questions, please call us at 203.698.0247 or visit our website www.achievefluency.com.

Please read and sign: On behalf of my child(ren) I accept and assume any and all risks associated with his/her attendance and participation in the camp and its activities. I understand that my child(ren) should not attend the camp if he/she is not healthy. I give permission for photographs and/or videos to be taken of my child at camp and I agree to let Camp BreakThru utilize these in their brochures/videos/slideshows/website/ and other camp materials. I agree that neither Achieve Fluency nor BreakThru Family Fit 4 Life are responsible for accidents, injuries, and/or medical or dental expenses arising from my child(ren) participation in the camp. I have carefully read all of the information of this application and agree to all conditions.

Printed Name of Parent/Guardian _____ Signature _____

Date _____

Thank you for your interest in Camp BreakThru.

Camp BreakThru Camp Health Exam/Record For Campers and Staff
 Physical Exams Are Valid for 3 Years From Date of Last Examination

Please Return Completed Form to the Camp

Camper
 Staff

Name _____ Date of Birth _____ Phone _____
 Guardian _____ Address _____
 Emergency Contact _____ Phone _____
 Date of Arrival at Camp _____ Departure Date _____

To be completed by the specified medical practitioner or attach a copy of your child's current physical exam (physical must have been completed within the last 12 months).

DATE OF EXAM ____/____/____

May participate in all camp activities

May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is the individual taking prescription or over the counter medication/s? YES NO

If yes, indicate names of medication/s: _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pnemococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

 Signature of Physician, PA, APRN or RN

 Date Form Signed

 Telephone Number

**Special Offer for Camp BreakThru Campers
After Camp Tutoring Program
12-1 p.m.**

Achieve Fluency offers an optional specialized learning program for Camp BreakThru campers. This program is for children who have a specific area of need or want to improve their existing skills and get a jump start on the school year. We will design a highly individualized plan for your child that is tailored to meet his or her needs.

Daily one-to-one tutorial sessions will be delivered by trained clinicians who use evidence-based, positive approaches that guarantee learning will be fun. Using principles of behavior analysis, we help our students learn new skills, practice to achieve effortless performance, and apply what they have learned to new situations.

Each student's progress is tracked, and instruction is adjusted continually to assure that he or she is making steady progress. Performance reports are shared with parents daily. If parents request, we will write a progress report at the end of the summer to share with your child's school.

How to enroll:

Select a skill area from the box below. Call to make an appointment with us. We will meet with you discuss your child's needs.

Please select the ONE skill area most needing improvement.	
<input type="checkbox"/> Language and Communication Skills	<input type="checkbox"/> Reading/Decoding
<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Spelling	<input type="checkbox"/> Social Skills
<input type="checkbox"/> Written Expression/Handwriting	<input type="checkbox"/> Keyboarding

Program Costs	
Tutoring Program 1 hour, 5 x week	\$300.00/week