



Town of Clifton Park

One Town Hall Plaza • Clifton Park, New York 12065 • (518) 371-6651 • FAX: (518) 371-1136

MAY 17, 2010

OFFICE OF THE SUPERVISOR

TOWN TO HOST PILOT PROGRAM AT SUMMER CAMP FOR CHILDREN WITH AUTISM

Program first of its type for a municipality in the Capital Region

The Town of Clifton Park will host two one-week sessions at the full day summer camp at Clifton Common for children who are diagnosed along the autism spectrum, Supervisor Phil Barrett and Councilman Scott Hughes announced today.

Children who attend the program will participate in the same activities as all of the campers. The town will hire one specialist and five additional staff to accommodate the pilot program. All staff will receive additional specialized training. The pilot program is being held in cooperation with the office of Senator Roy McDonald and the Foundation for Autism Information and Research, Inc.

“We have a sincere desire to be as inclusive as possible in providing recreational programs to children of all ages, interests and skills,” Hughes said. “We’re very excited about the opportunity to partner with parents and kids in support of innovative programs that best serve children with autism.”

Campers for the pilot program must be Clifton Park residents who are diagnosed along the autism spectrum and will be entering first through sixth grade in the fall. Session 1 is on June 28, June 29, July 1 and July 2 from 10 a.m. to 12 p.m. Session 2 is on August 16, 17, 19 and 20 from 10 a.m. to 12 p.m. Registration is \$25 per week.

“We are in the midst of an epidemic of autism and other developmental disabilities. We will only meet the great challenges of the autism epidemic with a relentless effort from the public and private sectors,” said Michael Smith, Chairman and Northeast Regional Director for the Foundation for Autism Information and Research, Inc.

“Clifton Park is the only municipality in the Capital Region to offer integrated recreation programs for children who are diagnosed along the autism spectrum. My hope is that the town’s efforts and leadership in implementing this will serve as a catalyst for all other municipalities to offer inclusion-based recreation programs for children with disabilities.”

Parents can register their children for one or both sessions between now and June 11 at Town Hall in the Office of Parks, Recreation and Community Affairs. A total of 50 spots are available for each session. The sessions are scheduled to compliment the specialized summer program that is run for children who are diagnosed along the autism spectrum by the Shenendehowa Central School District.

“We are working closely with Senator Roy McDonald’s office on this important initiative, including a pending grant request to secure funding for potential future projects,” Supervisor Phil Barrett said. “We will continue to look for ways to expand our services to meet the needs of all Clifton Park residents.”

**Please see the attached application or call the Office of Parks, Recreation
and Community Affairs at 371-6667 for more information.**

PHILIP C. BARRETT
Supervisor

LYNDA M. WALOWIT
Councilwoman

THOMAS E. PAOLUCCI
Councilman

SCOTT HUGHES
Councilman

JAMES J. ROMANO
Councilman



Town of Clifton Park Summer Day Camp Registration Form



Please print and fill out this form **COMPLETELY**.

Child's Name: _____ Site: _____

D.O.B. ____/____/____ Grade Entering _____

Address: _____

Town/City: _____ St: _____ Zip: _____

Home #: _____ Work #: _____

Email Address: _____

Emergency Information during Camp Hours (Must list at Least Two #s)

Please star* people who are authorized to pick up child

<u>Relationship:</u>	<u>Person's Name:</u>	<u>Telephone #s</u>
<u> Mother </u>	_____	H-_____ W-_____
<u> Father </u>	_____	H-_____ W-_____
_____	_____	H-_____ W-_____
_____	_____	H-_____ W-_____

Siblings in This Camp: _____ Grade _____

_____ Grade _____

****Medical Information****

Please indicate month and year of Immunization for each of the following:

Polio (OPV/IPV)	_____	Diphtheria, Tetanus, Pertussis (DPT)	_____
Varicella (Chicken Pox)	_____	Measles, Mumps, Rubella (MMR)	_____
Hepatitis Series (Hep)	_____	Haemophilus Influenza Type B (Hib)	_____

- Please note any recent/current illness/injury or existing medical conditions. _____
- Allergies? Yes ___ No ___ Food/Drugs/Other _____
- On Any Medication? _____
- Special Accommodations: The Town of Clifton Park supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate and someone will contact you. _____
- *Please speak directly to the Site Director about the above. *In order for medication (Inhalers & Epi Pens) to be taken at camp, we must have written permission from parent and written order from doctor. Please see attached medical form and new Epi Pen protocol information in Parent Handbook both available at www.cliftonpark.org.*

Make checks payable to: Town of Clifton Park
Mail to: Parks, Recreation & Community Affairs, 1 Town Hall Plaza, Clifton Park, NY 12065

WAIVER AND RELEASES

PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING

I hereby grant permission for my child, identified above, to participate in the Clifton Park Summer Recreation Program and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines. I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. I agree to indemnify and hold harmless the Town of Clifton Park, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold The Town of Clifton Park harmless from any and all liabilities, for any physical or mental injury or aggravation of any pre-existing illness, handicap, and death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the Summer Recreation Program. The scope of this agreement extends to any actions taken by the Town of Clifton Park Office of Parks, Recreation & Community Affairs, the Town of Clifton Park, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

Participants may be photographed while participating in a Clifton Park Parks & Recreation camp and said photographs may be used to publicize activities as the Town deems appropriate.

I give my child permission to ride his/her bike, walk or skate to and from the Clifton Park Summer Day Camp Site.

Signature of Parent

Date

Town of Clifton Park Full Day Camp – Gap Program Additional Application

SECTION 1: PERSONAL INFORMATION

Camper Name: _____ Gender: Male Female

New camper – We will contact you regarding a screening

Returning camper

Session 1: June 28 & 29 and July 1 & 2, 2010 10am – 12pm Fee: \$25

Session 2: August 16, 17, 19, 20, 2010 10am – 12pm Fee: \$25

(Check both boxes if the camper would like to attend both weeks)

Address: _____ Phone Number: _____

Age: _____ Date of Birth: _____

Diagnosis: _____

Person Completing Application: _____ Relationship to Camper: _____

Address: _____ Phone Number: _____

_____ Alternate Phone Number: _____

Email: _____ Fax Number: _____

SECTION 2: PHYSICIAN INFORMATION

Family Physician: _____ Address: _____

Phone Number: _____

Surgeon: _____ Address: _____

Phone Number: _____

SECTION 3: GENERAL MEDICAL INFORMATION

Does the camper have a seizure disorder? YES NO

Describe how often, type, duration, characteristics, etc. _____

List any other medical needs: _____

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SECTION 4: SOCIAL AND BEHAVIORAL INFORMATION

Check all that apply.

Wandering YES NO Details: _____

Physical Aggression YES NO Details: _____

Sensitive to touch YES NO Details: _____

Verbally abusive YES NO Details: _____

Self-stimulating behavior YES NO Details: _____

Temper tantrums YES NO Details: _____

Other behaviors of concern: _____

In order to provide a safe camping experience please include a behavior plan if one has been written.

BEHAVIORS SCHOOL REPORTS TO YOU [Check all that apply. Please mark an (*) next to those items that require the intervention of a Teacher or an Aide.]

<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Quiet	<input type="checkbox"/> Needs prompts to participate
<input type="checkbox"/> Loud	<input type="checkbox"/> Constant talking	<input type="checkbox"/> Interrupts peers and teachers
<input type="checkbox"/> Know it all	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Difficulty in following direction
<input type="checkbox"/> Extremely busy	<input type="checkbox"/> Distractible	<input type="checkbox"/> Misunderstands expectations
<input type="checkbox"/> Always appropriate	<input type="checkbox"/> Always on task	<input type="checkbox"/> Teachers don't see any disability
<input type="checkbox"/> Constantly weepy	<input type="checkbox"/> Very needy	<input type="checkbox"/> Meltdown if routine is changed
		<input type="checkbox"/> No problems for cycle of time then many problems for cycle of time

Please explain all checked behaviors. _____

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BEHAVIORS YOU SEE IN HOME AND COMMUNITY [Check all that apply. Please mark an (*) next to those items that require the intervention of a Teacher or an Aide.]

<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Quiet	<input type="checkbox"/> Needs prompts to participate
<input type="checkbox"/> Loud	<input type="checkbox"/> Constant talking	<input type="checkbox"/> Interrupts parents, peers, siblings
<input type="checkbox"/> Know it all	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Difficulty in following direction
<input type="checkbox"/> Extremely busy	<input type="checkbox"/> Distractible	<input type="checkbox"/> Misunderstands expectations
<input type="checkbox"/> Always appropriate	<input type="checkbox"/> Always on task	<input type="checkbox"/> Don't see any disability at home
<input type="checkbox"/> Constantly weepy	<input type="checkbox"/> Very needy	<input type="checkbox"/> Meltdown if routine is changed
		<input type="checkbox"/> No problems for cycle of time then many problems for cycle of time

Please explain all checked behaviors. _____

List all psychiatric and medical diagnoses: _____

List prior group experience (dates and perceived effectiveness): _____

List counseling services (current/past providers): _____

Language skills (Check one.)

- Typical or advanced for age Has significant verbal limitations Has minor verbal limitations

SECTION 5: ADDITIONAL INFORMATION

Does the camper have any strong fears (e.g. darkness, water, thunder, bugs)? _____

How does the camper react when upset or frustrated? _____

What methods should be used to handle these behaviors? _____

Is there any further information that may be helpful in better understanding the camper and his/her needs at camp? _____

Is there any additional assistance the camper may require while at camp? _____

Town of Clifton Park Full Day Camp – Gap Program Additional Application

SECTION 6: CAMPING AND LEISURE INTERESTS

List previous camping experiences (day/overnight). _____

Did the camper enjoy the experience(s) and adjust well? _____

What were the camper’s three favorite things about camp? _____

SECTION 7: DINING FACTS

Name: _____ Medication Precautions: _____

Program: _____ Food Allergies: _____

Date: _____ Update: _____ Special Diet: _____

Does the child have any difficulties with dining other than those listed above? YES NO (If yes, please describe.)

SECTION 8: ADMISSION INFORMATION

Admissions:

- Camp is available on a first come first served basis. Acceptance into camp is contingent upon review of a complete application by the camp director, social worker and medical advisor.
- Applications will be reviewed based on the child’s appropriateness for camp.
- Enrollment will be limited to 50 campers per session.

Who cannot attend?

- Children with extreme behavioral challenges;
- Children who exhibit aggressive or self-abusive behavior;
- Children who are a flight risk; or
- Children who require constant one-to-one attendant care

As the Parent/Guardian/Advocate of _____, I have read and understand the above.

Camper Name