



Camp Fly High at
 Madonna Learning Center
 7007 Poplar Avenue
 Germantown, Tennessee 38138
 Phone: 901.752.5767
 Fax: 901.752.5039

CAMPER APPLICATION

Date of Application: _____

CAMPER APPLICANT INFORMATION

Full Name: _____ Nickname: _____

D.O.B.: ____ - ____ - ____ Age: _____ Gender: ___ M ___ F

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: (____) ____ - ____ Cell Number: (____) ____ - ____

E-mail Address: _____

Current School: _____ Last Grade Completed: _____

Please Circle T-Shirt Size: YS YM YL AS AM AL AXL AXXL AXXXL

Camper's Diagnosis: _____

Individualized Needs (Please attach additional page, if necessary):

CONTACT INFORMATION

Mother's Name:	Father's Name:
Home Phone:	Home Phone:
Cell:	Cell:
Work:	Work:
E-mail:	E-mail:

CAMP INFORMATION

<p>What is Camp Fly High?</p>	<ul style="list-style-type: none"> • Camp Fly High is a recreational summer camp for individuals with special needs in the Memphis community. Our goal is to provide each camper with a fun-filled summer experience with activities individualized to meet the needs of each camper.
<p>Who can attend Camp Fly High?</p>	<ul style="list-style-type: none"> • Individuals 5 years old and up. • Open to all children or young adults with special needs. • Campers are not required to be students of Madonna Learning Center.
<p>When is Camp Fly High 2017?</p>	<p>Monday – Friday from 9:00am to 3:00pm</p> <ul style="list-style-type: none"> • Week 1: June 12 – 16 • Week 2: June 19 – 23 • Week 3: July 10 – 14 • Week 4: July 17 - 21
<p>Where is Camp Fly High 2017?</p>	<ul style="list-style-type: none"> • Madonna Learning Center 7007 Poplar Ave. Germantown, TN 38138

OTHER INFORMATION

- Please submit your application by e-mail to jmccaskey@madonna-learning.org, mail to MLC, or fax.
- You may drop off payment at MLC or send cash or check to MLC. Please make all checks out to '**Madonna Learning Center**'.
- Once your application is submitted, you will receive a follow-up e-mail **within one week**.

CAMP SIGN-UP

Please check the corresponding box for each week of camp you would like to attend.

X	Camp Week	Camp Dates	Weekly Cost
	1	June 12 - 16	\$200
	2	June 19 – 23	\$200
	3	July 10 – 14	\$200
	4	July 17 - 21	\$200

Number of Weeks Selected	Weekly Tuition	Total Cost for Summer 2016	Enrollment Fee (50% or more)	Remaining Balance
	X \$200.00			

If needed, individualized payment plans can be made. Please contact MLC at 752-5767 for more information.

**Enrollment Fees (50% of Summer Total) are due
April 28, 2017.**

**These are non-refundable and guarantee your child's spot at camp.
Remaining Balances are due by June 12, 2017.**

If your child can no longer attend camp for any reason, you will be refunded the remaining balance **if we are able to fill your child's spot for the week.*

**You may drop off payment at MLC or send payment by cash or check to MLC. Please make checks out to 'Madonna Learning Center'.*



CAMPER INFORMATION

First Name

Last Name

Please fill out this form carefully in regards to the needs of your child. This will help our camp staff have a better understanding of not only your child's needs, but also his or her likes/dislikes so that camp is fun and enjoyable! Please feel free to attach any additional information that could be helpful (behavior plans, etc.)

- Your child's individual needs/differences: _____

- Your child's diagnosis: _____

- The best way to communicate with your child/the way your child best communicates their needs: _____

- Your child's strengths: _____

- Your child's weaknesses: _____

- Your child's interests: _____

- Your child's dislikes: _____

- What possible situations or stimuli may cause your child to be distressed/anxious?

- **What are some common behaviors that the camp staff should be aware of when working with your child?**

- **What interventions or methods can be used to maximize desired behaviors/ responses?**

- **What interventions or methods can be used to minimize undesirable behaviors/ responses?**

- **Please list any other concerns/comments in regards to your child. This may include specific medical, social, and/or behavioral needs.**

- **What are your expectations and/or goals for your child this summer at camp? What ideas do you have that would help the camp staff fulfill these expectations or goals?**

PICK-UP INFORMATION

Please list the names and numbers of individuals that are given consent to drop off and pick up your child during camp this summer.

Name	Contact Number	Relationship to Child



Madonna Learning Center

AUTHORIZATION FOR PHOTOGRAPH RELEASE FORM

Name of Student: _____

Name of Parent: _____

Address: _____

I hereby give Madonna Learning Center, Inc., my consent to photograph and/or videotape my child, _____,

Check one:

- With first name only or
- With full name or
- Without name

For: (check all that apply)

- Educational or informational purposes, including
- Display at fundraising events
- Group photo of all students and trainees
- Website

A photocopy of this authorization is as valid as the original. I understand that this release remains current and valid for one year from the date signed or until _____. I understand that I may withdraw this consent at any time via written request.

Date: ____/____/____

Signature of Parent/Legal Guardian

Signature of Representative of Madonna Learning Center, Inc.



Prescription Drug and Non-Prescription Drug Authorization

All medications should be limited to those required during school hours and necessary to maintain the student's enrollment and attendance in school. All prescription drugs must be in the original, pharmacy labeled container. All non-prescription drugs must have original label listing ingredients, as well as a dose schedule and your child's name on the container.

Name of Student: _____

Parent/Guardian: _____

Address: _____

Emergency Phone #'s:

Parent/Guardian: _____

Phone Number: _____

Name of Prescription: _____

And reason needed: _____

Dosage: _____

Time to be given: _____

{Required by ordering physician}

Prescribing Physician: _____

I hereby authorize Madonna Learning Center to dispense
_____ as directed above.

{Name of medication}

Parent/Guardian

Signature: _____

Date: _____

All changes in prescription medication must have written authorization from the licensed physician and parent.



Madonna Learning Center Accident Waiver and Release of Liability Form

Camp Fly High

In consideration for the acceptance of (camper) _____ as a participant of Camp Fly High 2017, and the services to be provided by Madonna Learning Center in connection with Camp Fly High, I confirm my understanding that:

- I have read any rules, conditions, and/or requirements connected with participation in Camp Fly High;
- Ongoing participation in Camp Fly High is at the discretion of the Camp Fly High Director;
- I will attend the times and weeks that was filled out on the application;
- I agree to waive, discharge claims and release from liability, Madonna Learning Center, and the staff and volunteers of Camp Fly High, its Board of Directors members, and any other agents, from any and all liability on account of, or in any way, resulting from injuries and/or damages connected with activities of Camp Fly High. I further agree to hold harmless Madonna Learning Center, Camp Fly High, its directors, employees, and/or agents from any claims damages, injuries, or losses caused by my own negligence or action.

Name: _____

Signed: _____ **Date:** _____

If you are a minor (under age 18), your parent or legal guardian must sign this agreement on your behalf.

.....
I hereby agree and consent to the foregoing agreement on behalf of the minor below.

Name of Minor: _____ **Age:** _____

Signature of Parent/Guardian: _____ **Date:** _____



Health and Safety Guidelines SY 2016 - 2017

To ensure the safety of all our clients, families and staff, we must follow the guidelines of the Center for Disease Control issued by the Health Department. Please do not send your child or adult to Madonna Learning Center if he/she exhibits any of the guidelines listed below. If, on arrival, a client appears ill and/or exhibits any of the guidelines listed below, Madonna staff will request that the client return home and not enter the school building. Should a client become sick and/or exhibit any of the guidelines listed below, while at Madonna Learning Center, parents or emergency individuals will be contacted. The client must be picked up from Madonna Learning Center within 30 minutes (if residing within Shelby County) or 60 minutes (if residing outside Shelby County).

The guidelines are as follows:

1. Fever free without use of fever reducing medicines (Tylenol Advil...) for 24 hours. Normal temperatures are 98.6 oral, 99.6 rectal, and 97.6 axillary (under the arm).
2. No vomiting and/or diarrhea for 24 hours (bowel movements and food and fluid intake should be back to normal).
3. No colored drainage from any body part (this includes eyes, ears, nose and sores). If a child or adult has been on antibiotics for 48 hours and still has colored drainage (yellow green or brown), they may return to program.
4. No rashes of any sort unless seen by a doctor and the doctor has written a note stating that the rash is not contagious.
5. Vigilant hand washing (soap and water) before and after toileting/ changing diapers (this includes the child's hands), and before all meals including snack

This is the best way to prevent the spread of infection

It is very important that all families and staff use their best judgment. If you or a child is not eating, drinking, sleeping normally, or still "run down", the body's resistance is still low and an infection with a different organism ("bug") is very likely.

Please remember that even if on an antibiotic, one can still catch a virus.