



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CAMP I CAN

Camp Including Children with Autism Now



**Autism Society San Diego in Partnership with  
Mission Valley & Toby Wells YMCAs**

## What is “Camp I CAN”?

The purpose of this camp is to provide children with autism a day camp experience that will allow them to feel comfortable in a safe, fun and nurturing environment.

## Who is this camp designed for?

Camp I CAN is designed for children with autism between the ages of 6-17. Participating families must be a member of the Autism Society San Diego and resident of San Diego County.

## Where is this camp located and at what time?

Camp I CAN will operate for four (4) one-week sessions from 9:00 a.m. – 3:00 p.m., Monday through Friday.\* Please read the information below carefully.

### Located at Toby Wells YMCA

5105 Overland Avenue, San Diego, CA 92123

#### Camp Dates

June 27 - July 1

July 11 - July 15

July 18 - July 22

July 25 - July 29

#### Ages

13 - 17 (Teen Week)

6 - 12

6 - 12

9 - 15

\*Please note: Extended care is available at an additional cost.  
(Please see registration form for more information).



## How much does “Camp I CAN” cost?

The cost is \$250.00 per week for Autism Society San Diego members only. This camp is funded in a large part by the Autism Society San Diego, Mission Valley YMCA and other agencies. Financial Assistance is available for eligible families. See parent information page.

## What will my children be doing in this camp?

Your child will be in a camp with a maximum of 18 children. Staffing will be one camp leader for every one to two campers. Ratio to be determined based upon camper’s needs and camp supervisors discretion. Activities will include a daily field trip and swimming on some afternoons. Field trips may include: Pump It Up, Belmont Park, Kearny Mesa Bowl, Reuben H. Fleet Science Center, the San Diego Zoo and Chuck E. Cheese. In addition to the field trips, campers will have an opportunity to interact with the other day camps that operate out of the YMCA. Camp activities include games, puzzles, songs and other activities.

## How do I register?

Due to a limited number of spaces, registrations will be on a first-come basis. **You may only register your child for one week of the four weeks offered and for one location only (Toby Wells or Ecke).** Make sure you indicate your first, second and third choices on the registration form. **Beginning at 8:00 a.m. on March 21, 2016,** all registrations must be faxed or brought to:

**Toby Wells YMCA**

5105 Overland Ave., San Diego, CA 92123 • 858-496-9622 • Fax: 858-496-8950

## What Do I Do Next?

If you are interested in enrolling your child, please complete the steps listed below.

### Enrollment Checklist:

- \$25.00 per child nonrefundable deposit checks made payable to Mission Valley YMCA. (We accept MC, Discover, Visa, American Express, Cash or Personal Checks).

**PAYMENT IN FULL is due by June 20, 2016 – no exceptions.**

- Complete assessment form, registration form and medical form.
- Provide a copy of proof of diagnosis of autism spectrum disorder – front page of IEP, statement from medical doctor, or statement from other health professional.
- Fax (only accepted with credit card payment) or bring to:

**Toby Wells YMCA**

5105 Overland Ave., San Diego, CA 92123

Fax: 858-496-8950

We will begin accepting applications at 8:00 a.m. on March 21, 2016. Registration forms submitted prior to March 21 will not be accepted. Please allow four weeks for processing. You will be notified via mail of your status within 30 days. Please make sure your current mailing address is listed on the registration form.

For more information, please contact Jason Williams at [campicanymca@gmail.com](mailto:campicanymca@gmail.com) or visit the Welcome Center.

For registration questions, please contact Chandra Dixon at 858-496-9622, ext. 13020 or [cdixon@ymca.org](mailto:cdixon@ymca.org)



# PARENT'S INFORMATION

## Camp I CAN

### Philosophy of YMCA Camp Programs

The YMCA is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.

The YMCA is dedicated to continuing the tradition of camping, to mold the lives of our youth and to create friendships and memories that last a lifetime. Thank you for joining us this summer.

### THE GOALS OF Y-CAMP

All YMCA camps are designed to meet the following goals. Each camper will:

- Learn to appreciate oneself, gain confidence and build self-esteem.
- Develop values for living.
- Learn to appreciate the natural environment and work toward its conservation.
- Develop positive relationships.
- Develop skills in leadership and group support.
- Learn responsibility.
- Learn to appreciate diversity.
- Learn new skills.
- Develop a balanced life: physically, mentally, socially and spiritually.
- Have fun and get dirty.

### REGISTRATION POLICIES AND PROCEDURES

All registration and emergency forms must be completed and on file with YMCA.

### DEPOSITS

A \$25 nonrefundable deposit is due upon registration, along with all forms completely filled out.

### FEES

PAYMENT IN FULL is due by June 20, 2016 — NO EXCEPTIONS!

### FINANCIAL ASSISTANCE

Scholarships are available through the Autism Society San Diego. Please contact [info@autismsocietysandiego.org](mailto:info@autismsocietysandiego.org) for information about how to apply (the deadline to turn in a scholarship application is May 1, 2016).

### RETURNED CHECK CHARGE

The charge for a returned check is \$10. If this happens a second time, a cash payment agreement will need to be made.

### REFUND POLICY

- If the YMCA cancels the camp you will receive a full refund.
- If you request to cancel your enrollment, in writing, **before the start of the camp week**, you will receive a **100% Y-voucher or refund** (minus any deposit or vendor fees).
- If you request to cancel your enrollment, in writing, **the Monday of the camp week**, you will receive a **75% Y-Voucher or refund** (minus any deposit or vendor fees).
- Y-Vouchers or refunds will not be issued for missed or sick days of camp.
- Y-Vouchers do not expire and may be applied towards any Mission Valley/Toby Wells YMCA program.

### NONDISCRIMINATION CLAUSE

All YMCA programs are open to all persons regardless of race, creed, color or national origin.

### COMMUNICATION WITH THE YMCA

Exchange of information between parents and staff provides insight for both parties. The format may be formal or informal. It is vital that you inform us of changes happening in your family. Changes at home include: moving, hospitalization of a sibling or parent, altercations in the parent's relationship, etc. These influence the way in which your child relates to others. Staff members can better provide for a child's needs if they are aware of the situation. We will treat this information with the utmost confidence.

### IN CASE OF AN EMERGENCY

If you need to get in touch with your child in case of a family emergency, please call Toby Wells YMCA at 858-496-9622.

## LATE DROP OFF

If you drop off your child for Camp I CAN after the bus has left, the parent is responsible for transporting his/her child to the camp location. The YMCA will not send a vehicle back to pick up late campers nor will we deliver a child to the program.

## PROCEDURE FOR LATE PICKUP

A late fee is required if your child is picked up after 3:00 p.m. A \$1/minute fee is charged, and is payable to the YMCA.

If a child has not been picked up by 4:00 p.m., we refer to their emergency information and begin calling the numbers listed. If, by 5:00 p.m. we have not heard from you, we would have no alternative but to turn the child over to Child Protective Services.

## SIGN IN & OUT

The YMCA requires that all children are to be properly signed in by an adult and turned over to a YMCA staff person. This helps ensure the safety of your child. We do require children to be signed out by an authorized adult, even if they are participating in other YMCA programs immediately following camp. **PLEASE NOTE:** It is our responsibility to see that your child leaves with the appropriate person each day. **We will ask for photo identification daily.** This is done with the child's safety in mind. When filling out your paperwork, make certain that the names of the authorized adults are the same as they appear on their photo IDs. If you are going to be late, please call the YMCA immediately.

## DISCIPLINE POLICY

Our camp staff is trained and is expected to resolve misbehavior problems in a positive manner. In more severe cases, a parent will be contacted. Together, parent and YMCA staff will work out a custom-designed behavior modification method depending on the severity of the problem. If your child is currently on a behavior plan, please include the plan with the assessment form. In the event the problems still exist, your child may be suspended or expelled from the program. Our policies do not grant refunds or credits for missed program days due to a misbehavior problem.

## OTHER CAMP INFORMATION

### TRANSPORTATION

Day camp children will be transported to and from daily activities in school buses leased from Laidlaw or owned by the YMCA. Our drivers are required to hold a DMV Class B certificate, pass our insurance guidelines for a good driving record, hold current certification in First Aid and CPR and complete a classroom and behind the wheel training program.

## BATHROOM PROCEDURES

Mission Valley/Toby Wells YMCA Camp I CAN restroom protocol requires that campers are always escorted to the restroom in groups of two or more children by their assigned staff members. In the event that a child needs assistance and has soiled his or her clothing, there will always be at least two staff members present with the child.

## LUNCH

At Y Day Camp you're asked to send a lunch. We would encourage you to plan for a nutritious meal that does not have high sugar foods or beverages. We also encourage you to pack the lunch in a mini ice chest that has a refreezable ice block.

## MEDICATION

Any prescription medication that needs to be administered should:

- a. Be brought to camp and given to a staff member, sealed in a plastic bag (child's name and camp attending)
- b. Must be in original prescription container with the child's name printed on it
- c. Medication Release Permission Slip needs to be filled out. Written instructions as per quantity, time to administer and any other directions and written clearance giving the YMCA permission to administer medication. Please specify if refrigeration is necessary.

**NO OVER-THE-COUNTER MEDICATION WILL BE ADMINISTERED.**

## LOST & FOUND

The YMCA is not responsible for camper possessions that are lost or stolen. The best way to prevent loss of property is to leave valuables at home. Try to keep new jackets, hand-held video games, personal stereos/radios, expensive watches and other items at home. Camp is a good place to recycle old things. **The YMCA is not responsible for lost possessions or money sent with child.**

A lost-and-found will be maintained at the YMCA and at the Day Camp site. We strongly encourage parents to label all clothing and possessions, and not to send valuables to camp.

## GRATUITIES

Although our staff work long, challenging hours, our policy states that employees are not to accept gratuities. If you wish, we would encourage you to make a donation to our Annual Giving Campaign to help needy children go to camp. Contact Mission Valley YMCA at 619-298-3576.

## BABY-SITTING ARRANGEMENTS

Although Y-Camp staff make ideal baby sitters, our policy states that our staff may not baby-sit families from our YMCA programs, while they are employees of the YMCA.



# MISSION VALLEY AND TOBY WELLS YMCA

## 2016 CAMP I CAN Registration Form

(Please complete one form per camper)

Toby Wells YMCA: 858-496-9622 Fax: 858-496-8950

ID #: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### Camp Time: 9:00 a.m. – 3:00 p.m.; Location: Toby Wells YMCA

Session: 1st, 2nd and 3rd choice:	Ages: Check the box of choice:	Extending Care (Additional Cost) 8:30 a.m. 3:30 p.m.
June 27 – July 1 (Teen Week) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	13 – 17	<input type="checkbox"/> AM <input type="checkbox"/> PM
July 11 – July 15 <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	6 – 12	<input type="checkbox"/> AM <input type="checkbox"/> PM
July 18 – July 22 <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	6 – 12	<input type="checkbox"/> AM <input type="checkbox"/> PM
July 25 – July 29 <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	9 – 15	<input type="checkbox"/> AM <input type="checkbox"/> PM

**Please send proof of diagnosis of autism spectrum disorder — front page of IEP, statement from medical doctor or statement from other health professional.**

Autism Society San Diego Member Name: \_\_\_\_\_

**Please note: Participating families must be a member of the Autism Society San Diego.**

Office use only:  Verified  Not a member  
Staff Initials: \_\_\_\_\_

- \$250.00 member of the Autism Society San Diego
- \$25.00 deposit
- \$25.00 AM Extended Care     \$25.00 PM Extended Care
- I am applying for a camp scholarship from the Autism Society San Diego (a deposit is still required to hold your child's spot). Application deadline is May 1, 2016.

#### Payment Method:

- Check Enclosed     Visa     MC     Discover     American Express     Cash

Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

\$25 nonrefundable payment is required in order to reserve your spot or you may pay entire balance at this time.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Mission Valley and Toby Wells YMCA

## 2016 CAMP I CAN Participant Assessment Form

Please fill out in full detail. This information will be used to insure a positive successful camp experience. It will not be used to prohibit participation.

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

**MEDICAL INFORMATION:**

Diagnosis: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Diet/Feeding Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

Shirt Size: **YOUTH:**  Medium **ADULT:**  Small  Medium  Large  X-Large  XX-Large

**BEHAVIOR INFORMATION:**

(Information will be used to place your child with the most appropriate staff. Please be very specific.)

Aggressive Behavior:  Yes  No

If yes, please explain: \_\_\_\_\_

Behavior Plan:  Yes  No

If yes, please attach.

Sensory Diet/Plan:  Yes  No

If yes, please explain (please label your child's equipment) \_\_\_\_\_

Flight Risk:  Yes  No

**SKILLS INFORMATION: I = Independent SA = Some Assistance TA = Total Assistance**

	(Circle one)	Explanation
Feeding:	I SA TA	_____
Toileting:	I SA TA	_____
Dressing:	I SA TA	_____
Swimming:	I SA TA	_____

**COMMUNICATION INFORMATION:**

Expressive: Verbal Verbal (limited) Non-verbal Sign Language  
 (Talking) PECS Augmentative Device \_\_\_\_\_  
 Other/Explanation: \_\_\_\_\_

Receptive: Follows simple directions:  Yes  No  Verbal  Written  Gestural  
 (Understanding) Uses visual schedule:  Yes  No  Written  Picture  Object  
 Other/Explanation: \_\_\_\_\_

**SPECIAL INTERESTS/FAVORITE THINGS (please list):**

Sports: \_\_\_\_\_ Toys: \_\_\_\_\_  
 Games: \_\_\_\_\_ Music: \_\_\_\_\_  
 Books: \_\_\_\_\_ Shopping: \_\_\_\_\_  
 Positive Reinforcers: \_\_\_\_\_

**FEARS/DISLIKES:** \_\_\_\_\_

Please tell us what your personal goals are for your child during this week of camp: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA staff signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AUTISM SOCIETY

*Improving the Lives of All Affected by Autism*

*San Diego*

## **AUTISM SOCIETY SAN DIEGO PHOTOGRAPHIC WAIVER/CONSENT**

I, \_\_\_\_\_ give my permission to the Autism Society San Diego to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, \_\_\_\_\_, in the Autism Society San Diego's general publicity and program promotional materials.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# YMCA CAMP REGISTRATION

Mission Valley YMCA  
5505 Friars Rd.  
San Diego, CA 92110  
(619) 298-3576  
missionvalley.ymca.org

## CHILD'S BASIC INFORMATION

Child's Name				
Birthdate / /	School	Grade	Age	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address		E-mail		
City/State/Zip		Home Phone		
Parent/Guardian		Cell Phone		
Place of Business		Work Phone		
Parent/Guardian		Cell Phone		
Place of Business		Work Phone		
Child in Custody of: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____				
Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____				

## CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACT INFORMATION

Additional Persons Authorized to Pick Up Child from Facility:

Name	Relationship	Phone	Pickup Y/N	Emergency Y/N
1.				
2.				
3.				

## PERSONS UNAUTHORIZED TO PICK UP CHILD

1.
2.

## HEALTH HISTORY

Is the child currently taking medication? <input type="checkbox"/> YES <input type="checkbox"/> NO Medications administered during camp require a completed MEDICATION RELEASE FORM
List any conditions requiring special consideration, accommodations or restrictions while at camp:
List any past medical treatment that may affect participation in camp:
List any activities from which the camper should be exempted for health reasons:

ARE YOUR CHILD'S IMMUNIZATION CURRENT/UP TO DATE? State of California School Immunization Law requires enforcement of immunization requirements.	IF EXEMPT, PLEASE SUBMIT COPY OF WAIVER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE OF LAST TETNUS SHOT / /
ALLERGIES /DIETARY RESTRICTION (check all that apply)		CONDITIONS REQUIRING CONSIDERATION (check all that apply)		
<input type="checkbox"/> Insect Sting	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Peanuts	<input type="checkbox"/> ADHD	<input type="checkbox"/> Asthma
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Gluten	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures
				<input type="checkbox"/> Bleeding Disorders
				<input type="checkbox"/> Other: _____

**CHILD MEDICAL INFO**

Name of Health Insurance Company
Policy Number
Family Doctor Name
Phone Number
Dentist/Orthodontist Name
Phone Number

<b>MEMBER/PARTICIPANT ETHNICITY TRACKING TOOL</b>				<b>(Optional):</b> This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members.			
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	White or Caucasian	<input type="checkbox"/>	Two or More Races	<input type="checkbox"/>	Other _____
<b>PRIMARY LANGUAGE</b>							
<input type="checkbox"/>	English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Other _____		

**YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS**

Name of Minor(s) \_\_\_\_\_

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.. In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
4. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTOGRAPHIC WAIVER/CONSENT**

I, \_\_\_\_\_ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, \_\_\_\_\_, in the YMCA's general publicity and campaign materials.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_