

Camp YES **(Youth Enrichment Skills)**

Program Application for 2009

The **primary goal** of the day summer camp program is to provide a quality integrated, and educational summer camp program for children who present with social, emotional, and/or behavioral struggles. This new and innovative summer camp for youth, ages, 12-18 will be open **to all youth in Miami-Dade County** with a DSM-IV Diagnosis. Due to space availability only 40 applicants will be accepted to our program.

The Camp YES Program runs for ten 10 weeks, Monday through Friday,
8am to 6pm from
Monday, June 8, 2009 through Friday, August 14, 2009.

All camp activities (except field trips) will be take place at the following location:

**10600 SW 40th Street
Miami, FL 33165**

An additional assessment interview will be scheduled to complete the application process. Please be sure to provide your complete contact information so we may schedule appointments and notify you of your child's eligibility to attend Camp YES.

Incomplete forms will not be processed.

For questions about **Camp YES** please contact us directly at:
(305)666-6511 Ext. 6579

Please complete the attached application along with the \$25.00 non-refundable fee (**cash, check or money order only**) if you have not already paid in advance. All checks made payable **to MCH-Psychiatry** and submit to the following address:

Miami Children's Hospital
Department Of Psychiatry
3100 SW 62nd Avenue
Miami, FL 33155
Attn: Maria Smith (Camp YES)

Did you remember to....

- Complete the Registration Form?
- Attach a \$25 check or money order for the non-refundable application fee?
- Complete the Sliding Fee Scale? (Page 5)
- Attach your 2008 W2s or other income verification OR proof of residence?
- Attach your scholarship request, reference letter and disability documentation?

Social Security Number: No SSN Prefer not to give SSN

MDCPS ID Number: _____ No MDCPS ID Prefer not to give MDCPS ID

Current School: _____ Grade in Fall 2009 _____

Does your child have a documented disability? No Yes *if yes, check type of documentation that applies*

Individualized Education Plan (IEP) from the school system* A Section 504 plan
 Medical diagnosis from a doctor* other documentation _____

If yes, how would you best classify the type(s) of disability? (Check all that apply)

Autism Spectrum Disorders Intellectual Disability (or mental retardation/delay) Learning Disability
 Visual Impairment (or blind) Emotional and/or Behavioral Disorder Physical Disability
 Hearing Impairment (or deaf) Speech/Language Impairment Chronic Medical Condition
 right ear left ear Other disability, specify _____

Has your child been diagnosed with a psychological disorder? No Yes *if yes, check all that apply*

Depression Anxiety PTSD/Trauma
 Bipolar Disorder Obsessive Compulsive Disorder Eating Disorder
 Substance related disorders Oppositional Defiant Disorder ADD/ADHD
 Other disorder, specify _____

*** Please include a copy of your child's psychological report(s) and most recent IEP with registration.**

Does the child have health insurance (e.g., Private Insurance, KidCare, Medicaid)? No Yes
(If not, **The Children's Trust** may be able to help you find affordable coverage – call 211)

HEALTH CARE CONTACTS

PCP/Physician: _____ () _____
Name Phone Number

Psychotherapist: _____ () _____
Name Phone Number

Psychiatrist: _____ () _____
Name Phone Number

ALLERGY INFORMATION

Allergies (food, insects, medication, environment, please specify) _____

Does your child have an EpiPen? No Yes

Food restrictions (food, drink not permitted due to allergies, please specify) _____

Medications (please list all medications and specify dosage & time(s) below).

FEES, AGREEMENTS, AND SIGNATURES

FEES: Registration fee due with application: \$25 made payable to MCH - Psychiatry. An additional assessment fee: \$75 due at the time of your scheduled screening interview.

TRANSPORTATION: Parents are responsible for providing transportation to and from camp in a timely manner. Late pick-up fees (after 6pm) will be charged a \$1.00 fee for every minute late

HOLD HARMLESS AGREEMENT: I, the parent of the minor child named in this application, together with my heirs and legal representatives, release and discharge Miami Children's Hospital, its heirs and legal representatives, of and from any and all claims, demands, rights and causes of action of whatever kind and nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen causes of action that may be sustained by me or my child as a consequence of our attendance at Camp YES. I agree to indemnify Miami Children's Hospital against loss from any and all further claims, demands and actions at law or in equity that may hereafter at any time be made or brought by me or anyone on my behalf for the purpose of enforcing a further claim for damages on account of me and my child's attendance at Camp YES.

CONSENT FOR PHOTOGRAPHY: I, the parent of the minor child named in this application, hereby grant full permission to Miami Children's Hospital to prepare, use, reproduce, publish and exhibit my and my minor child's names, pictures, portraits, likeness, or voices, or any or all of the above, in connection with Camp YES in any manner deemed necessary by Miami Children's Hospital. I hereby waive all rights of privacy or compensation which I may have in connection with the use of my and my minor child's name, pictures, portraits, likenesses, voices or any or all of the above in connection with Camp YES and any use which the same may be put, applied or adapted by Miami Children's Hospital. Yes, I consent No, I do not consent

CONSENT FOR COMMUNICATION: I, the parent of the minor child named in this application, hereby grant full permission to Miami Children's Hospital camp staff members to communicate and/or discuss my child's emotional and/or psychological status with the physician(s)/clinicians named in this application. Yes, I consent No, I do not consent

I consent for MCH Camp Yes to provide information about my child for program monitoring and evaluation purposes to The Children's Trust. Yes, I consent No, I do not consent

I consent to allow MCH Camp Yes and The Children's Trust or others acting for MCH Camp Yes and The Children's Trust to contact me about services received. Yes, I consent No, I do not consent

I UNDERSTAND THAT CAMPERS ARE SELECTED BASED ON THE QUALIFICATION CRITERIA ESTABLISHED IN THE MIAMI CHILDREN'S HOSPITAL – DEPARTMENT OF PSYCHIATRY GRANT ACQUIRED THROUGH THE CHILDREN'S TRUST. I UNDERSTAND THAT OUR APPLICATION WILL BE SCREENED TO VERIFY OUR ELIGIBILITY TO ATTEND CAMP YES.

Signature of Parent/Legal Guardian Relationship to child ____/____/____
Date

Signature of Parent/Legal Guardian Relationship to child ____/____/____
Date

FOR OFFICE USE ONLY:	Date Application Received: _____	Ref # _____
Amount enclosed with application \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Assessment Appt. Date: _____

2009 Summer Camp Sliding Fee Schedule:

The weekly cost of the program is based on a sliding fee scale based on household annual income as follows:

Please circle the amount that corresponds with your family annual income -

Income	\$0 – 29,999	\$30-40,999	\$41-60,999	\$61-80,999	\$81-100,999	\$101-120,999	Over \$120,999
Amount due (per week)	\$5	\$10	\$15	\$25	\$50	\$75	\$100

- Families with more than one child applying to camp **will automatically be given a discount**. According to the fee scale above, the first child will pay full price; the second child will pay half of the full price.
- For financial assistance, please see **Scholarship** information below.

Income Verification is required for all Parents/guardians of campers. If you choose to not send income verification, you must pay the full camp fee of \$100 p/week x 10 weeks for: \$1,000.

- A copy of your 2008 W2(s) or 1099s if self-employed is valid income verification

Waiting List:

After 40 camp applicants are confirmed, the remaining applicants will be placed on a tentative waiting list. Upon receipt of completed forms (mailed to all applicants following the lottery), applicants will be placed on the official waiting list to attend camp. If you turn in all of the completed forms, your chances of getting into camp are greatly increased, so please fill out those forms and send them in!

Application forms will be numbered upon receipt and be filed according to date received. Late Registration forms will be placed at the bottom of the waiting list.

Scholarships: Miami Children's Hospital recognizes that families of a child with health related expenses may have limited financial resources. To assist families in need we provide an opportunity for applicants to apply for financial assistance. We offer **limited** scholarships. To apply for a scholarship, please complete the information below. Additional letter to verify your need of assistance from outside the family is required. This should be from someone familiar with your family such as: case manager, therapist, psychologist, and/or psychiatrist.

In the space below, briefly describe your reasons for applying for scholarship assistance. What are your current financial needs?

Questions: For questions regarding fees and cost of program, and to schedule your assessment appointment, please contact, Maria Smith (305) 666-6511 Ext. 6579 or via e-mail: maria.smith@mch.com