



BECKHOM BEHAVIORAL CONSULTING, LLC

LIGHTING LIVES WARMING HEARTS IGNITING MINDS

1509 West 3rd Avenue Albany, Georgia 31707

Beckhom Behavioral Consulting, LLC. Tel: 229-439-9951, Fax: 229-439-9553

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2017 Social Skills Summer Camp

Dear Parent/Guardian,

Thank you for your interest in our Socials Skills Summer Camp. Please review the following policies and complete all the enclosed forms in your application packet. Please note that the application does not guarantee acceptance of your child into the program. It is our intent to provide a positive learning experience while maintaining the safety of all children and staff. For this reason, some children may be accepted on a trial basis. Space is limited, and we encourage you to apply at your earliest convenience.

During the camp, our staff will work on social and play skills, as well as classroom related skills and behaviors. However, we will not be able to work on individualized issues such as toilet training, eating problems, or intense problem behaviors.

After we receive your application, we will notify you of your child's acceptance. We look forward to the prospect of meeting you and having your child with us this summer. In the meantime, if you have any questions or concerns, please contact us.

2017 Social Skills Camp Dates: June 5 to June 16 (2 weeks), Monday thru Thursday.
Teen Group Tuesday/Thursdays only see details below
Time: 8:30am-12:30pm
Location: 1509 West 3rd Avenue
Albany, Georgia 31707

The application fee is nonrefundable.

At the time of application, the full tuition payment and application fee are required.

A full refund of paid tuition will be issued if your child is not accepted into the camp.

Children who are accepted on a trial basis will be refunded the remaining paid tuition if he or she is dismissed from the camp.

50% of the paid tuition will be refunded if the child is dismissed from the camp due to health and behavioral issues that are not disclosed in the application.

Cancellation

75% of your tuition payment will be refunded if a written request of cancellation is received on or before May 26, 2017.

50% of your tuition payment will be refunded if a written request of cancellation is received between May 26, 2017 and June 1, 2017.

No refund will be issued if the parent/guardian cancels after June 1, 2017. This includes non-attendance due to illness or other reasons.

Sick Policy

Your child will be sent home if he or she has any of the symptoms below. For the well-being of all the program staff and other children, please keep your child at home if he or she has any of the following Symptoms:

- 1) A fever of 102 or higher. If you child has had a fever. He or she must be fever free for 24 hours before returning to the camp.
- 2) Vomiting
- 3) Visible mucus (green/yellow)
- 4) Conjunctivitis (pink eye)
- 5) Diarrhea
- 6) Cough that has lasted more than 5 days.
- 7) Head Lice
- 8) Any contagious conditions

Pick up

Your child must be picked up at the allotted time. A late fee of \$5 will be incurred for every 5 minutes that the parent/guardian is late.

Supplies

Parents are responsible for supplying any special snacks/ drinks (due to special diet), extra change of clothes, diapers, Sippy cup, pull ups and wipes for your child. Please label everything with your child's name.

I have reviewed the above policy and hereby give my consent for my child
_____ **to participate in the 2017 Summer Camp.**

Child's name

Parent/Guardian Signature

Date

Witness

Date

**Program runs subject to minimum numbers. You will receive confirmation of registration (or notice of cancellation if applicable).
Must include email address for registration confirmation.**



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2017 Social Skills Camp Payment:

Application Fee: \$35 before May 12, 2017

\$45 after May 12, 2017

Deadline for Application is May 20, 2017

Regular Program Cost: \$250 for full 2 week program

Special Teen Program: \$150 for 4 day sessions (Tues-Thurs each week)

Pay schedule: Full balance due at time of application (**RP**-\$250 Plus application fee or **SP**-\$150 plus application fee)

_____ Program One (ages 3-9)

8:30AM -12:30PM

Mon-Thurs

_____ Program Two (ages 10-15)

8:30AM – 12:30PM

Mon –Thurs

_____ **Special Teen Program (ages 15-18)** *This group is for students who can read, problem-solve, engage in conversation, and complete age/grade level task.

8:30am-12:30PM

Tuesdays & Thursdays only

Payment

Summer 2017

☐ Please find enclosed check or money order (made payable to Beckham Behavioral Consulting) in the amount of \$ _____

☐ Please debit my ☐ VISA ☐ MASTERCARD credit card in the amount of \$ _____

Card number: _____ Exp

Date: ____ / ____

Name on Card: _____

Billing Address

Phone _____ Cell _____ Email _____

Signature _____ Date _____

Send to: Beckham Behavioral Consulting (Social Skills Camp 2017) P.O. Box 51293 Albany, Georgia 31703



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2017 Social Skills Summer Camp Application

On behalf of my son () daughter () _____ / _____
first name last name

I wish to apply for admission to Beckham Behavioral Consulting, LLC's 2017 Social Skills Summer camp. I attest that to the best of my knowledge, the information provided on the application is accurate.

Parent Signature: _____ Date: _____

BACKGROUND INFORMATION

Father: _____ Mother: _____

With whom does the child live with? _____

Phone Number: _____ Cell: _____

Emergency Contact (s) _____

Email: _____

Address: _____

Persons allowed to pick up your child: _____

CHILD'S INFORMATION

Child's Name: _____

Age: _____ DOB: _____

Diagnosis (if any): _____

School: _____ Regular Ed: _____ Special Ed: _____

Grade Level: _____ Aide: (circle) Y/N % (of day) _____

COMMUNICATION LEVELS

At what level does your child communicate (check) pictures ____ words ____ phrases ____ sentences ____ conversation ____

SOCIAL SITUATION QUESTIONS

Can your child handle a group setting (4-6 kids) with 1 therapist and structured lessons?

Can your child do table top activities for

10 minutes? Yes / No

20 minutes? Yes / No

30+minutes? Yes / No

Does your child display any challenging behaviors (e.g.) verbal or physical aggression towards others, self-injury, running away?

What are your main reasons for having your child participate in social skills group?

What are some of your child's interests/activities/reinforcers?

Are there any situations, relevant to our group, which may upset or agitate your child?

Does your child have any allergies (food or otherwise), food restrictions, or medical conditions we need to be aware of?

Self Help Skills:

Please list the child's current level of functioning on the following skills:

Toileting _____

Feeding: _____

Dressing: _____

Grooming: _____

NOTE: we accept children who have bladder and/or bowel control difficulties, but would appreciate the following information in order to provide the proper care.

Does your child wet____ or soil____ during the day? Yes____ No____

Do you use Pull-Ups, diapers etc... at home ? Yes____ No____

If "Yes" please describe:

IMPORTANT: For health and sanitary reasons, children who are not toilet trained must wear protective undergarments.



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2017 Social Skills Summer Camp Release Forms

IN CASE OF EMERGENCY

Your child's physicians full name:

Address: _____

Address:

Phone Number: _____

Preferred Hospital: _____

I hereby attest that to the best of my knowledge, the child named above is in good health and physically and mentally able to participate in all program activities, except as previously noted. In case of a medical emergency, in which I cannot be contacted, I hereby give permission to Beckham Behavioral Consulting, LLC to seek proper medical treatment for the child named above.

Parent/guardian: _____ Date: _____

Photo and Video Taping Release

I hereby give consent for photography and video taping of my child that will only be used by Beckham Behavioral Consulting, LLC for educational, promotional, or other proper purposes only.

Parent/Guardian Signature: _____ Date: _____

Liability Release

I acknowledge that my child has been accepted and permitted to participate in the summer camp. I hereby release, discharge, and waive Beckham Behavioral Consulting, LLC and its employees from all liability for injuries, loss or damages, and any claims for damage on account of any injuries to my child or his or her property while in the summer program. I have agreed to emergency treatment by a physician or hospital in the event that I cannot be reached. I have disclosed all relevant information regarding my child's health condition.

Parent/Guardian Signature: _____ Date: _____