



# BECKHOM BEHAVIORAL CONSULTING, LLC

*LIGHTING LIVES WARMING HEARTS IGNITING MINDS*

1509 West 3<sup>rd</sup> Avenue Albany, Georgia 31707  
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## 2022 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 camp, our staff will work on social, communication, and play skills, as well as classroom related skills and minor behaviors. For our current therapy clients, we will target the social/play skills that are the target of his/her current treatment plan.

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.

**2022 Social Skills Camp Dates:** June 6 to June 30 (4 weeks), Monday thru Thursday.  
July 11-29 (3 weeks) Monday thru Thursday  
Time: 9:00am-1:00pm  
Location: 1509 West 3<sup>rd</sup> 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**

50% of your tuition payment will be refunded if a written request of cancellation is received before June 3, 2022.

No refund will be issued if the parent/guardian cancels after June 3, 2022. 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 100 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) Bed Bugs
- 9) Any COVID Symptoms
- 10) 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 2022 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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### 2022 Social Skills Camp Payment:

Application Fee: \$50      Deadline for Application is May 27, 2022

**Full Program** Cost: \$1,400.00 for the 7-week program + application fee

**June only:** Cost: \$1,000.00 for 4 weeks (June 6-30 Mon-Thurs 9-1pm) + application fee

**July only:** Cost: \$750.00 for 3 weeks (July 11- 29 Mon-Thurs 9-1pm) + application fee

\_\_\_\_\_ Caterpillars (ages 3-6)  
9:00AM -1:00PM  
Mon-Thurs

\_\_\_\_\_ Butterflies (ages 8-12)  
9:00AM – 1:00PM  
Mon –Thurs

### **Payment Options**

Please bill Family Support Services     ARC     Easter Seals     Aspire

**or**

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 \_\_\_\_\_

***Mail to:* Beckham Behavioral Consulting (Social Skills Camp 2022) P.O. Box 51293 Albany, Georgia 31703**



# BECKHOM BEHAVIORAL CONSULTING, LLC

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## 2022 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 2022 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 \_\_\_ ASL \_\_\_

### **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, property destruction, running away, PICA?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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Is there any additional information you feel is important for us to be aware of while working with your child?

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**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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## 2022 Social Skills Summer Camp Release Forms

### IN CASE OF EMERGENCY

Your child's physicians full name: \_\_\_\_\_

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: \_\_\_\_\_