

# Discover Summer Camp

## for Youth with Autism

### 2023 Application

MOUNT  
OLIVET  
ROLLING  
ACRES

#### Summer 2023 Dates:

June 12-16    July 24-28  
June 19-23    July 31- Aug 4  
June 26-30    Aug 7-11

**Hours:** 9:00 am – 3:30 pm Mon - Fri

#### What is Discover Summer Camp?

- A therapeutic day camp designed for children **ages 9-16** on the autism spectrum.
- Daily program with a structure that is socially engaging to youth but has the flexibility to **meet individual interests and needs**
- Small-group sizes allow for **low counselor-to-camper ratio-staff to camper ratio is 1 staff to 2 campers**, we welcome additional outside support by PCA and Behavioral Therapist as needed. **We can not guarantee 1:1 staffing support**
- Our **trained counselors** are college students or recent graduates in Education, Therapeutic Recreation, and other related fields. Camp team includes consult services with on-site nursing staff and from M CCP Behavioral Analysts.

#### Celebrating 15 years of DSC!

Registration begins on **Monday, January 2nd** and will remain open until spots are full.

**Weekly Fee: \$800**

#### Program Highlights

**Increase confidence** with a variety of activities – fishing, peddle boating, swimming, games, crafts, field trips and more.

**Build social and coping skills**, all in a low stress environment located in Victoria, Minnesota.

**Camp facilities** include our beautiful waterfront of Schutz Lake, a gymnasium, sensory rooms, computer lab, an in-ground trampoline, and accessible swings

#### Contact us

**Lauren Berg**

Recreation and Therapeutic Services

Discover Summer Camp Lead

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**Nate McKenzie**

Recreation and Therapeutic Services

Discover Summer Camp Supervisor

651.231.6488

NMckenzie@mtolivet-MORA.org

*“We loved knowing they were swimming, jumping, moving around the gym, and getting their sensory fix at camp. Staff’s enthusiasm and positivity are much appreciated.” – Parent of long-time camper(s)*

**Mount Olivet Rolling Acres (MORA)**

**DISCOVER SUMMER**

**2023 ASD Summer Program Application**

**Ages 9 to 16**

**Session(s) (Please circle session(s) desired.) PER SESSION FEE: \$800**

**Note: Weekly themes in red are tentative at this time.**



<u>Dates</u>	<u>Theme</u>	<u>Dates</u>	<u>Theme</u>
6/12 to 6/16/23	World of "Gaming" <b>1 SPOT LEFT!</b>	7/24 to 7/28/23	Silly Science
6/19 to 6/23/23	Around Our World <b>3 SPOTS LEFT!</b>	7/31 to 8/4/23	Robotic Recreation <b>3 SPOTS LEFT!</b>
6/26 to 6/30/23	"Making" Music	8/7 to 8/11/23	LEGO™ Master Builder <b>1 SPOT LEFT!</b>

**GENERAL INFORMATION:**

\_\_\_\_\_  
Name (last, first, MI) Age DOB

\_\_\_\_\_  
Current address (# and street)

\_\_\_\_\_  
City, State, Zip code County

\_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Allergies/Food allergies:**

**EMERGENCY CONTACT: *other than parent/guardian***

\_\_\_\_\_  
(\_\_\_\_)  
Name phone with area code relationship to applicant

**PARENT/GUARDIAN INFORMATION:**

\_\_\_\_\_  
Father's name Address (if different)

(\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

Work phone Cell phone

\_\_\_\_\_  
Email address: \_\_\_\_\_

\_\_\_\_\_  
Mother's name Address (if different)

(\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

Work phone Cell phone

\_\_\_\_\_  
Email address: \_\_\_\_\_

**DAILY TRANSPORTATION TO/FROM CAMP:**

Who is bringing child to summer program? \_\_\_\_\_

Who is picking up child at 3:30 PM? \_\_\_\_\_

Is before or aftercare needed? \_\_\_\_\_

Who is restricted from visiting your child at camp? \_\_\_\_\_

**COMMUNICATION:**

	Yes	No	Explain
Able to speak	___	___	_____
Signs	___	___	_____
Picture symbols used	___	___	_____
Understands what is said	___	___	_____
Speech is understandable	___	___	_____
Able to read	___	___	_____
Able to write	___	___	_____
Able to communicate pain or illness	___	___	_____

**ACTIVITIES OF DAILY LIVING:** For us to meet needs for assistance, the following information is requested.

	Independent	Assistance needed (describe)
Dressing	_____	_____
Hygiene/grooming	_____	_____
Toileting	_____	_____
Eating	_____	_____
Biking	_____	_____
Swimming	_____	_____
Boating/Pontoon	_____	_____
Table games	_____	_____
Computer use	_____	_____
Hiking/walking	_____	_____
Gym activities	_____	_____
Riding in vehicles	_____	_____
Interacting with others	_____	_____

**BEHAVIOR INFORMATION:**

What specific trigger may result in a behavioral episode? (i.e. noise, heat, transitions)

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

What are some preferred behavioral supports suggestions?

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

Is there an elopement risk? \_\_\_ **If yes, describe:**

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

Does the child have a current Behavior Program/Plan? \_\_\_ Yes (please attach) \_\_\_ No

**ADDITIONAL INFORMATION RELEASE FORM:**

We would appreciate any other paperwork you have that will assist us with working with your child. (i.e. Risk Management plan, IEP, ISP etc.)

What school district/program does he/she attend? \_\_\_\_\_

Camper Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to disclose to/obtain \_\_\_\_\_  
(Organization) (i.e. Risk Management plan, IEP, ISP etc.)

from \_\_\_\_\_ information regarding \_\_\_\_\_  
(Organization) (Person or Organization)

for the purpose of developing camp supports while attending MORA Discover Summer Day Camp.

I understand that my records are protected under State and Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time and that in any event this consent expires automatically as described below. I understand that information (organization holding data) is limited to staff whose work assignments reasonably require access to my data within the purposes specified in the services provided.

Date, event, or condition upon which this expires:

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

MORA Discover Summer Program must receive your session fee one week prior to the first day of camp. If you want to request a special payment plan, supplement the session through waived services funding, or have any questions regarding finances, please call MORA Summer Program at 952.474.5974.

**CAMPERSHIPS:** Partial Camperships may be available to applicants who do not have other funding for camp. Camperships will be assigned to eligible applicants on a first come/ first served basis after full application with \$50 deposit has been received. **Check here \_\_\_ if you wish to apply for a scholarship.**

**Note: Fees for each session are \$800.00 per week**

A \$50 deposit on this fee (deductible from total fee) must accompany this application. The deposit is refundable until June 1st, 2023.

My check for \$\_\_\_\_\_ is enclosed.

If a local group is sponsoring applicant. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name of Group Phone

If the applicant is using waiver service money. \_\_\_\_\_ \_\_\_\_\_  
County Case Manager Name

(\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
Case Manger's Phone Case #

Check any of the following received:

\_\_DD \_\_CSG \_\_FSG \_\_CDCS \_\_CADI \_\_CAC \_\_BI—Medical Assistance # \_\_\_\_\_

**\*If CDCS list email for submission of invoices** \_\_\_\_\_

**CONSENT FORM:** *This section must be signed by the parent or guardian for the application to be considered.*

The applicant/guardian has read and understands all the information in this application and acknowledges that a wide variety of activities are conducted at MORA Summer Program and gives permission for the applicant to participate in these activities assuming all ordinary risks normally inherent to the nature of the activities. It is also understood that the applicant may be transported and will be off grounds on various field trips.

**I hereby give permission to MORA medical nurses and designees to provide first aid, administer prescribed medications as ordered, and seek emergency medical treatment.**

**I AUTHORIZE MORA and MORA Summer Program to use and disclose my child's name, health, and disability information to emergency medical personnel. I also authorize MORA to:**

- Use information about my child to provide services to my child and to communicate across departments within MORA to coordinate my child's service.
- Disclose information to insurance companies or the government or private payers, for MORA to obtain payment for its services.
- Use and disclose information about my child, as necessary, for MORA operations, such as case management, quality assurance and staff training.
- My child will be identified by name as a normal part of the Summer Program life.

**I understand that:**

- This authorization must be filled out completely to be valid. A copy is as valid as the original.
- I may revoke this authorization at any time by notifying MORA in writing. If I do, it won't affect any actions MORA took in reliance of this authorization before I revoked it.
- Once information is received to a third-party according to this authorization, MORA cannot prevent its re-disclosure.
- The authorization does not limit the ability of MORA to use or disclose my child's health information as otherwise permitted by state or federal law.
- This authorization allows the use of my child's name, address, videos, photographs, or comments in publicizing the work of MORA Summer Program, MORA and its subsidiaries.

**By signing below, I acknowledge that I have read, understood, and consent to the terms of the information provide above as well as accept and voluntarily participate, knowing the inherent risk due to the nature of the activities. I have crossed out any of the above statements to which I do not agree or consent.**

\_\_\_\_\_  
Signature of parent/ guardian

\_\_\_\_\_  
Date

**SEND COMPLETED APPLICATION AND FEES TO:**

MORA Discover Summer Program, 7200 Rolling Acres Road, Victoria, MN 55386 OR FAX: 952.474.3652

