

# Discover Summer Day Camp

## for Youth with Autism

### 2024 Application

Celebrating 16 years of DSC!

MOUNT  
OLIVET  
ROLLING  
ACRES

### 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**.
- Camp group sizes allow for **low counselor-to-camper ratio-staff to camper ratio is 1 staff to 2 campers**. We require additional outside support by PCA for campers who need 1:1 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 M CCP Behavioral Analysts.

### DSC Summer 2024 Dates:

June 24th-28th

July 29nd-Aug 2nd

July 22th-26<sup>th</sup>

Aug 5th-9th

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

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### **Program Highlights** *Meeting individual needs for all.*

**Increase confidence** with a variety of activities – fishing, paddle boating, swimming, games, crafts, special guests, 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:**

**Angela Tupy**

Recreation and Therapeutic Services

Program Director

**651.600.2370**

**ATupy@mtolivet-MORA.org**

**Lauren Berg**

Recreation and Therapeutic Services

Therapeutic Recreation Enrichment Lead

**612.859.7186**

**LLBerg@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 CAMP

2024 ASD Summer Program Application

Most recent IEP must accompany the application.

Ages 9 to 16

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



DSC Full Week Dates: Theme

6/10 to 6/14/24	Around Our World-FULL
6/24 to 6/28/24	Adventures of Science
7/22 to 7/26/24	World of Gaming
7/29 to 8/2/24	Music Week – NEWLY ADDED
8/5 to 8/9/24	Master Builder

GENERAL INFORMATION:

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

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

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

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

Sex \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_ 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:**

Drop off/Pickup (9:00am/3:30pm)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

Is anyone restricted from visiting your child at camp? \_\_\_\_\_

**COMMUNICATION:**

	Yes	No	Explain
Able to communicate needs/interests	_____	_____	_____
Signs	_____	_____	_____
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	_____	_____
Eating	_____	_____
Interacting with others	_____	_____
Toileting	_____	_____

If assistance needed is there any formal supportive plans in place? \_\_\_\_\_ Yes \_\_\_\_\_ No

**TRANSITIONS:** From activity to activity/ indoors to outdoors activities

<b>Independent</b>	_____ <b>Yes</b>	_____ <b>No</b>
<b>Prompting needed</b>	_____ <b>Yes</b>	_____ <b>No</b>
<b>Transition in under 10 min</b>	_____ <b>Yes</b>	_____ <b>No</b>

**MY DAY: What is important to me?**

How do I react?

**Morning:**

**Mealtime:**

**Afternoon:**

**When My Day is not going the way how I need it too:**

What might bother me? (i.e. noise, heat, transitions)

What can you do to help support me:

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

**ADDITIONAL INFORMATION RELEASE FORM:**

We request IEP to accompany **all applications** as well as any other supporting information to help us better support your child. (i.e. Risk Management plan, 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