



Camp SMILE!
(A Rollercoaster Kids Program)
the warren center
320 Custer Road
Richardson, TX 75080
972-490-9055
RCK@thewarrencenter.org

Supporting
Milestones
In
Life
Experiences

We greatly appreciate your time in completing this packet.
This information is used to better staff our programs and to ensure individual and group success!
You may use the back of pages if more space is needed.

Camp SMILE! Application
Please attach a recent photo of camper

Camper Information

Camper's Name: _____
Home Address: _____
City: _____ Zip: _____ County: _____ Gender: M F Age: _____
Birth date: ____/____/____ Race: _____ Language(s): _____
Height: _____ Weight: _____ T-shirt size: _____

Registration Information:

Please indicate your preference of session(s) by placing a number (1 for 1st choice, 2 for 2nd choice, etc.) next to each session. Please place an "X" next to any session your child will absolutely not be able to attend. Camp cost: \$800 per 2-week session.

- ___ Session 1: June 8 - June 18
- ___ Session 2: June 22 - July 2
- ___ Session 3: July 6 - July 16
- ___ Session 4: July 20 - July 30
- ___ Session 5: August 3 - August 13

Would you like your child to attend more than one session? _____
If yes, how many sessions? _____

Please list any injury or illness that might limit your child's physical activity or participation in Camp SMILE.

Please list activities that your child finds enjoyable (*sensory activities, pats on the back, high fives, etc.*):

Please list activities that your child finds aversive (*loud noises, sensitivity to light, etc.*):

Family Concerns

What are your social goals for your child while at camp? _____

Please describe what you feel is the most important thing your child could improve upon to be more successful in school, the community or at home: _____

If applicable, please explain any recent stressful events in your child's life (*changes in living situation, move, parents divorce, death of a significant person, etc.*):

Please explain any further information you feel would be helpful to us in serving your child:

Camp Reservation Policies:

- Children are placed in camp sessions based upon their ages, social-language skills and functional levels. You will be informed of the session(s) your child will attend by **May 15th, 2010**.
- NO reservation will be accepted by telephone.
- Reservations will be made only after completed application, including session choices, medical information, signed releases and paid deposit of \$200 have been received in our office.
- Children not currently enrolled in services with **the warren center** will need to complete an enrollment packet and be evaluated by our staff to determine the most appropriate placement. Evaluation must be completed and paid prior to reservation.

Name of person completing these forms _____ Today's Date _____

Email address _____ Best Phone # _____

****Please attach a recent photo of camper or email photo to RCK@thewarrencenter.org****

A **non-refundable** deposit of \$200 must be paid to hold your reservation.

Credit card payments can be made at our website:
https://secure.etgroup.net/thewarrencenter/pay_online.aspx