



Hey Mom and Dad—
Are you looking for a fun
camp experience for your child
with special needs?

Summer Camp 2010

Georgetown Hill Early School has been educating young children for over 25 years. We are now opening a Special Needs camp geared toward children ages 3-6 with speech and language delays, social skills deficits, and/or sensory challenges.

We offer a safe, caring, highly structured multi-sensory atmosphere. Our experienced staff will use a multi-disciplinary approach to target skills in the following areas:

speech & language, sensory integration, play skills, gross & fine motor skills, self-regulation, and more.

Adult to child ratio will be 2-3 to 1. On-site swimming and outdoor play will be apart of our daily activities.

8 one week sessions

- #1 June 28-July 2
- #2 July 6-July 9
- #3 July 12-July 16
- #4 July 19-July 23
- #5 July 26-July 30
- #6 Aug. 2-Aug. 6
- #7 Aug. 9-Aug. 13
- #8 Aug. 16-Aug. 20

Times

Sessions 1 thru 5:
1pm-5pm
Sessions 6 thru 8:
9am-1pm

Location

Woodley Gardens/Rockville
850 Nelson St.

Fees

\$475 per week
Sibling Discount offered
between GHES camps

Contact

summercamp@georgetownhill.com
301-514-3459





Georgetown Hill Early School
 850 Nelson Street
 Rockville, MD 20850
 301-514-3459

Email: summercamp@georgetownhill.com

Georgetown Hill Early School Summer Camp 2010 Special Needs Application

One week Sessions will run Monday thru Friday (sorry...there will be no partial week schedules for this program):

_____ June 28-July 2	1pm – 5pm	_____ July 26-30	1pm – 5pm
_____ July 6-9	1pm - 5pm	_____ August 2-6	9am – 1pm
_____ July 12-16	1pm – 5pm	_____ August 9-13	9am - 1pm
_____ July 19-23	1pm – 5pm	_____ August 16-20	9am - 1pm

Cost per session: \$475.00
 Deposit of \$250.00 due with application. Balance due June 1, 2010.

General Information:

Child's Name _____
First
Middle
Last

Date of Birth _____ Gender _____ T-shirt Size _____

Home Address _____

Home Phone _____ Email _____

Mother/Guardian Name _____

Mother/Guardian Phone work _____ cell _____

Father/Guardian Name _____

Father/Guardian Phone work _____ cell _____

Current School/Program _____

Other therapies, interventions, programs _____

Overall, how would you describe your child? _____

General Information (contd):

What are your child's:

- **Strengths** _____

- **Weaknesses** _____

Please provide a brief description of your child's developmental delays as well as your specific concerns regarding your child. _____

Communication:

What is your child's primary means of communication (i.e. words, pointing, symbols, signing, etc)? _____

What are his greatest communication challenges: (i.e. requesting, responding, oral motor, vocabulary)? _____

Your child better communicates using (circle all that apply):

- **Words** (how many functional words?) _____ Can you estimate the number of words:
Receptive _____ Expressive _____
Does s/he use words to spontaneously request? Y/N
- **Sign language** (what signs does s/he know?) _____

- **PECS or picture symbols** (what signs does s/he know?) _____

Communication (cont'd):

- Gestures and or a combination of the above. Please explain. _____

Adaptive Skills:

Are there specific issues you would like the team to address during camp regarding adaptive skills?

Washing Hands Y/N	Toilet training Y/N	Eating with Utensils Y/N
Brushing Teeth Y/N	Getting Dressed Y/N	Other (explain below)* Y/N

Has your child started toilet training? Y/N If yes, please indicate the level of success and independence.

***Other** _____

Your child will need to bring extra sets of clothes to keep at camp, in case of accidents.

Behavior:

Does your child exhibit any (Please explain):

Repetitive Behaviors _____

Difficulty transitioning from one activity to the next _____

Food aversions/preferences _____

Sensory Difficulties/Sensitivities _____

Sleep Disturbances _____

Aggressive/Self Injurious Behavior _____

Fearful/Reckless Behavior _____

Behavior (cont'd):

Other particular likes, dislikes, motivators _____

Medical/Physical Concerns:

Does your child have a specific diagnosis? If so, what is it? _____

Special Dietary needs/concerns _____

Any food Allergies/Intolerances _____

Does your child take any medication? _____

Does your child wear ear plugs for swimming? _____

Does your child have seizures or other neurological or physical challenges which may limit his/her participation in camp activities? _____

Does your child have motor planning difficulties? _____
