



10176 Corporate Square Drive, Suite 220

Creve Coeur MO, 63132

Sizzlin' Summer Day Camp

July 30 – August 3, 2012

August 6-10, 2012

Ages 5-21

**Registration Due by
 July 6th**

\$ 250.00
 Standard Rate

\$550.00
 1-on-1 staff

\$50.00

Use current BIS PCA hours for 1-on-1 staff

Daily Schedule

8:30am Drop Off

Morning:

- Circle Time
- Arts & Crafts
- Small Group Games
- Social Skills
- Free Play Time
- Large Group Games

Afternoon

- Field Trip

3:00pm Pick Up

A camp designed for individuals with developmental disabilities and behavioral problems.

- 5 Fun and Exciting Themed Days
- Structured play surrounding friendship, community, sportsmanship, teamwork, and exploration.
- 1:4 staff to camper ratio
- 1:1 staff to camper ratio available
- Focus on gaining life skills through interacting with peers, support staff and going out into the community



Campers will need to bring 1 snack and 1 sack lunch each day. A 2nd snack will be provided. However, if there are special diet restrictions, please send an additional snack.

**FIELD TRIP
 EVERYDAY!**

Contact: Beck Swendig ph. 314-395-9375 ext. 130
rswendig@behaviorinterventionservices.com



Sizzlin' Summer Day Camp 2012

Registration Form

10176 Corporate Square Drive, Ste. 220 Office (314) 395-9375
 Creve Coeur, MO 63132 Fax (314) 395-9381

Camp Date Chosen:			Payment Form (Office Use Only):		
CAMPER INFORMATION					
Camper's Last Name:		First:	MI:	Current BIS Client? <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Provide by BIS BCBA / PCA / CS / ISL / PBSS
Birth Date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Allergies:		
Referred By: <input type="checkbox"/> Friend <input type="checkbox"/> Service Coordinator <input type="checkbox"/> BIS Employee <input type="checkbox"/> BIS Website <input type="checkbox"/> BIS Brochure <input type="checkbox"/> Other _____		Parent/Guardian Name(s):		Home Phone:	
		Emergency Contact Name & Relationship		Alternate Phone:	
				Emergency Phone:	
				Alternate Phone:	
Address:			Parent/Guardian Email Address:		
Street		City/State	Zip		
Please List your medical facility of choice: However, understand that in the event of an emergency your camper may need to be transported to the closest Emergency Medical Facility.			Doctor's Name & Contact Phone # If anyone other than the person listed as Parent/Guardian will be picking up a Camper, the Parent/Guardian will need to supply staff with the person's name. Picture identification will need to be supplied by that person before your camper will be released to them. Please Initial: _____		
ADDITIONAL INFORMATION ABOUT THE CAMPER					
If your camper will need medications administered to them during the times that they will be attending camp, the Medication Authorization form will need to be completed and submitted with your camper's enrollment forms. A Medication Administration Level One certified staff member will be available to administer medication only if this form is completed and submitted. Please Initial: _____					
Special Dietary Needs:					
BIS will uphold a 4:1 camper to staff ratio. If this ratio will not meet your camper's needs, please indicate below. Should your camper need a 1:1 ratio, a separate form will need to be completed so that BIS may either provide a staff or run the appropriate background check for the staff that your family will be providing. A camper who is not toilet trained or is 4.5 years or younger requires 1:1 staffing. If your camper is a danger to themselves or others during camp, your camper may be sent home. If this is a continuing issue throughout the week, your camper may be expelled from camp. If your camper requires 1:1 attention upon arriving, but the registration specified 3:1, your camper may be sent home. <u>All Camp fees are nonrefundable within 1 week of start date.</u> (Please Check applicable box) <input type="checkbox"/> Will Need 1:1 Staff <input type="checkbox"/> Will Need 4:1 Staff Please Initial: _____					
Please list any common behaviors that your camper has been known to exhibit, as well as ways in which staff can avoid, deter, prevent, or manage them. To help our staff better acclimate themselves to your camper, please forward a copy of your camper's most recent behavior plan, IEP or other pertinent information you think will be helpful. Please include any physical needs, such as diapering and accessibility requirements.					
By signing this document, I am stating that the above information is true and accurate to the best of my knowledge. I am also releasing Behavior Intervention Services and its employees, counselors, directors, affiliates, agents, and successors of and from all liability, claims, damages, costs, expenses, actions and causes of action in respect to death or injury to my child or charge and their prosperity resulting from their participation in Behavior Intervention Services camp activities. I understand that the sponsor of this event does not carry or maintain health, medical or disability coverage for myself or my child or charge and therefore I agree to assume responsibility for damages were they to occur. <u>By signing this document, I am also stating that I am fully aware that if my camper's reservation is cancelled for any reason with less than one week remaining before the camp's start date, my enrollment fee will not be refunded.</u>					
Parent/Guardian Signature: _____				Date: _____	

Sizzlin' Summer Day Camp 2012 Payment Form

Personal Information

Camper's Name: _____

Parent/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____

Fees (Please Check all boxes that apply)

\$250.00 Standard Rate

\$550.00 BIS provide 1:1 Staffing

\$50.00 BIS 1:1 using current PCA coverage

Payment Options

Check Enclosed Check #: _____ Amount: _____

Cash Enclosed Amount: _____

Please Charge My:

   

Name as it appears on Card: _____

Card # _____ Exp. Date _____ CV# _____

Signature to allow charge: _____

Other Form of Payment: _____



B.I.S., LLC
10176 Corporate Square Drive, Ste. 220
Creve Coeur, MO 63132
Phone (314) 395-9375
Fax (314) 395-9381
www.behaviorinterventionservices.com

Consent Form for Use of Pictures

Client Name: _____

Throughout the year, staff at Behavior Intervention Services may photograph clients for use in our brochures, newsletters, our website, and the creation of resumes and other material for personal client usage. BIS is interested in using your son/daughter's name and/or picture for use in various media publication, including our website, brochure, video, and any other publication that may recognize his/her accomplishments.

Please indicate whether you do or do not grant permission for the use of your child's name and/or picture to be used for the following purposes

I **DO** grant permission for my child's picture to be used for the following:

<input type="checkbox"/> website	<input type="checkbox"/> brochure
<input type="checkbox"/> training video	<input type="checkbox"/> newsletter
<input type="checkbox"/> resume	<input type="checkbox"/> other publications

I **DO NOT** grant permission for my child's picture to be used for the following:

<input type="checkbox"/> website	<input type="checkbox"/> brochure
<input type="checkbox"/> training video	<input type="checkbox"/> newsletter
<input type="checkbox"/> resume	<input type="checkbox"/> other publications

Parent or Guardian's Name: _____

Parent or Guardian's Address: _____

Parent or Guardian's Signature: _____

Date: _____



B.I.S., LLC
10176 Corporate Square Drive, Ste. 220
Creve Coeur, MO 63132
Phone (314) 395-9375
Fax (314) 395-9381
www.behaviorinterventionservices.com

Camp Medication Authorization Form

This form is required if your child will need any medication, prescription or non-prescription, while attending camp. To be filled out completely by parents or physician, and signed by a physician. PLEASE PRINT LEGIBLY!

Camper's Name: _____ Home Phone: _____

Camper's Address: _____
Street City State Zip

MEDICATION POLICY: A non-medical and non-nursing person will administer medication(s). A Medication Administration Level One certified staff will be available to administer medication *only* if this form is completely filled out. If possible, arrange time of dosage so that medication(s) will not have to be given while the child is at camp. Prescription medication must be in its original bottle with the doctor's instructions. Non-prescription medication must be in its original packaging, and will be given according to package directions unless accompanied by a note from a physician indicating otherwise.

The following medication(s) must be given during camp hours:

Medication	Dosage	Hour Given
------------	--------	------------

Administration instructions (give with water, milk, food, etc.):

List any reasons for not giving medication at the prescribed time (vomiting, fever, drowsiness, etc.):

This medication is to be administered only until: _____ (Date)

The following medication(s) are administered only at home:

Medication	Dosage	Hour Given
------------	--------	------------

For all medications, including those given at home, list all side effects which should be observed by camp personnel:

PARENT AUTHORIZATION: Before Behavior Intervention Services Camp staff can administer any medication to your child, you are required to sign this authorization form indicating your desire to have the medication(s) administered, as well as your agreement to relieve Behavior Intervention Services, its agents, employees, or representative of any responsibility for ill effects resulting from the administering of said medication as set forth within.

I therefore authorize and request that BIS Camp staff administer the medication prescribed by our physician, and in doing so, relieve Behavior Intervention Services, its agents, employees or representatives of any responsibility for ill effects resulting from the administering of said prescription or non-prescription medication.

Signature of Parent: _____

Witness: _____ **Date:** _____

This form must be kept current. Whenever there is a change in medication, parents must have a new form signed by the physician.

This form must be signed by a physician to be valid.

Physician's Signature: _____ Date: _____



B.I.S., LLC
10176 Corporate Square Drive, Ste. 220
Creve Coeur, MO 63132
Phone (314) 395-9375
Fax (314) 395-9381
www.behaviorinterventionservices.com

Medical and Transportation Release Form

This form is to authorize Behavior Intervention Services, LLC, at 10176 Corporate Square Drive, Creve Coeur, MO, 63132 and representatives and employees (hereinafter "the agency") to obtain emergency medical assistance and to provide transportation for the child herein below named, and to release the agency from liability for injuries to children while in the community or during transportation of such child.

In the event that I/we cannot make arrangements for emergency medical attention at the time of the illness or accident of my child, I hereby authorize any agent, representative or employee of Behavior Intervention Services, LLC to take my child to:

Dr. _____ Phone: _____

Address: _____

Or to _____ Hospital, where medication or medical procedures they may deem necessary for my child's well being will be administered.

The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement. I further understand and agree that the agency, its representatives, or employees may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of the agency personnel, it is deemed necessary.

I/we represent that I am parent/guardian of _____ and am fully responsible for the care and well being of my child. I agree that the agency shall not be liable for any damages, claims or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of my child, or in the name of or for the benefit of any other person as a result of personal injury to the child named above while the child is in the community or otherwise in the transported as herein authorized, and hereby agree to indemnify and hold harmless the agency and its employees, whether paid or volunteer, against any and all claims which may arise from any injury to said child while participating in or being transported to activities in the community. Provided however, the agency shall be liable for injuries resulting from gross negligence of the agency, its agents, representatives or employees, or injuries intentionally inflicted by the agency or any of its employees. I further agree that as guardian/parent of _____, I take financial responsibility for the repair of any damages toward any property of Behavior Intervention Services or any representative or agent working on behalf of Behavior Intervention Services that are caused as a result of property destruction by my child.

I have read the foregoing and agree with it in all respects.

Signature: _____

Date: _____