Pride In Learning Social Skills Camp(PLSS)

About Our Camp

Think how exciting it would be to discover that you had followed your intuition and it all worked out! Here is a brief story about my journey in creating Pride in Learning Social Skills (PLSS). In 2000 Nancy a 6 year old girl diagnosed with autism and I worked on social skills, so that she would be able to stay in her mainstream class at school. As a speech-language pathologist, I used all the tricks I learned in college and from different workshops in teaching her social skills. Nancy just didn't get it! Nancy eventually learned how to navigate our ever changing social world that summer, with the help of my two year old daughter Emma and her friends. We learned not to cry about everything, but to use our words. We learned screaming upsets others and we learned not to climb a ladder just because others think it's funny. The following year our program was launched. Today every summer PLSS hosts between12 to 16 kids with social learning disabilities alongside typical able peers. **COME JOIN OUR ADVENTURES!!**

Camp Levels

- **Bumble Bees -skills ages 3 to 4**
Explorers- skills ages 5 to 6
- **Defenders -skills ages 7 to 9**
Navigators –skills ages 10 to 12
- **Apprentices –skills ages 12 to 15**

The one -to -one teacher, peer sessions and community intervention program is the cornerstone of our camp

PLSS is an 8-weeks summer day camp program for children with social challenges including: verbal and nonverbal learning disabilities, ADHD, Asperger's, and High Functioning Autism. Our camp programs are designed for preschoolers through 10th graders. The curriculum is personalized for each student and it is designed to improve the camper's ability to engage in social relationship.

PLSS camp is offered by
Innovative Therapy Services

Pediatric Speech and Language Clinic

<u>Screening and Registration Begins February 3rd, 2014</u>

Camp Starts Week of June16th through Week of August 4th

Contact (408) 241-2229 for ussom@pediatricspeech.com

www.pediatricspeech.com
1090 Homestead Road, Santa Clara, Ca, 95050

INITIAL REGISTRATION FORM for PRIDE IN LEARNING SOCIAL SKILLS CAMP

Section I: **Patient Information**

         Date_____

I am interested in registering my child for PLSS_____

Child's Name: _____ Prefer to be called:

Address:_____City:_____ _____State:_____Zip_____

Phone (_____)_____ Work Phone (_____) _____

Cell Phone (_____)_____

The best time to contact parents:_____ ☐ A.M. ☐ P.M. on my ☐ Home phone ☐ Work phone
☐ Cell phone

Date of Birth:_____ Social Security Number:_____

Name of School_____ City/State_____ ☐ FT ☐ PT

Whom may we thank for referring you?
_____

Section II   **Responsible Party**

Parent(s)/Legal Guardian(s):

Relationship to Patient: ☐ Parent   ☐ Other

Name:_____ Relationship to Patient:
_____

Address:_____
_____

City:_____ State:_____ Zip:_____ Phone:
(____)_____

Employer_____ Work Phone (____)_____

SSN#_____

Parent #2:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

Email: _____

Additional Contact Information: _____
_____

Other Responsible Party:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

Email: _____

Additional Contact Information: _____
_____

Person to contact in case of emergency_____

Phone_____

Email Address_____ Would you like to receive our e-newsletter? ☐ Yes ☐ No

Section III   Insurance Information

Name of Insured_____DOB_____Relationship to Patient
_____

SSN#:_____ Name of Employer:_____ Work Phone: (____)_____

Address of Employer:_____City_____ _____State:_____Zip
_____

Insurance Company_____ Grp #_____

ID#_____

Ins Co Address:_____ Ins Co.
Phone:_____

Doctor's Information
Doctor's Name: _____
Doctor's Address: _____
Doctor's Office Phone: _____ Doctor's Emergency Phone: _____
Medical Insurer/Health Plan: _____ Policy #:_____
Allergies to Medications: _____
Allergies (Other): _____
If applicable, please note the conditions for which the child is currently receiving treatment:
_____

Note any other significant medical information:
_____
_____

Authorization to Bill Credit Card
Method of Payment: ____Check   Credit Card_____   Cash_____

If by credit Card: Name as it appears on the credit card_____

Type of Credit card: Visa   Master   Discovery   Other
Expiration Date:_____   _____Initial here to authorize payment of $217

Please initial the following information:

1. _____I understand as part of the registration for the PPLP program I must pay $217 dollars and that if my child is accepted into the program this amount will be applied to the final session. However, if my child is not accepted into the program I will not be billed for the program and my $217 will be refunded and no report will be generated.

2. _____ I understand my child is to come in for a screening and if my child cannot make the appointment date provided by ITS I am to contact ITS within 24 hours to setup another appointment *(this screening does not apply to clients already receiving therapy at ITS)*.

3. _____ I understand that by agreeing to this screening that I have agreed to register my child for the Summer Program and I am responsible for the total 8 weeks **cost if my child is accepted into the program**. I understand that ITS will not bill me for the total cost of the summer **camp if upon my receipt of the acceptance letter I notify ITS in writing within seven business days of my intent** to not enroll my child in the program. However if ITS does not receive the notification within seven business days I will be responsible for 30% of the program cost and if ITS receive

withdrawal notification in **May or June** I am responsible for entire program cost (this part does not apply to students on wait list).

4. _____I understand that a check for $217.00 or a credit card payment must be submitted along with this form to ITS no later than the due date April 9th, 2014

I the parent of _____ authorize ITS to conduct a screening on_____ for the sole purpose of enrolling my child in the PPLP program. I understand the screening is free and the report will only be provided on the orientation day. I understand the $217.00 is the registration fee, which is applied to the last week lesson.

Parent signature: _____   Date: _____