

Meadowood



It Works

SPEECH-LANGUAGE AND HEARING CAMP RETURNING CAMPER APPLICATION

Please attach a **current IEP** with therapy goals, current testing, school behavior plan and any other current specialist's reports. Applications will not be considered complete without these attachments, and acceptance will be tentative until they are received. A refundable/transferable deposit of \$35.00 is required with this application.

DATE: _____ CAMP YEAR 20 _____

Child's Name: _____ "Camp" Name(s): _____

Grade in School: _____ Sex: M F Birth Date: _____ Age: _____

Mother's/Guardians Name: _____ Father's/Guardians Name: _____

Address: _____
Street City State Zip

Home Phone #: _____ Daytime/Cell Phone #: _____

Email Address: _____ Emergency Phone #: _____

Child lives with: Mother Father Both

Child has been away from home over night before: Yes No How long? _____

Child has been to other camps: Yes No What kind? _____ When? _____

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Please indicate 1st and 2nd choice. Final session will be determined by Meadowood Clinical Director to best serve your child's needs.

- _____ First Session (July 7 – July 14, 2012)
- _____ Second Session (July 22 – July 29, 2012)
- _____ Day Camp (July 18 – July 20)

Within two weeks of submitting your application, you will receive a notice of clinical eligibility. If eligible, you will also receive your appointed camp session and a full enrollment packet. At that time, you will be asked how you will cover the cost of camp. If you will need financial assistance, please check here _____. If you have questions, please contact the Meadowood office.

Return application and the \$35.00 refundable/transferable deposit to:

Meadowood Springs Speech & Hearing Camp
PO Box 1025
Pendleton, Oregon 97801-0030
Phone: (541) 276-2752
Fax: (541) 276-7227
E-mail: info@meadowoodsprings.org

This application has been completed and is accurate to the best of my/our knowledge and I/we:

- Have included a \$35 refundable/transferable deposit to Meadowood Springs to process this application.
- Understand that if this application is not complete, is not accurate, and/or does not have the \$35 refundable/transferable deposit, this application may be delayed.
- Understand that this application is not a guarantee of enrollment. I understand that staff will utilize information I have provided to determine if my child is clinically eligible for camp.
- Understand that if my child is determined to NOT be clinically eligible, my \$35 deposit will be returned to me.
- Understand that if my child is clinically eligible, I will receive an enrollment packet, including information on how to pay the camp's fees that must be submitted for admission to the camp.

The information you have included in this application will not be shared with anyone other than Meadowood Springs' staff. If you have questions or concerns about the program, we urge you to call our office at 541-276-2752 or email the clinical director at the email below at any time.

Printed Name of Primary Applicant

Printed Name of Secondary Applicant

Signature of Primary Applicant

Date

Signature of Secondary Applicant

Date

For more information about the camp, please visit our website at <http://www.meadowoodsprings.org> or contact Missy Newcom, Clinical Director, at missy@meadowoodsprings.org.

Please mail your application and the refundable/transferable \$35 deposit to:

Meadowood Springs Camp
PO Box 1025
Pendleton, OR 97801
Phone: 541-276-2752
Fax: 541-276-7227
email: info@meadowoodsprings.org

Or deliver in person with the refundable/transferable \$35 deposit to:

Meadowood Springs Camp
316-A SE Emigrant Ave
Pendleton, OR 97801