



RAPHAEL ACADEMY

# Summer Camp 2019



Raphael Academy will offer two summer sessions\* for students with intellectual and developmental differences, ages 4-8 and 13-18.

**June 10th - 28th**  
&  
**July 15th - 26th**



Campers enjoy the summer together with friends while engaged in activities such as swimming, the arts, weekly field trips, and drama.

Younger campers will stay at Raphael Academy full-time and enjoy outdoor water play, circle time, arts and crafts, story time and a daily rest.

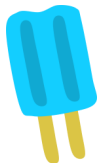


## COST

**\$900** for the full three weeks

**\$650** for the full two weeks

**\$350** for one week



## MORE INFORMATION:

[info@raphaelacademy.org](mailto:info@raphaelacademy.org) • (504) 524-5955

\*A minimum enrollment of 5 students per age group, per week, is required for camp to be held.



## RAPHAEL ACADEMY

### **SUMMER CAMP POLICY & FEE SCHEDULE**

Thank you for applying to Raphael Academy's **2019 Summer Camp**. The program is designed to provide your child an opportunity to socialize with their peers while engaged in fun, creative, and educational programming. **Provided that we have a minimum of five students enrolled in each session, we will offer one three-week session in June and one two-week session in July. These two sessions are open to students ages 4-8 and 13-18.**

**Session One will be June 10<sup>th</sup> through June 28<sup>th</sup> and session two will be July 10th to July 26th. Camp hours are M-F, 8:30 am to 3:30 pm.**

**Location:** Summer camp is held at Raphael Academy located at 500 Soraparu Street, NOLA 70130. Phone: 504-524-5955.

**Fees:** The cost of the program is **\$900** for the full three weeks, **\$650** for the full two weeks, and **\$350** for one week. (Space is limited and placement to full-time participants will be given priority). Payment in full is due at the time of application and will not be refundable. Registration will not be considered complete until full payment is received.

Please fill out the attached application, outing permission and media consent documentation and return with your payment to reserve your child's place in summer camp. Below is our **Student Profile** describing who we feel will best benefit from the program. Individual aides, provided by the parent, will be considered if your child needs one-on-one assistance to be successful in the group. **A brief meet and greet before summer camp is recommended for students not currently enrolled at Raphael Academy to confirm that we can meet the needs of your child.**

#### **Summer Camp Student Profile:**

Summer camp will focus on enjoying the summer together with friends while engaged in activities such as swimming, the arts, weekly field trips, and drama. (Admissions are not based on academic ability.) Younger students will stay at Raphael Academy full-time during camp and will enjoy outdoor water play, circle time, arts and crafts, story time and a daily rest/relaxation period.

Summer camp classes will provide a lead teacher and an assistant per 8 students. Children are required to be independent in small group settings as we are unable to provide one-on-one assistance. Child specific aides are welcome on a case-by-case basis and are the fiscal responsibility of the parent.

In order to provide a positive social environment, Raphael Academy cannot accept children who are physically aggressive (hitting, biting, kicking, slapping, spitting, cursing, etc.) towards other students or staff.

Participants over the age of 6 must have independent toileting skills and not require assistance in the bathroom. General assistance with zippers, buttons, etc. will be accommodated.

### **Arrival and Dismissal**

- **Parking:** Please drop-off your child between 8:20-8:30 am in the classroom and sign your child in so that staff knows your child is present. Pick up will be in the hallway inside the side entry door on Soroparu Street. If you need to come late or pick-up early for any reason please send a note or notify the teacher the day before. For your child's safety please do not allow them to enter the school building alone.
- **Dismissal:** Dismissal will be at 3:25-3:30 pm. Please meet your child in the hallway so that you may sign your child out for the day. **Parents arriving after 3:35 pm will be charged a late fee of \$1.00 per minute.** Please respect the teacher's time and your child's need to be picked up on time.
- **Authorization to Release:** Campers will only be dismissed to known parents, guardians, or caregivers listed on the Authorization to Release Form. Parents may also authorize pick-ups by sending a signed and dated note with the name of the person picking up. If camp staff does not know the person, we will request a picture ID. Please make sure any and all people who may pick up your child are aware of this policy.

### **Concerns and Questions**

- Please direct any questions or concerns you may have to the camp director.

### **Dress**

- Please send your child in cool, comfortable clothes that can get dirty. We will be painting and doing arts and crafts.
- Children should wear tennis shoes and socks or Crocs. (Alternative footwear will be allowed due to sensory issues, however we will be walking and participating in games, etc. that will require stable footwear.)
- Please send a baseball cap or hat with your child.

## Food

### All campers will need to bring their lunch Monday through Friday.

- Raphael Academy promotes a healthy diet for students. Please do not send sodas, sweets or candy or overly processed foods that contain food coloring. Examples of suitable items include sandwiches, fruit, cut-up raw vegetables, whole grain crackers, cheese, pasta, nuts, milk, water, or juice.
- All items should be able to be eaten cold.
- Please send a full water bottle with your child every morning. The school has filtered water for refills.

## Medication

- The camp will not administer over the counter medication to children.
- Prescription medication or medication for allergies (such as an epipen or Benadryl) may be kept in the office and can be given to children. Please ask for a Medication Authorization Form when registering your child.
- All prescription medication must be in the original container and labeled with the child's name. The staff cannot deviate from the directions listed on the packaging.
- Please give all medication to your child's teacher.

**Please do not send medication in a child's bag or on their person**

## Things to Bring

- **Please bring a swimsuit, towel and sunscreen to leave at camp each week. (Items will be sent home on Fridays)**
- Baseball cap or hat
- Tote bag or backpack for outings
- Cold, healthy snack and lunch
- Water bottle
- Change of clothes in labeled bag (Many students do not like when their clothes get wet or dirty from art or game activities)
- Please leave all toys, electronics, and personal items at home. These items are often lost or broken and it can be difficult for the child.

Please sign and return this form when registering.

I have read, understand, and agree to abide by the above Raphael Academy Summer Camp Policy. I agree to abide by these policies. I understand that tuition is non-refundable.

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Signature

Date



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Date Received: \_\_\_\_\_

Please attach a copy of your child's current IEP if applicable.

IEP attached: \_\_\_ Yes \_\_\_ No

## **Summer Camp Registration Form**

Child's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
City Zip Code

Mailing Address: \_\_\_\_\_  
City Zip Code

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Current School / Program: \_\_\_\_\_  
Name of School / Program Address Grades Attended

### **PARENT/GUARDIAN CONTACT INFORMATION**

Parent/Guardian's Name: \_\_\_\_\_  
Relationship to Child

Address: \_\_\_\_\_  
(IF DIFFERENT FROM CHILD'S) City State Zip Code

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work/Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Location of Work: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work/Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**STUDENT PROFILE**

**Please indicate whether your child exhibits any of the following behaviors so that we may provide a positive experience for all of the attendees of Summer Camp:**

- Self injurious behavior (head banging, cutting, biting, etc.)  
 YES  NO If yes, please describe behavior below:

\_\_\_\_\_  
\_\_\_\_\_

- Aggression towards others: (biting, kicking, spitting, hitting, etc.)  
 YES  NO If yes, please describe behavior below:

\_\_\_\_\_  
\_\_\_\_\_

- Does your child have difficulty transitioning from place to place or from task to task?  
 YES  NO If yes, please describe behavior below:

\_\_\_\_\_  
\_\_\_\_\_

- Does your child exhibit Obsessive Compulsive issues (the need for things to be done a certain way?)  
 YES  NO If yes, please describe behavior below:

\_\_\_\_\_  
\_\_\_\_\_

- Does your child flee/run away?

YES  NO If yes, please describe behavior below:

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- Does your child have sensory issues? (sensitive to touch, sound, light, motion, etc.)

YES  NO If yes, please describe behavior below:

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- Does your child respond to their name when called?

YES  NO

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### **MEDICAL NEEDS**

**Does your Child have a medical diagnosis?** If Yes, please describe below:

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Please indicate your Child's Health / Medical Needs other than the predominant medical diagnosis:

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Does your Child have Allergies (if yes, please describe):

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Does your Child take any routine Maintenance Medication or Supplements: (If Yes, indicate type and dosage)

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Does your Child require a special diet of any kind: (if Yes, please describe):

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Does your Child have any physical disabilities: (if Yes, please describe):

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Describe any medical, physical, psychological, behavioral and/or other needs, conditions or concerns about the child that would assist our staff to best support the child: (attach a separate sheet if required)

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### **LANGUAGE & COMMUNICATION**

**Is your child verbal?** (Does he/she request his/her needs and wants to answer social questions etc.?)

(If yes, please describe your child's verbal skills.)    Yes    No

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### **LIKES & DISLIKES**

Please describe your child's preferred activities, interests and reinforcements:

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Please describe activities that your child dislikes:

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List any particular objects or situations which your child finds distressing? (E.g. crowds, unfamiliar situations, noises):

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## **REGISTRATION**

### **Payment of Fees**

To enroll your child in Raphael Academy's summer camp please complete all sections of this registration form as well as the accompanying policy, emergency contact and permission documents. Make your check payable to Raphael Academy. Registration is processed on a first come, first-serve basis. Full payment for Summer Camp is expected at the time of registration. Registration will not be complete until full payment and all forms are received. Tuition is non-refundable before or during camp sessions.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_



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## Summer Camp 2019 Permission Form

### **Outing and Transportation Permission**

In accordance with the Raphael Academy curriculum and in order to take advantage of the many parks in our neighborhood, student may be taken on frequent walking trips to various locations or parks in the neighborhood. Since many of these outings are impromptu, it is not always possible to notify parents.

### **Campers over the age of 10 may also take field trips to location in the city or region.**

Transportation will be provided by faculty or staff of Raphael Academy who are licensed drivers, have proof of current insurance, and a vehicle with a valid brake tag. (Outings will be announced each week on Mondays).

Please sign and return this permission slip below so that your child may be able to take full advantage of camp activities. Children who do not have permission will be kept at school.

My child, \_\_\_\_\_, has permission to take walking field trips in the neighborhood. My child has my permission to travel with faculty and staff in private vehicles on community outings. I understand that camp rules and regulations will be in effect throughout the journey and that appropriate safety precautions will be taken. I accept that Raphael Academy or any individual employed by the camp or school, cannot be held responsible for events or accidents occurring which are beyond their control.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **Media Consent for:** \_\_\_\_\_

Raphael Academy often takes photographs and video film of students involved in camp activities for publicity purposes. These images may appear in printed publications or on the school web site. Photos of campers may also be shared with the news media for school promotion. These images will not be sold or shared otherwise. I give permission for my child's image to be used in the promotion of Raphael Academy in any form of media.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*(over, please)*

**Release and Transportation Consent for:** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

I authorize these named individuals may drop off/pick up my child from Summer Camp. In the event that someone not named here is to remove and transport my child from camp I will provide additional written authorization on that day or before.

Name & Signature of Parent / Guardian	Relationship to Child	Date
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