



ASCC
*Autism Society of
Cumberland County*

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**Camp Sunshine
2010**

Return Service Requested



CAMP SUNSHINE APPLICATION MEMORANDUM 2010

(PLEASE KEEP THIS MEMO FOR FUTURE REFERENCE)

TO: Families of Individuals with Autism Spectrum Disorder (ASD)
FROM: Autism Society of Cumberland County
SUBJECT: Camp Sunshine Summer Developmental Day Program
DATE: January 7, 2010

Individuals attending must have an evaluation with a diagnosis of an autism spectrum disorder. If you suspect that your child may have autism, but you have no evaluation in place, please call our office for assistance immediately! Individuals with ASD and their families must be residents of Cumberland County.

An application is enclosed with this mailing. Applications will be accepted on a first-come first-served basis. A \$10.00 non-refundable registration fee must be submitted with the application.

It is our intent to provide quality day services to individuals with ASD in our community whose parents request them. Enrollment will be determined on an individual basis, bearing in mind that the specific needs of each child and our ability to meet those needs are considered foremost! If the needs of the child are greater than the resources available, we may not be able to provide services to that child.

All plans listed below are TENTATIVE.

- Camp dates are yet to be determined. Starting days (first day each child will begin) will vary.
- Hours of operation will be 8 AM – 4 PM.
- Camp fee information will be included in a later mailing, once dates of camp are firmly established. Parents will be expected to review the payment policies, select their payment option plan, and adhere to those policies set forth.
- Tentative camp location: Glendale Acres Elementary
- **Packets will be mailed to parents once their child's camp acceptance is confirmed. No child will be allowed to begin unless all forms, releases, etc. have been completed and returned on the assigned date.**
- Snacks and drinks will be provided by Camp Sunshine, although donations are appreciated.
- Parents may send a bagged lunch and drink daily, however Cumberland County Schools should provide free lunches again this year.
- Swimming and field trips will again be provided. Life jackets are required for the children. **Parents must provide life jackets.**
- Wednesday will be swimming days. If your child is sensitive to the sun or you do not want your child swimming for any other reasons, do not sign up for Wednesday.
- Due to pool regulations, if your child **is not potty trained** then you will need to provide swimming diapers, such as Huggies Lil' Swimmers. If your child is older, please contact the office for assistance finding size appropriate swimming diapers.
- **Please refer any questions to: 826-3004/3005**

Autism Society of Cumberland County
APPLICATION 2010
Camp Sunshine Developmental Day Program

Child's Full Name _____

Child's Age _____ Date of Birth _____

School or Program child attended in 2009-10 _____

Child's Teacher in 2009-10 _____

Parent's Name _____ Home phone # _____ Cell # _____

Address _____ Zip Code _____

Place of Employment _____ Work Telephone _____

Is your child in a traditional or year-round school? (Mark one)

Traditional ____ Year round _____

Approximately how many days per week would you bring your child? (Please circle)

Three Four Five

Which days? (Please circle)

Monday Tuesday Wednesday Thursday Friday

Wednesday will be a swim day. If your child is sensitive to the sun or you do not want your child swimming for any other reason, do not sign up for Wednesday.

Did your child attend Camp Sunshine last year? Yes ___ No ___

Does your child have a Case Manager? Yes ___ No ___

If yes, what is the name and phone number of the provider? _____

Is your child a resident of Cumberland County? Yes ___ No ___

Is your child's IEP enclosed? Yes ___ No ___ **Is your child's Evaluation enclosed? Yes ___ No ___

***IT IS IMPERATIVE THAT ALL NEW CAMP SUNSHINE APPLICANTS REMIT A MOST RECENT COPY OF YOUR CHILD'S EVALUATION (RE-EVALUATION) WITH THIS APPLICATION! Please disregard this notice if your child attended Camp Sunshine between 2005 and 2009 unless a re-evaluation has been completed and is not currently on file.*

Parent/Guardian Signature _____ Date _____

YOUR CHILD MUST HAVE A DIAGNOSIS OF AN AUTISM SPECTRUM DISORDER TO QUALIFY.

APPLICATIONS ACCEPTED ON A FIRST-COME FIRST-SERVED BASIS! A questionnaire packet containing forms and releases will be mailed to parents after your child's acceptance to the program during the month of March.

Please mail this application no later than January 29, along with a \$10.00 non-refundable registration fee to:
Autism Society of Cumberland County – 351 Wagoner Drive, Suite 410 - Fayetteville, NC 28303