



Summer Camp and GECKO's Application

Summer Camp Program (Summer Program)

Social Skills Program for Young Adults (September-June 2x/Month)

| Applicant Information | | | |
|------------------------------|--|-----------------|--|
| Child's Name | Last: | DOB: | |
| | First: | Preferred Name: | |
| Address | Street: City, State, Zip code: County: | | |
| Medicaid Service Coordinator | Name: Agency: Telephone: | | |
| Self Directed Plan | Do you participate in a self directed plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| Emergency Contact Information | |
|---|--|
| Parent Names: Guardian Name: Address: Telephone # Home: Telephone # Cell: Telephone # Work: E-mail address: | Alternate Emergency Contact Name: Relationship to Applicant: Address: Telephone # Home: Telephone # Cell: Telephone # Work: Email address: |

| Medical Information | Please check. Has your child been vaccinated for Covid 19? <input type="checkbox"/> yes <input type="checkbox"/> no |
|-----------------------------|---|
| Physician | |
| Physician Telephone | |
| Hospital Preference | |
| Dentist Name/Telephone | |
| Emergency Medical Treatment | <input type="checkbox"/> I consent to have G&E Therapies contact my child's Physician/Dentist and call 911 in the event of a life threatening emergency. The listed emergency contact will be called in all other events first. |

| | |
|-----------------------------|--|
| Diagnosis/Classification | |
| Current medications | |
| Allergies (including food) | |
| Toileting Abilities | |
| Walking and Stair Abilities | |

| | |
|---------------------------|--|
| School Information | |
| School District | |
| Therapy services | <input type="checkbox"/> Resource Room <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Speech <input type="checkbox"/> Other: |
| Aide at school | <input type="checkbox"/> 1:1 <input type="checkbox"/> Shared <input type="checkbox"/> Program Aide |
| Grade in September | |

| | |
|-----------------------------|---|
| Education/Employment | |
| Program: | <input type="checkbox"/> Full time <input type="checkbox"/> Part time |
| College Courses: | <input type="checkbox"/> Full time <input type="checkbox"/> Part time |
| Employer: | <input type="checkbox"/> Full time <input type="checkbox"/> Part time |

| | |
|-----------------------------------|---|
| Behavior | |
| Interests/Hobbies | |
| Dislikes | |
| Triggers | |
| Calming Strategies/ Interventions | |
| Flight risk | <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: |
| T-Shirt Size | Child <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL |
| Transportation | <input type="checkbox"/> I am able to provide consistent transportation to/from camp/GECKO's on a regular basis |
| Social Media | <input type="checkbox"/> I authorize G&E Therapies to take photographs and/or videotapes for Social Media Platform posts |

ATTENDANCE INFORMATION and COMMITMENT:

Summer Camp requires consistent daily attendance throughout the summer program.

Parents/Guardian: Initial to acknowledge this commitment. _____

Social Skills Program for Young Adults requires consistent attendance twice per month, September - June.

Parents/Guardian: Initial to acknowledge this commitment. _____

Parent/Guardian Signature

Date

Send Completed Application with:

- Copy of Applicant's most recent immunization record to show updated MMR
- Copy of Applicant's Notice of Disability Determination from OPWDD with TABS number

Mail or fax Application to: G&E Therapies
 Attention: Missy Wilson
 236 Burts Road
 Kirkwood, NY 13795
 Secure Fax: 607-775-2874

Questions about our programs? Please Contact:

Missy Wilson 1-877-426-3307, Ext. 3
 Mwilson@gandetherapies.com

Please do not sign below until Application is reviewed annually with staff.

This information has been reviewed and updated as appropriate.

Parent/Guardian Signature

Date

This information has been reviewed and updated as appropriate.

Parent/Guardian Signature

Date

This information has been reviewed and updated as appropriate.

Parent/Guardian Signature

Date