



Achievement Centers for Children 2017 Overnight Camp at Camp Cheerful

Fun camp activities include:

- *Swimming
- *Campfires
- *Canoeing
- *Nature Walks
- *Barn Activities
- *Special Entertainment & Programs
- *High Ropes Climbing Tower and Low Ropes/Ground Challenge Course (when available)
- *Fishing
- *Sports
- *Arts & Crafts
- *Talent Shows/Dances
- *Horse Grooming

Most overnight sessions are 5 nights– please refer to actual dates.

IO, Level 1, and SELF Waivers are accepted.

**Register online:
www.achievementcenters.org**



Camp Cheerful
15000 Cheerful Lane
Strongsville, Ohio 44136

Questions? Please call 440-238-6200.

The Achievement Centers for Children is a Cleveland area nonprofit organization whose mission is to enable and empower children with disabilities and their families to grow, learn, play and prepare for lifelong achievement in society. Comprehensive high-quality, cost-effective services and programs are provided in the areas of therapy services including the Intensive Therapy Clinic; family support; education and autism services; recreation and sports. Locations in Highland Hills, Westlake and Camp Cheerful in Strongsville.

Thank you for your interest in the **Achievement Centers for Children's Overnight Camp**. We are excited to send you the **2017 Overnight Camp at Camp Cheerful** application packet. Please complete all forms, signing and dating where applicable, and return to:

Camp Cheerful, 15000 Cheerful Lane, Strongsville, OH 44136

Or register on-line at: www.achievementcenters.org

ATTENTION CLIENTS

- Applications postmarked on or before June 1, 2017, will require a \$35 non-refundable application fee.
- Applications postmarked after June 1, 2017, will require a \$50 non-refundable application fee.
- Be sure to check session start and end dates.
- Check-in time is 7:00 pm (first meal served is breakfast the following day).
- Check-out time is 11:00 a.m.
- One (1) extended session includes the full weekend.
- All new clients are required to have a face-to-face intake interview to determine acceptance into any recreational program. You will be called to schedule this interview.

Important Information

- Applications will be accepted on a first-come first-serve basis.
- **The application fee must accompany the application or it will NOT BE PROCESSED.** This fee is NOT part of the program cost and is not covered by waivers. The fee covers one or multiple resident camp sessions.
- **Payment Policy** - Payment in full for all sessions is due June 1st, unless you have written approval to use outside agency funding. Late applications will be accepted per availability; however, payment will be DUE IN FULL WITH THE APPLICATION.
- **Cancellation Policy** - Upon receiving your acceptance letter, you are committed to attend camp unless a cancellation is made, IN WRITING, by June 1st. Late cancellations or "No Shows" will result in a charge of ½ the session fee billed directly to the family.
- **IO/Level 1/and SELF Waiver Funding** - To utilize the waiver for funding, a full current Service Plan (ISP) and ISP Addendum listing the Achievement Centers for Children as the service provider must be forwarded to the camp office at least two weeks prior to attendance. Contact your County Board Support Administrator to process the necessary paperwork.
- **Outside Agency Funding** - If you have utilized other agency funding sources in the past, it is your responsibility to contact that agency to obtain funding. The agency must forward an award letter or purchase order to Camp stating the amount of funding available and the session dates. Without this proof of funding, the client/family will be financially responsible for all camp costs.
- **An acceptance letter** and any required forms for signature will be forwarded after the application has been accepted.
- **All medical/release forms** will be collected on a calendar-year basis and will be applicable to all recreational programs.

If you have any questions about the application process or Camp Program, please contact the Camp Office at (440) 238-6200.



IMPORTANT CAMP INFORMATION FOR 2017

Dear Campers, Parents, Guardians, Colleagues, and Friends:

The Achievement Centers for Children is celebrating our 70th summer of providing camp programming at Camp Cheerful. Over the years we have experienced many changes, challenges and triumphs. We remain committed to providing safe, fun and engaging recreational programs for children and adults with disabilities and their families.

The Achievement Centers for Children receives contributions from individuals, corporations, foundations and service organizations. These contributions subsidize the actual cost of providing camp allowing us to reduce our weekly fee in an effort to keep camp accessible for our campers. We experienced a significant decrease in funding for our 2017 camp programs and we will experience another decrease in 2018. As a result of the decreased funding we had to increase our fees for the 2017 camp season. We recognize that many of our families experience significant financial demands to meet the needs of their loved one with a disability and we made every effort to avoid a fee increase. We truly look forward to meeting new campers and we hope to share the summer with many returning campers helping everyone develop friendships, build confidence and have fun!

As we move into our 70th season we made some changes to ensure a safe, fun and engaging experience for our campers. Please read the details below:

Key changes for our Day Camp Programs:

- Many other camps require a minimum 4 week attendance. This year we are requiring campers to register for a **minimum of two (2) weeks** of camp (Cheerful Day and Highland Hills Champ Camp). Campers are encouraged to attend for more than two weeks. This allows our campers to build relationships with other campers and with the counselors. It also reduces the number of new campers starting each week helping our medical and counseling staff effectively plan activities and care for our campers.
- **Week 1 and 2 of Cheerful Day Camp** will be held off site in the Metroparks. Only campers that are attending 4 weeks or more can register for weeks 1 and 2 of Cheerful Day. Week 1 and 2 for Cheerful Day will be **\$320** (\$234.00 is the base cost of camp providing a 1:4 ratio, \$86.00 covers activity costs). If the camper is using a waiver to pay for camp, the family will need to pay \$86.00 out of pocket or through another funding source.
- In order to facilitate the building of relationships between campers and counselors and assist our medical team in planning for the care of our campers, we will be limiting the weeks in which new campers can begin attending. Campers cannot **begin** attending weeks 4, 6, and 9. What this means is that a camper's first time attending for the summer cannot be during these weeks. For example, if someone attended Weeks 1-2, then does not attend Week 3, they would be eligible to come Week 4. We encourage campers to attend subsequent weeks to facilitate relationships but we realize there can be barriers such as family vacations.
- Our 2017 day camp fee is \$290 per week (\$234.00 is the base cost of camp providing a 1:4 staff ratio, \$56.00 covers facility and activity costs). If the camper is paying for camp utilizing a waiver, the additional \$56 for day camp will need to be covered by another funding source or paid out of pocket. There is limited availability for 1:1 campers and there is an extra fee.
- Financial assistance may be available to families meeting the financial criteria. The maximum assistance available is \$145 for the summer camp season.
- Campers attending Cheerful Day or Highland Hills Champ Camp utilizing **Extended School Year (ESY)** funds will be charged a one-time additional fee of \$50 for ESY final report.
- **Extended care** is offered at Cheerful Day Camp for a fee of \$55 per week. Campers can attend from 7:30am – 9am and/or from 4pm – 6pm.
- High ropes is offered once per week for an additional \$20 fee.

Key changes for our Residential Camp:

- The 2017 fee for Residential camp is \$965 (\$765.00 is the base cost of camp, \$200.00 is the cost of lodging, food and activities which will be an out of pocket expense). If you are utilizing a waiver to pay for camp, the \$200 will need to be paid for out of pocket or through another funding source.
- Financial assistance may be available to campers / families meeting the financial criteria. The maximum assistance available is \$50 per session.



2017 Financial Assistance for Camp

Please explore the following options regarding funding for camp:

Cuyahoga County Board of Developmental Disabilities (CCBDD)

- If you have a Support Administrator (SA) contact them regarding camp assistance.
- If you are in the Family Support Program, fill out a Camper Authorization Form and return it to NEON. It can be found at www.neoncog.org under family support section then select Cuyahoga and the link to the Camp Authorization Form.
- If you are not eligible for Family Supports, you can fill out a Cuyahoga Campership Program Application that can be found at www.cuyahogabdd.org within the Services and Supports drop down menu.

Extended School Year (ESY) funding

A child's Individual Education Plan (IEP) will identify if he/she is eligible for extended school year services. If eligible, the school may elect to have our camp provide those services. It is the family's responsibility to contact the school's special education department. The family should request that a letter of intent to pay or a purchase order be forwarded to Camp Cheerful by June 1, 2017. If the camper is attending Cheerful Day or Champ Camp in Highland Hills there will be a one-time additional fee of \$50 to complete required ESY documentation. For campers attending the Sensational Day Program with ESY funds this fee does not apply.

IO, Level 1 or SELF Waiver Funding

The Achievement Centers for Children is a provider for IO, Level 1, and SELF waivers. If eligible for County Board of Developmental Disabilities' services, you may be eligible for this state-assisted funding. Please be in contact with your Support Administrator to check on eligibility or to process the necessary paperwork. The Support Administrator must forward to camp an ISP and ISP Addendum if applicable listing the Achievement Centers for Children as the service provider in order for camping costs to be paid through these waivers. This documentation must be received prior to attendance.

Achievement Centers for Children Camperships

The Achievement Centers for Children offers some financial assistance for summer camping costs based on total family income and need. A sliding fee scale is used.

- For Cheerful Day and Champ Camp in Highland Hills the maximum campership is \$145 for the 2017 camp season, regardless of the number of weeks the camper attends.
- For Overnight Camp the maximum campership is \$50 per week of overnight camp attended.

Please complete the enclosed "Request for Achievement Centers for Children Campership" form, provide income verification and return with the camp application. Achievement Centers' camperships are awarded on a first-come, first-serve basis after all other funding sources have been utilized. Camperships will be considered for those campers with special needs living at home or independently, but not those in a group home setting. Camperships are not available for the Sensational Day Program.



**REQUEST FOR ACHIEVEMENT CENTERS FOR CHILDREN
CAMBERSHIP - SUMMER 2017**

Financial assistance from the Achievement Centers for Children is available based on total family income and need and is available for Cheerful Day Camp in Strongsville, Champ Camp in Highland Hills and Overnight Camp. The Sensational Day Program is excluded.

It is the policy of the Achievement Centers that acceptance into, and participation in a program of the Agency shall be made regardless of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, or disability. Children without disabilities may attend our Cheerful Day and Champ Camp programs.

A campership CANNOT be awarded unless verification of total family income is enclosed with this request.

- For Cheerful Day and Champ Camp in Highland Hills the maximum campership is \$145 for the 2017 camp season, regardless of the number of weeks the camper attends.
- For Overnight Camp the maximum campership is \$50 per week of overnight camp attended.

Please provide a copy of the following:

- 2015 or 2016 Federal Income Tax Return with copies of W-2's attached
- Copies of Social Security or SSI for parents and campers, Child Support, Alimony, Pension, ADC, Self-employment or Unemployment

(Worksheet – Copies of all income must be provided)

INCOME	MOTHER	FATHER	CAMPER
Salary/wages			
Child Support			
Alimony			
Pension/Social Security			
ADC/SSI/SSDI			
Self-employment			
Unemployment			
Other			

TOTAL FAMILY SIZE: _____

I CERTIFY THAT THE INFORMATION PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Date

Camper's Name (please print)

Date

Camper's Signature if over 18 years of age

Date

Parent/Guardian Signature if under 18 years of age

Camp Cheerful will notify families of their Campership award.

Please complete if applicable:

County Board Funding

Does client receive support from a County Board of Developmental Disabilities: YES NO County _____

If client has a County Board of Developmental Disabilities Support Administrator, please provide:

SA Name: _____ Phone #: _____ E-mail _____

Will Residential Camp sessions be funded through the County Board listed above: YES NO

IO, Level 1, or SELF Waivers

If camp costs will be funded through Waivers, please check one of the following:

- _____ YES, camp costs will be funded through **IO Waivers**
- _____ YES, camp costs will be funded through **Level 1 Waivers**
- _____ YES, camp costs will be funded through **SELF Waivers**

A copy of the ISP must be received prior to attendance. If the Achievement Centers for Children is not identified in the plan, an ISP Addendum listing the Achievement Centers for Children as the Service Provider and the services being provided must be received prior to attendance.

Does the client have a Behavior Plan? YES NO

A copy of the Behavior plan must be received **30 days** prior to attendance.

Foster Care - If client is in foster care, please complete. County that holds custody: _____

Case worker name: _____ Phone #: _____

ACHIEVEMENT CENTERS FOR CHILDREN'S SERVICES:

Check here if interested in receiving services and/or information about Outpatient Rehabilitation Services offered through the Achievement Centers for Children. Circle all that apply: OT PT ST MH

ELIGIBILITY STATEMENT POLICY:

The following Achievement Centers for Children's recreation programs serve individuals with a diagnosis of a physical, developmental or neurological disability:

- Adapted Sports – Serves individuals age 7 and over
- Cheerful Day, Champ Camp, and Sensational Day Camp – Serves individuals age 5 through school age
- Overnight and Respite Weekend Camps – Serves individuals age 7 and over
- River Rock Adult Day Program – Serves individuals age 18 and over who have graduated from high school
- Therapeutic Horsemanship – Serves individuals age 4 and over

The following Achievement Centers for Children's recreation programs serve individuals without disabilities:

- Cheerful Day and Champ Camp– Serves individuals age 5 through school age
- Therapeutic Horsemanship – Serves individuals age 4 and over

INTAKE INTERVIEW: **All new clients** are required to have a face-to-face intake interview to determine acceptance into any recreational program. You will be called to schedule this interview.

1:1 AIDE DETERMINATION: A determination regarding the need for a 1:1 aide will be made prior to the start of camp based on the intake, previous camp participation and other pertinent information. An additional fee will be required for a 1:1 aide. There is limited availability for campers requiring a 1:1 aide. If your child has a 1:1 aide at school or if you suspect they may need one at camp call the camp manager at 440-238-6200 ext. 224 to discuss availability.

PAYMENT and CANCELLATION POLICY: Payment in full for all sessions is due by June 1st. All third-party payers or outside funding sources must have authorizations in place prior to attendance. Outstanding accounts after June 1st are subject to losing their camper slot. Cancellation for any registered session must be made in writing by June 1st. Late cancellations or 'no-shows' will be charged ½ the session fee. Late registrations for a session will be accepted per availability and the Program Manager's approval. Late registrations will require payment in full at the time of registration.

Please sign below signifying that you have read and are in agreement with the information listed in the application. If the application is not signed, it will not be processed.

Parent/Guardian/Client Signature

Date

Return application packet to: Camp Cheerful, 15000 Cheerful Lane, Strongsville, OH 44136
Direct any questions to the Camp Office at 440-238-6200.



The Achievement Centers for Children
RECREATIONAL PROGRAMS
Client Informational Form

Client Name _____

GENERAL INFORMATION FOR ALL RECREATIONAL PROGRAMS

Primary Disability _____ No Disability

Secondary Disability (if applicable) _____

School or workshop currently attending _____ Grade _____ Age _____

Enrolled in special class? YES or NO What type? _____

Enrolled in therapy? YES or NO What type? _____

PERSONAL HISTORY:

Have there been changes in **health or behavior** over the past year? YES NO

If yes, please explain _____

SUPERVISION:

Does the client have a **1:1** aide at home? YES NO

Does the client ever need **2:1** assistance? YES NO

Does the client need additional assistance when in the community? YES NO

What level of supervision is required? Always within reach Always within sight Allowed "alone time"

If you answered yes to any of the questions above, please explain _____

SPECIAL CONCERNS: Please check all that apply

- Shyness
- Divorced or separated parents
- Afraid of Heights
- Physical activity must be monitored or restricted (Explain) _____
- None/no special concerns

SOCIAL CONCERNS: Please check all that apply

- Reacts to frustration
 - Does not like group participation
 - Has poor peer relationships
 - Does not like supervision or authority
 - None/no concerns
- Explain _____

What would you like your camper to work on or improve? _____

LANGUAGE AND COMMUNICATION: Please check all that apply

- Uses sign language
 - Uses Communication Device
 - Picture exchange
 - Has difficulty speaking
 - Has difficulty being understood
 - Understands verbal instructions
 - Has no communication needs
- Please describe special words and phrases used at home that would be helpful for communication: _____

EQUIPMENT: Please check all that apply

- Able to walk alone
- Uses crutches or cane
- Uses walker
- Uses wheelchair/manual
___ full day ___ 1/2 day
- Needs assistance pushing wheelchair
- Uses wheelchair/power
___ full day ___ 1/2 day
- Can transfer from wheelchair independently
- AFO's/Braces
___ full day ___ 1/2 day
- PE Tubes
- Eyeglasses
- Uses hearing aid
- None/no equipment

Will any other equipment accompany client to the program? YES or NO Explain

COORDINATION CONCERNS: Please explain

SENSORY ISSUES: Please check all that apply

- Tactile/Touch
- Auditory/Sound
- Visual
- Balance
- Clumsiness
- None/No sensory concerns

Explain sensory concerns, calming techniques, and/or strategies:

BEHAVIORS: Has client ever displayed the following? Please check a response for each:

- | | | | |
|------------------------------------|-------------------------------|----------------------------|-----------------------------|
| Hitting | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Pinching | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Hair Pulling | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Biting | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Kicking | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Spitting | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Scratching | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Bullying | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Stealing | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Lying | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Swearing | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Wandering | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Runs Away | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Withdrawal | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Impulsivity | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Non-compliance | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Mood Swings | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Verbal Threats | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Throwing Objects | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Oral Stimulation (biting, chewing) | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Hand Flapping | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Head Banging | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Rocking | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Inflicts self injury | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Disrobing | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Anxiety/depression | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Sexual acting out | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Genital stimulation | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Suicidal Ideation | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Enuresis (urination accidents) | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Encopresis (bowel accidents) | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |

Please describe any behaviors, behavior strategies, or key phrases: _____

Please describe any rewards/motivators that can be used at camp to keep camper focused: _____

SPECIAL INTERESTS OR SKILLS

FOR CLIENTS ATTENDING WEEKEND RESPITE or RESIDENT CAMP PROGRAMS ONLY

Has client ever attended an overnight camp before? YES NO
Where and When _____

HYGIENE:

Does camper need assistance brushing teeth? YES NO
Does camper need assistance showering? YES NO
Does camper avoid showering, bathing or brushing teeth? YES NO

If you answered **yes** to any of the above questions, please provide suggestions of special techniques used at home

SLEEPING HABITS: Please check all that apply

- Sleep walks (where, how long, etc.)
- Needs special positioning (explain)
- Needs to be turned (how often)
- Wets bed (how is it handled)
- Talks in sleep/snores
- No sleeping concerns
- Other sleeping concerns (explain)

Please check one:
 Bunk Bed – Top bunk
 Bunk Bed – Bottom bunk
 Hospital Bed

Music at night YES NO
Night-light YES NO

Please provide any necessary description or explanation for the items you checked on the above questions _____

SPECIAL CONCERNS: Please check all that apply

- First time away from home
- Homesickness
- Fears _____

FOR CLIENTS ATTENDING DAY CAMP or RESIDENT CAMP or PARTICIPATING IN THERAPEUTIC HORSEMANSHIP

Weight: _____ Height: _____

TRUNK CONTROL: Please check all that apply

- Sits up on own
- Hypertonic movement (High tone – rigid/tight muscle movement)
- Hypotonic movement (Low tone – loose flexibility)

Has client ever attended a therapeutic riding program before? YES NO
Where and When _____

The Achievement Centers for Children has established maximum weight and physical ability guidelines for Therapeutic Riding to ensure the safety of the client, the safety of volunteer side walkers, and the well-being of the horses. The Achievement Centers for Children will evaluate all participants in accordance with these guidelines.

FOR CLIENTS ATTENDING WEEKEND RESPITE, RESIDENT CAMP, DAY CAMP, CHAMP CAMP or SENSATIONAL DAY PROGRAM

EATING HABITS: Please check all that apply

- Needs to be fed
- Needs food cut
- Needs food blended
- Needs help drinking (special cup, straw, etc.)
- Difficulty swallowing (how is it handled)
- Special positioning (explain)
- Special equipment (explain how to use)
- Special diet or food restrictions (explain)
- Food allergies (what food and how is it handled)
- Eats independently/No concerns

What percentage of their meal do they usually consume ___100% ___75% ___50% ___25%

Please provide any necessary description or explanation for the items you checked on the above questions _____

PERSONAL CARE:

- Does camper need toilet reminders? YES NO
- Does camper need lifted onto the toilet? YES NO
- Does camper have bowel control? YES NO
- Does camper need assistance with personal hygiene? YES NO
- Does camper have constipation problems? YES NO
- Does camper have bladder control? YES NO
- Does camper have a catheter? YES NO

If yes, camper can self-catheter OR camper needs assistance with catheter

What personal care supplies will camper bring to Camp? _____

Does camper dress independently? YES NO

HEALTH CONCERNS:

Does client have seizures? YES NO If yes, are they controlled? YES NO

List seizure medications: _____

Date of last seizure: _____ Please describe type, frequency, length, and strategies for dealing with seizures _____

Has camper been hospitalized in the last year? YES NO If yes, state reason _____

SWIMMING: Please check all that apply

- Must wear life jacket
- Swim only in shallow water
- Afraid of water

CAMP STORE:

Beverages – Camper can have ___ sodas per day - with caffeine without caffeine

Assistance drinking needs assistance does not need assistance

Snacks – Camper can have ___ servings of candy per day - hard candy yes no

PLEASE READ CAREFULLY: I give consent for myself or my child/client to participate in the activities of the Achievement Centers for Children's Camping and Recreational Programs.

Signature of Parent/Guardian/Client _____

Date _____

Camp Cheerful is operated by the Achievement Centers for Children and is accredited by the American Camp Association and PATH Intl. (Professional Association of Therapeutic Horsemanship International).



Statistical Form

PLEASE NOTE: The following information is **CONFIDENTIAL**. It is used for statistical reporting needed for potential funding sources.

Number of adults 18 & over living at home _____

Number of dependents 18 & under living at home _____

Total number of persons living in home _____

Total annual income (client + parent/guardian) \$ _____

Do you anticipate using an outside funding source(s)? Please check [✓] all that apply:

- ARC
 County Board of DD
 CMR
 Easter Seals
 ESY(extended school year)
- IDEA
 MCCD
 PEP
 Achievement Centers Award (for Day Camp,
- Different NEEDZ Foundation
 Champ Camp or Resident Camp only)
- OTHER _____

Ethnic Background (optional): Please Circle One:

African American Caucasian Asian Other _____
 Hispanic Biracial/Multiracial Native American

How did you hear about the Achievement Centers for Children? Please Circle One:

Physician Social Service Agency Government Agency Media/Newspaper
 Friend/Relative Community Event Web School System
 Returner Other _____

I CERTIFY THAT THE INFORMATION PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Date

PRINT Client Name

Date

Client Signature (if own legal guardian)

Date

Parent/Guardian Signature