



**Reading Camp in Huntington! June 23-27 2014**

Join us for Reading Camp this Summer !

Reading camp is a tuition free program for children who need a "boost" to help them improve their reading skills. Camp includes 3 hours of reading instruction each day, taught by local teachers in the areas of Reading Comprehension, Creative Writing, Strategies, Phonics, Pleasure Reading and Sight Words. Afternoons include fun, games, field trips



**Huntington's Reading Camp**

... sponsored by St. John's Episcopal Church and the Episcopal Churches of Huntington

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student's address: \_\_\_\_\_

Student's age: \_\_\_\_\_ grade: \_\_\_\_\_

Gender:  M  F

Can you child attend all 5 days of camp? :  Yes  NO

**Important! Student's school:** \_\_\_\_\_

County \_\_\_\_\_

Teacher \_\_\_\_\_

Anticipated grade level in Fall 2014-2015: \_\_\_\_\_

If your child attended Reading Camp Last Year, did you see a difference in interest in reading, attending class or an ability to keep trying to read in

spite of difficulties? Please give us feedback:

With whom does the child live? \_\_\_\_\_

**Parent/ Guardian #1 Full Name:** \_\_\_\_\_ **Gender:**  M  F

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/ Guardian #2 Full Name:** \_\_\_\_\_ **Gender:**  M  F

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Photography/Videography Permission:** I give permission for my child's photograph to be taken and used for Reading Camp publicity and marketing purposes:  yes  no

**We offer pick up and drop off only to St. John's House Learning and Development Center** (at the Marcum Terrace Community Center) we pick up at 8a.m.each day and bring them home at 3. You will need to be there to pick them up. Most of our students are drive to and from camp by parents or family. **Will you be using the Marcum Terrace Transportation each day:** \_\_\_Yes \_\_\_ No  
If not, how will your child get to and from camp? \_\_\_\_\_

**We will be sending a form to your child's teacher to get a better understanding of where your child is with reading skills and ability. Do you give your permission for his/her school to release this information?**

**Yes: Signature:** \_\_\_\_\_ **date** \_\_\_\_\_

**No: Why?** \_\_\_\_\_

Recent standardized test scores (If available to you)	Test	Score	Date
	_____	_____	_____

**Reading Ability Questionnaire:**

**How you would you describe the student's reading abilities?**

- Excellent
- Above average
- Average
- Slightly below average
- Struggling greatly

**How would you describe the student's attitude toward reading?**

- Loves to read!
- Likes to read sometimes
- Doesn't care
- Dislikes reading
- Hates to read

**Reading Strengths (check all that apply):**

- Comprehension
- Decoding
- Phonics
- Reading Strategies
- Fluency, expression
- Other \_\_\_\_\_

(specify)

**Reading Weaknesses (check all that apply):**

- Comprehension
- Decoding
- Phonics
- Reading Strategies
- Fluency, expression
- Other \_\_\_\_\_

(specify)

**Student's reading level (in your opinion) circle where YOU think your child is reading now:**

K . 1 . 2 . 3 . 4 .

If applicable, student's DIBELS TESTING info for current grade level: \_\_\_\_\_

**Has the child ever had psycho-educational testing or been referred for testing?**  yes  no

Results: \_\_\_\_\_

**Does your child become violent with children or adults when frustrated?**

Child's allergies (food, bee stings, medicines, other?) \_\_\_\_\_

\_\_\_ Special food needs \_\_\_\_\_

We have a nurse on staff, please list all medicines to be given at camp.

By law, no prescription medications will be given unless in the original labeled bottle with the camper's name, prescriber's name, medication name, dosage and instructions for administration. No samples used without label.

\_\_\_ This camper takes **no** medications. \_\_\_ This camper **will take** the following medications at camp:

**Circle if the student has had:** Measles, Mumps, Chicken Pox, German Measles, Hepatitis A, Hepatitis B, Hepatitis C.

**Please circle any of the following conditions that apply to the participant:**

- |                     |               |                           |                     |
|---------------------|---------------|---------------------------|---------------------|
| Asthma              | Head injury   | Passed out after exercise | Surgery of any type |
| Infectious disease  | Seizures      | Diabetes                  | Hospitalized        |
| Heart Murmur        | Back Problems | Skin problems             | Eating disorder     |
| High blood pressure | Joint pain    | Frequent ear infections   | Frequent headaches  |

**Please explain any circled answers:**

Has the child had mononucleosis in the past year? \_\_\_Yes \_\_\_No Has the child had abnormal menstrual history? \_\_\_Yes \_\_\_No

Has the child ever had emotional difficulties where professional help became necessary? \_\_\_Yes \_\_\_No

Are immunizations up-to-date? \_\_\_ If not, explain \_\_\_\_\_

Last tetanus injection \_\_\_/\_\_\_/\_\_\_ Last TB skin test \_\_\_/\_\_\_/\_\_\_ Result? \_\_\_\_\_

**Has child been treated for**

- \_\_\_ (ADD) Attention Deficit Disorder
- \_\_\_ (ADHD) Attention Deficit/Hyperactivity Disorder
- \_\_\_ mental/emotional health concerns
- \_\_\_ emotional or behavioral difficulties or an eating disorder

\_\_\_ has child experienced a significant life event (History of abuse, death of a loved one, death of a pet, family change, adoption, foster care, new sibling, survived a disaster) \_\_\_\_\_

**Any restrictions from camp activities?** \_\_\_\_\_

**Permission to Treat and Emergency Authorization:** The health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine first aid, administer prescribed medications and seek emergency medical treatment including x-rays or interventions as deemed necessary. I also grant permission to the licensed provider selected by this camp to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery as judged appropriate for the situation. I further authorize the release of medical information to any provider, insurance company and medical facility that may need access to complete their care. I understand that if I do not have medical insurance, I, as the participant/parent/ guardian, will be responsible for any medical expenses in the event of illness and/or injury. I understand that there are risks involved in participating in camp and its activities. I also give permission for my child's school to provide my son/daughter's health and immunization records.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

Printed Name \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_