

Pediatric Physical and Occupational Therapy Services

The Offices of Rosemary White, OTR/L and Associates

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Four Weeks of DIR®/Floortime Summer Camp 2019

Our goal is for the campers to have fun and to develop play skills in rich interactions with peers. Each camper is supported in a way to enable him or her to feel comfortable and successful in the ebb and flow of play with his/her peers.

- The philosophy of the camp is Floortime with the focus on relating and social interaction with peers.
- The camps are four weeks long – three hours per day.

From our experience in past camps, and from parent feedback, we have found that the campers benefit from a longer session as their interactions become richer and stronger.

Site: We are finalizing our location with the Edmonds School District. The location is still to be determined. We will inform participants by email when the location is confirmed.

Dates: Morning Camp – July 15, 2019 through August 9, 2019
Afternoon Camp – July 15, 2019 through August 9, 2019

Times: Morning Camp – Monday through Friday 9:00am to 12:00pm
Afternoon Camp – Monday through Friday 1:30pm to 4:30pm

The Camp: The camp space is set up with a variety of toys such as a dollhouse, home center, cars, trains, dress up, and arts and crafts. During the three-hour camp, there will be opportunities for inside and outside time, and snack/lunch time (bring your own snack/lunch). The focus of the camp is for the campers to engage in “free play” with their peers. The camp is not structured in the sense of the therapists & aides teaching skills, rather by embracing the DIR/Floortime approach we support the children, in a one to one capacity, with appropriate affect, gesture, language & sensory support that is sensitive to each individual child to facilitate their ability to share attention with one another, to engage & be engaged, to read & respond to one another’s invitation to play & to sustain interactions during spontaneous play thus supporting their functional emotional developmental capacities.

Staff: Rosemary White, DIR/Floortime Faculty and Profectum Faculty, directs the camp. Along with Rosemary, an additional Occupational Therapist from our practice will assist in supervising the camp. The camp staff includes an individual 1:1 aide for each child in the camp. The aides are trained in Floortime by Rosemary White, OTR/L. Many of our aides have worked for the practice in our camps during past summers. In order to provide the most effective camp for your child, there is staff training each day prior to every session of camp.

Parent Support/Training: There will be a parent evening session twice during the camp to provide you with information on Floortime, how it is integrated into the camp, and how you can bring this into your interactions at home.

Campers New to Pediatric PT & OT: Campers who are not currently clients in our practice require a one-hour individual intake session prior to the start of camp. At the intake session we will observe your child’s play and interaction to develop an understanding of functional emotional development and individual profile, so we can best meet his/her needs at the camp. *Before the intake session we require you complete and return our summer camp intake questionnaire plus the camp registration form. You can access the questionnaire on our website at www.pedptot.com under Summer Camps-Seattle, WA.* The fee of \$150 for the individual intake session is separate from the camp fee and can be submitted to your insurance. **We will contact you to schedule the intake session before camp starts.**

Fees: The fee is \$2375 for the four-week camp. *(We do not accept or bill insurance for our summer camp fees.)*

- Credit cards will be charged upon receipt, unless arranged otherwise.
- Families that cancel their registration prior to camp will be subject to a \$50 processing fee.

*Verbal communication with Rosemary, a therapist or the office regarding interest in camp does not guarantee your child is registered for camp. **Registration forms must be completed.***

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Floortime Summer Camp 2019

Registration Form

Child's Name: _____ Age: _____ DOB: _____

Diagnosis: _____

Parent Name(s): _____

Child's Therapist: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

E-mail _____

****Please print neatly & note that e-mail is our main source of communication regarding camp
Please remember to check your email regularly during camp.**

Goals for my child for this Summer Camp:

Floortime Summer Camp — Please check choice:

Morning Camp – July 15, 2019 through August 9, 2019 (9:00 am to 12:00 pm)

Afternoon Camp – July 15, 2019 through August 9, 2019 (1:30 pm to 4:30 pm)

We will do our best to schedule your child in the camp that you select, however we strive to match children to have a harmonious camp and hence we may recommend a different time for your child to meet his or her needs. Please tell us if your child is available to switch from AM/PM (if suggested by Rosemary.) _____

Method of Payment:

Please do not email credit card information.

Check enclosed (payable to Pediatric PT & OT Services)

Credit Card Visa _____ MasterCard _____ Card #: _____

Name on Card: _____ Exp. Date: _____

Authorizing Signature: _____

Credit Card Billing Address: _____

Fees: The fee is \$2375 for the four-week camp (**we do not accept or bill insurance for summer camp fees**)

Credit cards will be charged upon receipt, unless arranged otherwise.

Families that cancel their registration prior to camp will be subject to a \$50 processing fee.

All Summer Camp fees are due by July 8, 2019

Please Mail Registration Form to:

Pediatric PT & OT Services
20310 19TH Ave NE
Shoreline, WA 98155

*Space is limited, on a first come first serve basis. Please complete the registration form as soon as possible if you are interested in this program. Verbal communication with Rosemary, a therapist or the office regarding camp does not guarantee your child is registered for camp. **Registration forms must be completed.***

Please complete and return the registration form to Pediatric PT & OT Services.

If you have any questions, please e-mail: pedptot@comcast.net or call (206) 367-5853.

Office Use Only: Check #: _____ Credit Card Used: _____ Amount: \$ _____

Morning Camp _____ Afternoon Camp _____

Pediatric Physical and Occupational Therapy Services
2019 Summer Camp Release Form

Child's Name: _____

Age: _____

Diagnosis: _____

To help us be better informed and prepared during camp please let us know of any allergies or food restrictions that your child follows. **Please be aware that our summer camps are a completely nut free environment and do not pack any nut products in your child's snack.**

To help us prevent any accidents please tell us about your child's bathroom habits. Does your child know when they have to go, do they need to be asked, are they on a specific schedule for toileting, etc.

Are there any other special instructions not covered in the above questions that you feel we need to have in caring for your child? For example, ease with transitioning, water play, playing on playground equipment, safety awareness, etc.

Please Select Your Child's T-Shirt Size:

Size	YXS	YS	YM	YL	YXL	S	M	L	XL
Age	2-4	6-8	11-12	14-16	18-20				
Length	18	2-5	23	25	27	28	29	30	31
Width	13.5	15.5	17	18	20	18	20	22	24

Pediatric Physical and Occupational Therapy Services

Medical Treatment Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to the camp director.

Minor

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice: _____

Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note **all** conditions for which the child is currently receiving treatment:

Note any other significant medical information:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for PEDIATRIC PT&OT SERVICES (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: _____. Signed this _____ day of _____, 20__

Parent / Legal Guardian Signature: _____

Printed Name: _____

Pediatric Physical and Occupational Therapy Services
2019 Summer Camp Release Forms

Child's Name: _____

During the course of camp, we videotape your children at play. These videotapes are used during camp for staff training purposes. In order to allow us to videotape your children please sign the following release form.

I, _____, give permission for my child, _____, to be videotaped during the course of summer camp.

I understand the above release,
Legal Guardian's Signature _____

These videotapes may be used by Rosemary for education purposes in DIR® trainings that she presents throughout the country to educate people in the principles of DIR®/Floortime.

I, _____, give permission for my child, _____, to be videotaped during the course of summer camp and understand that these tapes may be used in the course of education of others in the principles of DIR®.

I understand the above release,
Legal Guardian's Signature _____

The additional release form below is for the presentations Rosemary does for Profectum, the organization that provides training for parent and professionals in DIR with the focus on supporting development through relationships.



PARENTAL USE OF VIDEO RELEASE FORM

We agree to allow the previously recorded videotape of our child, _____, to be used in the Profectum Foundation's educational sessions.

We understand that the videotapes used in the educational programs will be recorded and offered to be viewed, post conference, in a webcast format posted on the Profectum Foundation website as an educational offering.

We further agree that any videotape made in the course of trainings may also be used for other training purposes and in other forums at the discretion of The Profectum Foundation.

Signed: _____ Date: _____

Print Name: _____