

Pediatric Physical and Occupational Therapy Services

The Offices of Rosemary White, OTR/L and Associates

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DIR®/Floortime Summer Camp 2021 - Our 21st Year!

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 this year are two weeks long – two hours per day, five days per week.**

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: Pediatric PT & OT Services – Our Clinic in Shoreline
20310 19th Avenue NE, Shoreline, WA 98155

Dates: Camp Session 1 – July 12, 2021, through July 23, 2021
Camp Session 2 – July 26, 2021, through August 6, 2021

Times: Group 1 - Monday through Friday, 9:00am to 11:00am
Group 2 - Monday through Friday, 11:30am to 1:30pm
Group 3 - Monday through Friday, 2:30pm 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 two-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-on-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 with, 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, OTR/L, 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 support for your child, there is staff training each day prior to every session of camp.

Parent Support/Training: There will be an online parent meeting once during each two-week session to provide information on Floortime, how we integrate it into 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 \$1175 for the two-week camp. *(We do not accept or bill insurance for our summer camp fees.)*

- **Fees are due by July 9, 2021.** Credit cards will be charged upon receipt, unless arranged otherwise.

*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 2021 – Our 21st Year!

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 order preferences 1 through 6:

(fill all six empty boxes)	9:00am to 11:00am	11:30am to 1:30pm	2:30pm to 4:30pm
July 12 to July 23, 2021			
July 26 to August 6, 2021			

Please fill in the above chart with your preferences for camp session and group, 1-6, with 1 being highest preference. If your child cannot participate in a session or sessions, please mark those boxes with an "X". We will do our best to schedule your child in the camp that you prefer, 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.

Method of Payment: Please do not email credit card information, provide by phone if emailing registration.

- 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 \$1175 for the two-week camp (we do not accept or bill insurance for summer camp fees)

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

All Summer Camp fees are due by July 9, 2021

Please Mail Registration Form to:

Pediatric PT & OT Services
20310 19TH Ave NE
Shoreline, WA 98155
Pedptot2@comcast.net

*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.***

If you have any questions, please e-mail: pedptot2@comcast.net or call (206) 367-5853.

Office Use Only: Received: _____ Payment Method: _____ Amount: \$ _____
Morning Camp: _____ Afternoon Camp: _____

Pediatric Physical and Occupational Therapy Services
2021 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.

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: 08/06/2021. Signed this _____ day of _____, 20__

Parent / Legal Guardian Signature: _____

Printed Name: _____

Pediatric Physical and Occupational Therapy Services
2021 Summer Camp Release Forms

Child's Name: _____ DOB: _____

Section A (required for participation in Summer Camp):

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

I, _____, give permission for my child, _____, to be videotaped during the course of summer camp, and for the videos to be used in staff trainings. The videos will not be posted, shared, or used outside of Summer Camp trainings without separate signed permission.

I understand and agree to the above release,

Legal Guardian's Signature _____

Section B (optional):

These videos 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 video recorded during the course of summer camp and allow these videos to be used in the course of education of others in the principles of DIR®.

I understand and agree to the above release,

Legal Guardian's Signature _____

Section C (optional):

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



www.profectum.org

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: _____