



## **ECCHOH Inclusion Camp at Cowart Family Ashford Dunwoody YMCA**

ECCHOH Inclusion Camp has the unique opportunity to provide campers with autism and developmental delays a chance to participate in a typical camp experience. The inclusion camp staff facilitates the peer-to-peer interaction between the campers with and without disabilities and maintains a low camper-to-staff ratio during camp. This allows staff to fully and successfully integrate our campers into activities in which their peers are involved. These activities give our campers the ability to improve fine and gross motor coordination skills, focus on socialization skills with both typical and special needs peers, and gain a stronger sense of self esteem by completing the tasks in which their peers are participating.

**YMCA Camp Chameleon Sports Camps (AGES 5-18) is located at 3692 Ashford Dunwoody Rd. in Atlanta, Georgia ([www.ymcaatlanta.org](http://www.ymcaatlanta.org)).**

Former and current players facilitate skill-building games. Campers learn and sharpen their skills in sport-specific activities. Fundamentals, rules and technique will be emphasized in the early part of the week and playing the sport by the middle to the end of the week. Everything is done in a fun and relaxed environment. Campers will also enjoy other camp activities, such as swimming, arts and crafts, and games.



**Registration for ECCHOH Inclusion Camp at the Cowart Family Ashford Dunwoody YMCA begins February 2010. Spaces are limited for each summer session.**

**Participants in the Camp ECCHOH summer programs may require an evaluation to determine his or her successful camp placement.**

**For further information, please contact Shon at (770) 458-3251 or [shon@heartofhopeacademy.org](mailto:shon@heartofhopeacademy.org)**

**ECCHOH INCLUSION CAMP at COWART FAMILY ASHFORD DUNWOODY YMCA**  
**Application**

(Please use a separate form for each camper)

Camper's First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**PROGRAM WEEK(S) DESIRED:**

**2010 Camp Schedule (Camp fee is \$300/week)**

- |  |   |
|--|---|
| ___ <b>Week 1</b> - May 24-28 (Softball)       | ___ <b>Week 2</b> - June 1-4 (Tennis)       |
| ___ <b>Week 3</b> - June 7-11 (Tennis)         | ___ <b>Week 4</b> - June 14-18 (Soccer)     |
| ___ <b>Week 5</b> - June 21-25 (Tennis)        | ___ <b>Week 6</b> - June 28-July 2 (Tennis) |
| ___ <b>Week 7</b> - July 5-9 (Track & Field)   | ___ <b>Week 8</b> - July 12-16 (Soccer)     |
| ___ <b>Week 9</b> - July 19-23 (Basketball)    | ___ <b>Week 10</b> - July 26-30 (Softball)  |
| ___ <b>Week 11</b> - August 2-6 (Basketball)   | ___ <b>Week 12</b> - August 9-13 (Soccer)   |
| ___ <b>Week 13</b> - August 16-20 (Basketball) |   |

**Note: A required assessment must be scheduled by *May 19, 2009* to determine successful camp placement.**

**Please Also Note: Because of our 3:1 ratio, we have a minimum requirement of two campers per week. If an enrollment is under 2 campers on any given week, that week will not be available. However, we do have an alternative plan for families if this happens. Please ask about your options.**

**Registrations are due by May 14<sup>th</sup>, 2009.**

**A \$100.00 deposit is required with application and applied toward tuition.**

**Primary Family Contact (Parent or Guardian)**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you learn about our program?: \_\_\_\_\_

**Contractual agreement between ECCHOH Inclusion Camp and Camper's Parent/Guardian**

I have enclosed \$100.00 fee per application (**non-refundable, non-transferable**) which applies toward the camp fee. The total balance is due by the first day of camp. I understand there are no refunds for late entrances or early withdrawals, voluntary and involuntary. Loss of fees due to illness extending over one week will be shared equally by parents and Camp ECCHOH. **I will submit a health history and medical release form supplied by the Elaine Clark Center and Heart of Hope Academy to them by May 21<sup>st</sup>, 2010. Failure to do so will impede child's ability to attend camp.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_