Please attach a current picture of your child here

One in a hundred Application

Applicant

Child's Name:_____ Age: _____(D.O.B_____)

Gender: ☐ Male ☐ Female Grade in Fall: _____

Information

Mother's Name:	Father's Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:

Emergency contact

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship to Applicant: _____

School information

Name of School: _____

Address: _____

Name of Contact: _____

Phone Number: _____

In accordance with our first aid guidelines can we apply Benadryl cream in case of a bee sting?
___ Yes ___ No

Registration:
2218 N. Monticello
Chicago, IL 60647
Phone: 847-461-9230
Fax: 773-253-5359

info@oneinahundredprogram.com

The camp will be held at:
Northbrook Covenant Church
2737 Techny Road
Northbrook, Illinois

Developmental History

Please mark primary diagnosis with a "P" and secondary with an "S"

Primary or Secondary	Diagnosis	Year diagnosis was received	Name of professional who gave diagnosis
	ADHD		
	Anxiety		
	Asperger's Syndrome		
	Autism		
	Behavioral Disorder		
	Bipolar Disorder		
	Depression		
	High Functioning Autism		
	Learning Disability		
	Nonverbal Learning Disability		
	OCD		
	PDD/NOS		
	Other (please specify):		

☐ Does not have a formal diagnosis

Date of last school district evaluation: _____ Educational Diagnosis: _____

Date of current IEP or 504 Plan: _____

Individual Needs

Please list your child's favorite activities, games and interests:

_____

_____

_____

Please list what your child dislikes:_____

_____

_____

Please list any sensory issues that your child may have and what strategies/treatments achieve regulation/relief for these issues:

_____

_____

_____

CURRENT AND PREVIOUS PROVIDERS' INFORMATION

	Name	Telephone	E-Mail	Date of Recent Evaluation (within the past 3 years)
Pediatrician				
Psychiatrist				
Psychologist (Private)				
Psychologist (School-Based)				
Social Worker (Private)				
Social Worker (School-Based)				
Therapist (School-Based)				
Speech Pathologist (Private)				
Speech Pathologist (School-Based)				
OT Therapist (Private)				
OT Therapist (School-Based)				

Please inform us of anything else you think we should know about your child:

_____

_____

_____

Please indicate if your child requires continuous one to one supervision in any of the following areas:

☐ Safety ☐ Personal care ☐ Community

☐ Educational/Learning ☐ Behavioral

Please comment on any areas you have checked off:

_____

_____

OTHER INFORMATION

Check off your child's t-shirt size: Youth: ☐ S ☐ M ☐ L ☐ XL Adult: ☐ S ☐ M ☐ L ☐ XL

What size bowling shoe does your child wear? _____

We distribute a family email list of campers following the first week of camp to all families so campers can get together outside of camp. Would you like to be included on this list? ☐ Yes ☐ No

How did you hear about One in a Hundred?

☐	Internet	☐	Camp Brochure	☐	School
☐	Friend	☐	Physician/Therapist	☐	Camp Fair
☐	Camp Website	☐	Other: _____	☐	

Parent/Guardian Signature _____ Date_____

Once completed, please mail this application, requested documents and camp deposit to:
One In A Hundred Inc. 2218 N. Monticello Chicago, IL 60647

The application **must include** the following before it can be processed:

- Copy of your child's Individualized Education Plan (IEP) and any and all evaluations and records from school and providers. **It is critical that we learn as much as we can about your child to make the correct determination regarding acceptance into camp and set camp goals. If in doubt please send us the report.**
- Signed medical information and permission form, policies and releases (attached to this application form)
- Camp $500.00 deposit. The deposit can be paid either by check payable to One In A Hundred or on-line at www.oneinahundredprogram.com

Once your child's application and documents have been received we will call to schedule an interview. It is important that your child benefit from our specialized camp program. The interview will help everyone to make that determination.

One In A Hundred, Inc.
Camper Medical Information and Permission Form

PERSONAL DATA:

Name of Minor _____

Address of Minor _____

Date of Birth _____ Grade _____

Name of Parent or Guardian _____

Address of Parent or Guardian (if different from minor) _____

Home Phone _____ Work Phone(s) _____Cell Phone(s) _____

Insurance Plan _____ Insurance Plan Number _____

EMERGENCY CONTACTS:

Name of Emergency Phone Contact (other than parent/guardian/spouse) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Family Physician's Name _____

Phone Number _____ Cell Phone _____

MEDICAL HISTORY:

Have you ever had or do you now have (Please check all that apply)

Diseases

□ epilepsy
□ Heart disease
□ diabetes
□ hypertension
□ Measles
□ Mumps
□ Other Diseases (specify) _____

□ developmental joint disease
□ convulsions
□ bleeding/clotting disorders
□ Chicken Pox
□ German Measles
□ Rheumatic Fever

Other

□ headaches
□ difficulty seeing
□ difficulty hearing
□ nosebleeds
□ chest pain
□ high blood pressure
□ ulcers
□ urinary problems
□ backache
□ dizziness

Are you presently under any medical treatment? If yes. please specify.

Immunizations

All required immunizations are up to date? ☐ Yes ☐ No If no please explain.

Allergies

Please list all allergies to medications, food, animals, environment etc.

_____

_____

_____

Medications

Please list both prescription and over-the-counter

Medication	Dose	Times	Self-Medication Status

Certification: This health history is correct so far as I know. I understand that in the case of illness or injury, the primary contact and emergency contact will be notified immediately. If emergency treatment is necessary, I understand that paramedics will be called and my child may be transported to the nearest hospital emergency room. I give my permission for the attending physician to give emergency treatment, including but not limited to anesthesia, injections, and x-rays if necessary.

Printed Name: _____ Relationship: _____

Signature: _____ Date: _____

(We apologize for asking you to provide information already requested in the application. This form is taken with us whenever we leave the camp grounds in the case of an emergency.)

One In A Hundred Inc.
Program Policies

Payment/Acceptance

- Full deposit of $500.00 per child must accompany registration package for it to be processed. Payment may be made either by check or on-line.
- Deposits are non-refundable unless it is determined that the child is not yet capable of benefiting from the program during the interview and acceptance process. In that case a full refund of the deposit will be made less any credit card fees.
- Payment in full is due May 15, 2017 (full payment $3,250.00)
- After May 15, 2017 payment in full is due with registration
- Camp services will not be rendered if payment has not been made in full before the opening of camp.
- Confirmation will be sent to the parents when we have accepted your child into the camp, generally immediately following the interview. Parents have only two weeks to confirm or decline enrollment in our camp.

Group Change Policy

No changes will be considered until after the first week of group, unless a safety-related issue arises, as deemed necessary by One in A Hundred staff. We ask that parents/guardians please wait until this period of transition has passed, as groups do not truly begin to take functional shape until then.

After the first week, a request for a change of group will be assessed based on the following criteria: safety concerns, counselor observation, diagnosis, temperament, sensory needs, age, parent input, and/or similar interests

Refunds:

- Refunds will not be granted if parents voluntarily remove their child from camp.
- Deposits are non-refundable.
- There are no refunds or make up days for absences.
- If the staff determines that a child is not yet capable of benefiting from the program during the first week of camp any unused portions of the camp fees will be refunded. No refunds will be given after the first week.

For a child to benefit from the curriculum, s/he needs to demonstrate the ability to actively engage in the curriculum for at least 50% of the daily activities. If a child gets overwhelmed and needs to be removed from group, or if s/he needs a staff member to continuously prompt them to engage and follow the activity, the staff could determine that this child cannot benefit from the activities.

Late Pick-Up Policy

We understand that sometimes there are unforeseen circumstances which could cause you to be late. We allow 15 minutes after the end of the camp for you to pick up your child without penalty. From 16-25 minutes late, we charge a flat fee of $5. For every additional minute after this, we charge $1 per minute. We do this in order to make every effort to support and compensate our instructors for the time they invest. We need our team leaders to be able to go home and be with their own families, rest and return refreshed to care for children the next day. The late fee can be paid at the time you pick

your child up or we will send you an invoice for the amount. If you will be late you must call us a soon as you know so the team can make the appropriate arrangements.

Non-Discrimination Policy

No person who meets the admission requirements shall be denied admission or otherwise discriminated against on the basis of race, color, creed, national origin, sex, age, or disability, religion, sexual orientation, or gender identity.

Children who require personalized assistance due to mobility or safety issues in the community may not be eligible for this program. Determinations will be made taking into consideration the whole range of needs presented by program participants, and our ability to ensure the safety of all.

Medication

No medication, prescription and over the counter, will be administered by camp personnel. Any medication that needs to be administered during camp hours necessitates that the parent be present. No child may administrator medication to him or herself.

Illness

A child who is ill must remain out of the program to recuperate as well as to prevent the further spread of infection. The parent/guardian should call the camp to inform us that their child will be absent and to let us know the nature of the illness, so that we can inform other families to look out for symptoms.

If the child is too ill to participate fully in the day's activities, he/she should not come to the program. More specifically, if your son/daughter has had any of these symptoms he/she may not attend the program until symptom-free for 24 hours, or as otherwise noted:

- Fever of 100 degrees or above
- Thick, colored mucus from Abscess or draining sores
- Scabies or Lice (may return after thorough treatment)
- Vomiting
- Diarrhea (two instances)
- Rash (contagious or Strep-throat (may return after 24 hours on antibiotic)
- Conjunctivitis (may return after 1 dose of medication)
- Pronounced, persistent, or severe coughing

If a child develops symptoms during the day, a parent/legal guardian, or other emergency contact, will be called and is expected to pick the child up as soon as possible. While waiting for the parent/legal guardian, a sick child will be made comfortable in a quiet supervised area away from the group.

Reporting Abuse and Neglect

One in A Hundred staff members are mandated reporters and are required by law to report suspected abuse and neglect to the Department of Children and Family Services.

Notification of Injury or Incident

The program staff must verbally notify the parent/guardian, or other emergency contact person, immediately of any injury to a child whether or not emergency care was required. In addition, the program staff must notify the parent/guardian of any incident which results in the need for medical treatment, or which involves emergency response of any kind (ambulance, fire department or police).

Behavioral Problems

Behavioral problems include behaviors that disturb the group activity or the safety of others. Examples include, but are not limited to: making repeated noises, physically touching peers or staff, throwing objects, verbal aggression or non-compliance behaviors.

The following procedure will be followed:

- For the first two instances, the child will get verbal warnings.
- Upon the third instance the child will be removed from the group to a quiet room, accompanied by a staff member. Here, the child will process the situation and rejoin the group once a strategy is identified for him/her to use instead of the disturbing behavior. The parents/legal guardians will be notified of the behavior by telephone and email.
- If the child continues to display the problem behavior, the procedure of processing the situation in a quiet room will be repeated one more time.
- If the behavior continues the parent/legal guardian or the emergency contact listed on file will be called to pick child up. When the parents arrive, an intervention plan will be discussed including measures to assess its effectiveness and a time frame for re-evaluation. Termination of camp participation will be considered.
- Any conduct by a child or parent that negatively impacts the safe operation or reputation of One In A Hundred, Inc. may result in the termination of the child's participation.
- No refunds are granted once child's participation is terminated due to behavioral problems.

My signature below serves as an acknowledgement that I have received a copy of the policies referred to herein, I have read them, and I have agreed to abide by them.

Signature of Parent/Guardian: _____ Date: _____

One In A Hundred Inc.
Camp Releases

Print participant name_____

Print name of parent_____

Instructions: Please read this form carefully. A parent or legal guardian must sign this agreement for each participant before the program begins. Without all appropriate signatures, the child will not be permitted to participate in the program.

PARTICIPATION AUTHORIZATION

I understand that karate, ground initiatives, water sports and other activities in the program for which my child is enrolled, entail certain risks. My child may participate in spite of these risks.

Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my child's participation, and do hereby release One In A Hundred Inc. and its members, directors, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

Signature of Parent/Guardian: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION TO ONE IN A HUNDRED INC.

The signature(s) below grants One In A Hundred Inc. and the school, agency or professional to whom this form is addressed to freely exchanges personally identifiable oral and/or written school information and/or health information regarding the above named participant in the camp program operated by One In A Hundred Inc. The information is intended for use to ensure the appropriate participation in camp activities. The undersigned intends that a photocopy or facsimile of this form will carry the same legal force and effect as an original. The undersigned further acknowledges that s/he has the right to revoke this consent in writing at any time. Oral revocations have no legal effect.

Signature of Parent/Guardian: _____ Date: _____

Signature of Child 12 years and older_____ Date:_____

STANDARD ADMISSION WAVIER

I understand that the management of One In A Hundred Inc. has agreed to exercise such reasonable care toward this camper as his or her known condition may require; however, One In A Hundred is in no sense an insurer of his/her safety or welfare and assumes no liability as such.

I further understand that the management of One In A Hundred will not be responsible for any valuables, money, or lost belongings in the possession of this camper while s/he is at the program.

Signature of Parent/Guardian: _____ Date: _____

PARENT AUTHORIZATION

I am willing to have my camper participate in all scheduled camp activities that are within his / her capabilities. Restrictions and limitations are recorded on the application form.

Signature of Parent/Guardian: _____ Date: _____

PHOTO, VIDEO and MISCELLANEOUS RELEASES
(Please sign each release)

General Photo, Video and Miscellaneous Release

I grant to One In A Hundred Inc. and persons acting through One In A Hundred, the right to film my camper, take my camper's picture, record my camper's voice, in any medium of expression, and to use such pictures, films, videotapes, audiovisual works and sound recordings of my camper (and myself), along with any of my or my camper's testimonials in any promotional literature or for any other lawful uses. The video produced as part of the camp program is excluded from this release.

Signature of Parent/Guardian: _____ Date: _____

I do not grant to One In A Hundred Inc. and persons acting through One In A Hundred, the rights expressed above.

Signature of Parent/Guardian: _____ Date: _____

Camp Program Produced Video Release

I understand that a video is produced as an integral part of the camp curriculum containing my camper's picture and voice. I further understand that this video will be duplicated and distributed only to each camper's family to take home.

I grant to One In A Hundred Inc. and persons acting through One In A Hundred, the right to use scenes from the video produced as part of the camp program that contain images of my child for promotional purposes.

Signature of Parent/Guardian: _____ Date: _____

I do not grant to One In A Hundred Inc. and persons acting through One In A Hundred, the right to use scenes from the video produced as part of the camp program that contain images of my child for promotional purposes.

Signature of Parent/Guardian: _____ Date: _____

MEDICAL TREATMENT RELEASE

In the event of sudden illness, accident or injury which may occur while my child is engaged in an activity supervised by the representatives, agents or assignees of One In A Hundred, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for agents or assignees of One In A Hundred to contact emergency medical authorities via 911 when they judge such contact is necessary.

Signature of Parent/Guardian: _____ Date: _____

TRANSPORTATION RELEASE

I give One In A Hundred permission to transport my child to and from camp activities during the camp day via a school bus company with a licensed, trained driver. I understand that camp personnel will never transport my child in their personal vehicle.

Signature of Parent/Guardian: _____ Date: _____

SIGNATURES ARE REQUIRED BEFORE APPLICATION CAN BE ACCEPTED

If there are any questions about these releases, please contact One In A Hundred by phone (847-461-9230) or E-mail (info@oneinahundredprogram.com)