

Tourette Syndrome Camp Organization

6933 N. Kedzie #816

Chicago, Illinois 60645

(773) 465-7536 or E-mail: scott63@prodigy.net

Dear Parents:

The Tourette Syndrome Camp Organization (TSCO) will host the 15th Annual Tourette Syndrome Camp USA from Sunday, June 22, 2008 until Saturday, June 28, 2008 at YMCA Camp Duncan in Ingleside, Illinois. The total cost will be \$495.00 per child which is the same price as 2007.

Camp Duncan is situated on a semi-private lake in northeastern Illinois, just south of the Wisconsin border. Camp Duncan offers a recreational/residential setting. The TS camp program is run concurrently with a traditional YMCA camp week. TSCO is not a therapeutic program and there are some limitations in accepting children whose needs are beyond the scope of its design. The focus of the camp's staff will be to provide general supervision with as much one-on-one mentoring as well as the situation permits. In addition to providing in-services to all Camp Duncan counselors, TSCO supplements the staff by providing volunteer counselors who have TS, or have experience dealing with TS. Campers must be able to handle routine daily living skills (i.e., dressing, self-hygiene) and have the ability to function within a group setting. While the program is modified to meet the needs of most children whose primary disability is TS and some degree of attention deficit and/or obsessive-compulsive components, experience has demonstrated that not every child with TS is capable of participating in the camp program.

Please take the time to read the enclosed materials and discuss camp with your child. If, after careful consideration, you feel your child is ready for a successful camp experience, please fill out the camper application, and return them along with a current photo of the child and your \$25 deposit check to TSCO. The deposit is refundable up if we are unable to accept your child or if we do accept your child up to Monday, June 2, 2008 minus a \$10 service fee.

Please note that the teacher/counselor recommendation form is only required for new campers. The Health Form should be turned in no later than June 2, 2008

The initial deadline for the Camp Application is June 2, 2008. Any application received after June 8, 2008 will require a \$50 late fee. Please note we may require additional information after reviewing the application including a phone or if possible, a in person interview.

You may also e-mail your application to Scott63@prodigy.net. Once we have reviewed the application, we notify you to send in your deposit.

We look forward to meeting your child(ren) this summer at Camp Duncan

Sincerely,

Scott Loeff
President

Monica Newman
Program Director

Tourette Syndrome Camp Organization

c/o: Scott Loeff, 6933 N Kedzie Ave, #816 • Chicago, Illinois 60645-2725 • Telephone (773) 465-7536

<http://tourettecamp.com>

scott63@prodigy.net

Camper Application

Note: This form must be completed in full in order to be accepted and processed. Do not leave any blanks. If the answer to a question is "none," write the word "none".

(Please Print) Today's Date: _____

Child's first name: _____ Last name: _____

Birthdate: _____ Sex: _____ Grade next school year: _____

Height: _____ Weight: _____ T-shirt Size: _____

Name(s) of Parent(s) or Guardian: _____

Street Address: _____

City: _____ State: _____ **9-digit zip code:** _____
(Note: last 4 digits of your zip code may be found on any utility bill, or call your post office)

Home Phone: (_____) _____ Work Phone: (_____) _____

E-mail Address: _____ Child E-Mail: _____

Number where you can be reached during camp: (_____) _____

Emergency name/phone number: _____ (_____) _____

Relationship to child: _____

Has your child attended any special needs camp (including TS camp)? Yes ___ No ___

If yes, which camp? _____ How many years? ___

MEDICAL INFORMATION

Year your child was diagnosed with Tourette syndrome: _____

Primary Physician: _____ Phone: (_____) _____

Tourette Treating Physician: _____ Phone: (_____) _____

List all allergies: _____

Allergy treatments: _____

Other Health Problems/Injuries: _____

Medical Insurance Co: _____ Policy Number _____

LIST ALL MEDICATIONS:

REASON PRESCRIBED:

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

Side Effects/Response? Explain:

TELL US ABOUT YOUR CHILD

What are your child's interests, hobbies, special foods, etc.? _____

Does your child have Attention Deficit Disorder? _____ To what degree? _____
(Mild=1 to Severe=10)
With hyperactivity? _____ To what degree? _____ (Mild=1 to Severe=10)

Does your child have Obsessive-Compulsive symptoms? _____ To what degree? _____
(Mild=1 to Severe=10)

Explain: _____

Does your child have other special needs: Mobility _____ Language _____ Reading _____
Bed Wetting _____ Sleep Difficulties _____ Vision _____ Hearing _____

Please give any suggestions you feel would be helpful regarding the above special needs:

Please describe your child's current motor and vocal tics. **Be as specific as possible**, i.e.,
echolalia (repeating phrases of self/others), coprolalia (involuntary swearing), touching, etc.

List all other medical diagnoses:

What do you hope your child will gain from a camp experience? _____

SOCIAL/EMOTIONAL FUNCTIONING

Has your child ever spent the night away from home and family members? _____

How did (s)he respond? _____

With 5 being "average", circle how you would rate your child's adjustment to the diagnosis of

TS? 1 2 3 4 5 6 7 8 9 10 To his/her symptoms? 1 2 3 4 5 6 7 8 9 10

Social maturity? 1 2 3 4 5 6 7 8 9 10 Behavior? 1 2 3 4 5 6 7 8 9 10

Has your child met other children with Tourette's syndrome? How did they get along? _____

How does your child handle being questioned/teased about his/her TS symptoms? _____

How does your child get along with peers at school? _____

How does your child get along adults/authority figures? _____

Does your child have any educational accommodations? _____

If so, please list: _____

Please list any other concerns not addressed above: _____

Behavioral Assessment

In order to insure that every child attending TS Camp has a positive experience, please complete this section as honestly and specifically as you can. The purpose of this section is not to "rule out" a camper with behavioral difficulties; rather, it helps us to assess if your child is ready for the best possible camp experience at the present time. No child is perfect and many behaviors can be avoided by well-informed counselors who are prepared with knowledge handle specific problem areas.

Please **check** any behaviors that generally describe your child: Doesn't view adults as figures

of authority____ Tends to be manipulative____ Has problems waiting his/her turn____

Has problems sharing__ Is argumentative____ Has tantrums__ is easily frustrated__

Swears (excluding coprolalia)__ Teases other children____ Gets in fights____ Lies__

Bullies younger, smaller children____ Cries easily____ Quick to anger _____ Hits other

children _____ Hits adults ____ Talks back____ Pushes limits_____ Runs away____

Please answer Yes or No:

Have you explained to your child that while at camp, (s)he is expected to obey camp counselors just as (s)he does teacher and parents? _____ Does (s)he understand? _____

Have you been called to school because of your child's behavior this school year? _____

How many times? _____ for what reasons _____

Does your child respond well and observe "time outs" when given by adults? _____

Have you discussed the camp's rules with your child? _____ Does (s)he understand? _____

Have you discussed the camp's Behavior Contract with your child? _____

Does your child understand the consequences of non-compliance with the contract? _____

If your child is unable to comply with the stated expected behaviors, are you prepared to pick him/her up from camp? _____

Does your child want to attend camp? _____ Have you asked your child what (s)he expects to get from this camp experience? _____ What was his/her response? _____

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YMCA Camp Duncan's: CAMPERS' BEHAVIOR CONTRACT

Agreement made with the staff of Camp Duncan and the Tourette Syndrome Camp Organization

I understand that I have been accepted into the Tourette Syndrome Camp Organization Summer Camp Program using the YMCA's Camp Duncan facilities on a probationary basis. I understand that I am to conform to the following rules:

- I am to listen to and respect my counselor and all staff.
- I am to follow the cabin rules.
- I am to adhere to the camper curfew.
- I am to be where I'm scheduled at all times.
- I am not to use inappropriate language (excluding firm diagnosis of coprolalia on the physical form completed and signed by my physician).
- I am to be in my bunk during rest hour or other quiet activities except in cases approved by counselor or staff.

I also understand that any non-compliance of these rules will result in immediate dismissal from camp.

By signing this behavior contract, I am agreeing to comply to the above requirements and rules of Camp Duncan.

Camper Signature

Date Signed

TSCO is billed by Camp Duncan for your child, there can be no refund of camp fees for any reason. In no case shall TSCO be held liable for camp fees that are not paid. The parents shall be liable for any cost incurred by TSCO.

By signing my child's behavior contract, I am agreeing to be available to pick up my camper if (s)he chooses not to comply to Camp Duncan's rules.

Parental Approval: I/We approve this application and certify that our child is in good health and will provide a current health history. I hereby give my permission to Illinois Tourette Syndrome Camp to administer routine medical care and to the physician selected by the camp director to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for my child as named above. I also give my permission to Illinois Tourette Syndrome Camp to transport my child off the camp property for purposes of medical care and program activities as deemed appropriate by the director.

FEES DO NOT INCLUDE MEDICAL/ACCIDENT INSURANCE. Medical bills incurred are the responsibility of the parent.

I understand that my signature indicates that I am in agreement to provide any necessary information, including information required by law or by the custodial agreement with others that share the custody of the above registered camper. My signature also indicates that the information is correct in this registration form and that I have read and am in agreement with the above information.

Parent/Guardian Signature

Date Signed

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Camper Recommendation by Teacher or Counselor

Note: Parent, please fill in the first 3 lines of identifying information and sign consent for your child's teacher or counselor to complete. No child will be accepted to the TS camp program without this form.

1. Child's first name: _____ Last name: _____

2. School name (if applicable): _____ Grade next school year: _____

Signature of Parent or Guardian giving permission to the child's current teacher or counselor to complete the remainder of this form and if necessary speak directly with teacher or counselor:

_____ Date signed: _____

Note: Teacher, please answer the following as honestly and completely as you can and return directly to the address above. Do not leave any blanks; if the answer to a question is "none" write the word "none". (Please print)

Today's date: _____ Teacher or Counselor's name: _____

Does the child do well in a group setting? _____ Comments: _____

Does the student get along with peers? _____ Comments: _____

Does the student exhibit problem behaviors in a structured setting? _____ Comments: _____

If the child experiences an emotional meltdown, what strategies have working in helping calm the child. _____

Teacher or counselor's signature: _____

Thank you for your time and consideration. Phone number were you can be reached including area code: _____

