



Application  
Due Date  
April 30, 2017

## Application Form

Check one:    \_\_\_ Focus Family    \_\_\_ Professional    \_\_\_ College Student (please indicate class)  
 \_\_\_ Staff    \_\_\_ Previous Focus Family    \_\_\_ Other: \_\_\_\_\_

Thank you for your interest in Camp GIZMO! Camp begins on Saturday July 8<sup>th</sup> and ends on Wednesday July 12<sup>th</sup>, 2017. Everyone is encouraged to attend all days of camp to have a more complete experience. Everyone applying to attend may bring their children. You will be notified in advance if you are accepted. Please note that priority will be given to first time families, professionals, college students, etc. All others will be registered as space allows.

**Each individual/family applying to Camp GIZMO must complete this application and a Kids Camp Questionnaire for each child applying.**

**Part I: All complete**

Parent(s)/Applicant Name: \_\_\_\_\_

Focus Child's Name (if applicable): \_\_\_\_\_

Focus Child's Diagnosis (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*\*Professionals and College Students only answer the following questions\**

Organization/College Name: \_\_\_\_\_

Discipline/Area of Expertise: \_\_\_\_\_

Professionals may request to be placed on a team with a specific family/child. If so, please list the child's name: \_\_\_\_\_

Please list any previous experience with assistive technology: \_\_\_\_\_

\_\_\_\_\_

**Part II: Focus Family completes**

Assistive technology can help children in many ways such as feeding, positioning, getting around, communicating, seeing, letting people know his/her feelings and needs, playing, hearing, and learning with others. Please list areas you think your child needs help with: (use additional paper if needed)

Things my child needs help with:	How my child does this now:

Please turn over and continue

List any assistive technology your child is currently using:

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**Part III: All complete**

Please list names of all individuals who will be attending camp with you, their age, relationship to you, and any special accommodations that will need to be made during camp for that individual.

Name	Age	Relationship	List any disabilities, diagnoses, and special accommodations needed for each person during your stay at camp

**Part IV: All complete**

Registration fees for Camp GIZMO. Please fill in total column on the right.

Attendees	Cost	Total
Focus child and two adults	\$50.00	
Additional family members (___)	\$25.00 each	
All others	\$75.00	
Additional family members (___)	\$25.00 each	
		Total:

Please make checks payable to WVECTCR. Application deadline is April 30, 2017.

Stipends are available by request.

Visit [www.wvearlychildhood.org](http://www.wvearlychildhood.org) if additional forms are needed to submit a complete application.

Please make sure the following completed documents are included for each application:

- Application Form       Kids Camp Questionnaire(s)       Confidentiality Policy
- Photo/Video Release       Medical Release       Sibling Group Release (if applicable)

**Please submit all documents and payment to:**  
WVECTCR  
Camp GIZMO Registration  
611 Seventh Ave, Suite 322  
Huntington, WV 25701

**If you have questions about camp please contact:**  
Ginger Huffman, WVDE/OSP - 800/642-8541  
Pam Roush, WVBTT - 800/642-9704

**OR**

**If you have questions about camp/registration:**  
LeAnn Murray, WVECTCR - 304/529-7603 ext. 410  
Email: [lmurray@rvcds.org](mailto:lmurray@rvcds.org)