



2024 Wee Grow Summer Camp Program

APPLICATION DEADLINE: April 26th

Looking to increase your child's social confidence over the summer? Entering TK, K or 1st? Join us this summer on a small farm to practice social emotional learning through play!

PROGRAM DESCRIPTION:

Wee Grow is a new program offered by Growing Social. The program is intended for kids ages 4-6, who may benefit from a boost in social confidence and a little extra practice with social competencies and related skills (such as cooperative play, problem solving, initiation, and emotional regulation), in an interactive, farm-based environment. Join us for lots of fun with new friends, a host of farm animals, cooperative garden and cooking based projects, and imaginary play!

This program is play-based and is supportive, but not highly therapeutic. (Those who need more focused support and direct teaching may be appropriate for other programming through Growing Social).

Wee Grow is led by Growing Social teachers who are speech-language pathologists and specialize in teaching social learning (with 20+ years of experience). Growing Social has been serving the community for over 10 years. We believe every child can benefit from Growing their Social!

Call us for more information!

APPLICATION AND IMPORTANT INFORMATION:

Larkin Valley Farm

Most summer camp sessions take place at Larkin Valley Farm. Larkin Valley Farm is a small farm and garden with farm animals (goats, ducks, chickens and rabbits). If your child has any food allergies, is allergic to bee stings, or has a fear of animals, please be sure to include this information in the application.

Program Cost:

\$650: 16 contact hours, materials fee and deposit included. Sessions Monday-Thursday, 2 hours per day 10:30-12:30 or 1:00-3:00.

Deadline and Camp Confirmation:

An application is not a guarantee of a group placement, as this depends on matching student availability. Applications are due by April 26th. Families will be notified about summer placement during the week of April 29th. Applications will be considered after the due date as space is available. If there is no available spot at the time of scheduling, the student will be placed on the waitlist and deposit refunded.

Camp Deposit:

A \$200.00 deposit is due with the completed application packet. The deposit will hold a spot for the student. Deposits will be processed once the student is placed in a summer camp. If a family forgoes the scheduled spot, a \$100 processing fee will be retained and the remainder of the deposit returned.

Invoices:

An invoice will be provided once a camper is scheduled to attend a camp session. The remaining summer camp balance is due in full by June 3rd.

Attendance and Cancellation:

Unfortunately, we are unable to reimburse families for absences. In the event that the teacher must cancel a session day, every attempt will be made to reschedule the camp time with families. However, if unable to reschedule, families will be refunded for cancelled sessions.

Parent Wrap-up:

A 15-minute parent wrap-up takes place at the end of each session in order to provide the information and concepts covered each day. Parents are encouraged to attend these informative wrap-ups if possible.

SUMMER CAMP AVAILABILITY

PLEASE NOTE: SUMMER CAMP DAYS ARE MONDAY-THURSDAY

Name: _____ Gender Identified as: _____

Birthdate: _____ Age: _____ Grade: (in fall 2024) _____

Number of sessions preferred: _____

Please fill out the availability chart in full. The more availability given, the more likely we are to be able to place the student in a group. We may be able to offer a full day option Session 5, depending on interest (10:30-3:00).

CIRCLE ALL OPTIONS THAT APPLY!

	Session #1 6/3-6/13 (M-TH)	Session #2 6/17-6/27 (M-TH)	Session #3 7/8-7/18 (M-TH)	Session #4 7/22-8/1 (M-TH)	Session #5 (*one week only) (M-TH) 8/5-8-8
10:30-12:30	AM Session	AM Session	AM Session	AM Session	<input type="checkbox"/> Check for all day session (Session 5 only) AM Session
1:00-3:00	PM Session	PM Session	PM Session	PM Session	PM Session

Please note any special considerations regarding your schedule (we will do our best to accommodate), as well as any areas of interest specific to the student:

STUDENT INFORMATION:

Date: _____ Grade (as of Sept 2024): _____

Client's Name: _____ Birth date: _____

Parent #1 Name: _____ Parent #2 Name: _____

Address: _____ Address: _____

City/State/Zip Code _____ City/State/Zip Code _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

School Name/District: _____

Does your child have allergies or a special diet?

What skills/experience do you hope your child will gain from attending Wee Grow? _____

What would you consider to be your child's strengths as they relate to the social world and sharing space with others?

Are there areas where your child could use a little extra support, or that you anticipate may potentially be more challenging for them as they enter a classroom setting (for example, large reactions to problems, big feelings, some difficulty asking for help, low frustration tolerance, social anxiety, etc.)?

Is there any additional information that may be helpful to know about your child? _____

PERMISSION FORM

PERMISSION TO USE VIDEO OR PICTURED IMAGE & AUDIO for THERAPEUTIC AND OR MARKETING PURPOSES

(Check one) **I give** or **I do not give** my permission for “Growing Social” (Amy Miller, Stephanie Madrigal or other employee of “Growing Social”) to use pictures of my child for therapeutic or training purposes (presentations, teacher trainings, etc.) as well as promotional materials (website, brochures, social media, etc.).

(Check) I give my permission for “Growing Social” (Amy Miller, Stephanie Madrigal or other employees of “Growing Social”) to use the video, picture or audio recording of my child for therapeutic purposes only.

Please initial that you understand that other teachers/professionals may, from time to time, observe your child’s session for their own training purposes. All information is kept confidential.

Parent Signature: _____

Date: _____

Printed Parent Name: _____

Cell Phone: _____

Home Phone: _____

Waiver, Release and Assumption of Risk Agreement

I, the parent or legal guardian of _____, consent to allow my child to participate in Growing Social at Larkin Valley Farm, summer 2024.

Release

I hereby waive and release any claims that my child or I may have, or which may hereafter accrue to me or my child, against Association, its officers, directors, employees, agents, assigns and representatives and volunteers (collectively "Company") for personal injury, including death, as well as all property damage or loss, arising out of my/my child's participation in this program. Additionally, I agree to hold Company harmless from, and indemnify Company against, any such claims.

Assumption of Risk

On behalf of myself or my child, I assume the risks of and accept personal liability for any personal injuries or property damage that might occur as a result of participating in this program.

Behavioral Agreement

By participating in this program, my child is expected to follow the rules at Larkin Valley Farm and on field trips/outings.

I HAVE CAREFULLY READ THE ABOVE WAIVER, RELEASE, AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN GROWING SOCIAL AND MYSELF AND SIGN IT VOLUNTARILY.

Client Name: _____

Signature of Parent: _____ Date: _____

Client Health History

Name of Student: _____ Parent Phone Number: _____

Does the client have any health conditions requiring medication, treatment, special restriction or consideration while attending camp sessions? Please indicate information below. ***Please note that staff will not administer medications.***

_____ Please initial to indicate you are aware that camp staff or any employee of Growing Social will administer no medications.

Please list any allergies or food restrictions or preferences:

_____ I grant Growing Social permission to seek emergency medical treatment if medically necessary for the participant. (Please initial, mandatory for participation in camp sessions).

Emergency Contact:

Phone Number:

Parent Signature _____ Date: _____

Print Name: _____