



2025 Summer Camp Program

APPLICATION DEADLINE: April 11th

INSTRUCTIONS:

- **NEW APPLICANTS-GROWING SOCIAL PROGRAM:** PLEASE COMPLETE THE APPLICATION IN FULL, INCLUDING ALL RELEVANT REPORTS (IEP, 504 PLAN, MEDICAL ASSESSMENTS, ETC.) AND PARENT LETTER, AS WE UTILIZE THIS INFORMATION TO HELP MAKE AN APPROPRIATE GROUP PLACEMENT. REQUESTING ADDITIONAL INFORMATION MAY DELAY A PLACEMENT, SO PLEASE INCLUDE ANY RELEVANT PAPERWORK WITH APPLICATION.
- **CURRENT STUDENTS: (FALL 2024-SPRING 2025):** PLEASE COMPLETE PAGES 3 and 8-11. PLEASE INCLUDE ANY RECENTLY UPDATED REPORTS

MAIL APPLICATION PACKET AND \$300.00 DEPOSIT TO:

GROWING SOCIAL

35 LARKIN VALLEY RD.

WATSONVILLE, CA 95076

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.

Program Cost:

\$1,550.00: 24 therapeutic contact hours, materials fee and deposit included. There are 2-week half-day or one-week all-day options available.

Deadline and Camp Confirmation:

Applications are due by April 11th. Families will be notified about summer placement by April 21st. Applications will be considered after the due date, as space is available. If there is no appropriate placement at the time of scheduling, the student will be placed on the waitlist and the deposit refunded.

Camp Deposit:

A \$300.00 deposit is due with the completed application packet. The deposit will hold a spot for the student. ***Applications will not be considered without a deposit.*** Deposits will be processed and applied towards the total summer camp fee once the student is placed in a summer camp. If a family forgoes the scheduled spot, a \$100.00 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 2nd.**

Insurance:

If you are working with your insurance company, or think that you may seek reimbursement for the summer program, please make sure to provide a medical report (separate from an IEP/educational report), with the diagnosis given by a medical professional. Also, please let us know, so that invoices can be coded for insurance purposes prior to sending them out. Please retain ALL invoices as there will be a \$30.00 administrative fee to provide additional copies. Please note that we do not work directly with insurance companies, or accept third party reimbursement.

Scholarships:

Scholarships are awarded as funds are available. Please contact Growing Social for more information on available scholarship funding.

Attendance and Cancellation:

Students are highly encouraged to attend each session, as each session builds on the last and is important for group cohesion. We are unable to reimburse families for missed sessions.

In the event that the therapist 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:

Each session includes a parent component, as we believe this to be instrumental in carrying concepts over into the home and to the student's support team. A 15–20-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 highly encouraged to attend these informative wrap-ups. Additional team consultation can also be scheduled over the summer.

Summer Camp Availability

PLEASE NOTE: SUMMER CAMP DAYS ARE MONDAY-THURSDAY

Name: _____ Gender Identified as: _____

Birthdate: _____ Age: _____ Grade: (in fall 2025) _____

Please check ALL services that are requested:

Number of sessions preferred: ___ 1 Session ___ 2 Sessions ___ Other _____

SERVICES PREFERRED (select all that apply- indicate the number of sessions if you would like if more than one session).

<input type="checkbox"/> Therapeutic Summer Farm Camp <input type="checkbox"/> Individual Sessions (for individualized support with social learning, executive functioning, etc.) <input type="checkbox"/> Both Group and Individual Sessions

ADDITIONAL TEEN/YOUNG ADULT OPTIONS (select all that apply): <input type="checkbox"/> Camp Counselor Camp (Full day, 9 th grade+) <input type="checkbox"/> Social Vocational Camp (16 yrs.+) <input type="checkbox"/> Farm and Community Based Camp

*Please be sure to fill out the availability chart in full. The more availability given, the more likely we are to be able to place the student in an appropriate group. **If possible, please include at least 2-3 preferences.***

CIRCLE ALL OPTIONS THAT APPLY!

	Session #1 6/16-6/19 *full day only (Monday-Thursday)	Session #2 6/23-7/3 (Monday-Thursday)	Session #3 7/14-7/24 (Monday-Thursday)	Session #4 7/28-8/7 (Monday-Thursday)
10:00-1:00	*Session 1-Full day only	Morning Half Day (2 weeks, 6/23-7/3)	Morning Half Day (2 weeks, 7/14-7/24)	Morning Half Day (2 weeks, 7/28-8/7)
1:30-4:30		Afternoon Half Day (2 weeks, 6/23-7/3)	Afternoon Half Day (2 weeks, 7/14-7/24)	Afternoon Half Day (2 weeks, 7/28-8/7)
10:00-4:00	Full Day 6/16-6/19	Full Day 6/23-6/26 or 6/30-7/3	Full Day 7/14-7/17 or 7-21-7/24	Full Day 7/28-7/31 or 8/4-8/7
4:30-7:30- dinner and game night, for teens and young adults		6/23-7/3	7/14-7/24	7/28-8/7

Student Information

***NEW FAMILIES:** PLEASE COMPLETE APPLICATION IN FULL AND INCLUDE ALL RELEVANT REPORTS FROM MEDICAL PROFESSIONALS AND EDUCATIONAL TEAM.

***RETURNING FAMILIES:** INCLUDE UPDATED REPORTS FOR THE STUDENT FILE AND COMPLETE PAGES: 3 & 8-11.

Date: _____ Grade (as of Sept 2025): _____

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: _____

Current Services: OT ___ Speech ___ Resource ___ 1:1 Aide ___ SDC Class ___

Other _____

Medical Diagnostic Information:

Does your child have allergies or a special diet? (Please be aware that there may be bees on the farm)

What are your current concerns about your child's performance at school? (Use back of form for additional space)

What are your current concerns about your child's performance at home?

If someone were to observe your child at school during lunch or recess, what would they observe? (If homeschooling, please describe how your child does in less structured settings around same aged peers).

How do you think your child's classmates would likely describe your child?

Does your child have any behaviors that would likely greatly affect thier successful participation in camp? (i.e., bolting, hitting, etc.). Please describe:

Additional Information

Please check behaviors that describe your child. Please check all that apply.

Unmotivated _____ Impulsive _____ Rigid (may only see things one way) _____
 Verbally aggressive to peers or adults _____ (please describe _____

Withdrawn (may hide or emotionally shut down when upset) _____ Externally distracted _____
 Aloof/internally distracted _____ Anxious _____ Oppositional _____ Physically aggressive _____

Please rate your child on a 1-5 scale (5= very strong skill)			
Paying attention to others		Understanding personal space	
Asking questions about others		Participating in a group	
Making eye contact		Accurately identifying facial expressions	
Understanding the feelings of others		Accurately identifying body language	
Showing empathy		Greeting others	
Listening		Participating in a conversation	
Understanding what people mean by what they say		Initiating conversations with others	
Doing homework		Adding relevant comments to a conversation	
Turning in homework		Apologizing	
Keeping backpack organized		Asking for help	
Keeping school desk organized		Personal problem solving	
Taking responsibility for self		Compromising and/or negotiating	
Understanding consequences		Doing chores	

Please write a brief letter describing the student.

Including the information listed below will help to obtain a more complete picture of your child and help us find an appropriate group placement.

Please include:

- Your student’s strengths and challenges related to functioning in the social world
- Describe their interactions with peers
- Describe their awareness of any challenging areas..., do they think that they are perceived as “different” from their peers?)
- How well do they understand that their actions and words affect others?
- How do they respond to everyday problems, (such as changes in the schedule, peer conflicts, etc.)?
- What are some of their strengths and interests? What motivates your child?

Please include the following. These reports are extremely helpful in better understanding your child’s needs as it relates to group placement.

- Any diagnostic reports or updates
- A copy of the latest IEP or school evaluations (if applicable)
- Any outside therapy reports (OT, PT or SLP)

Please also include: A recent picture of your child, and if convenient, a brief video clip asking your child 2-3 questions about their interests. Please provide via a flash drive or email to info@growingsocial.org

How did you hear about Growing Social? _____

Academic/Social Learning Checklist

Please have child's instructor(s) complete and return with application.

Date: _____

This student: _____ is being considered for social learning services. It would be helpful to have you complete the information below regarding this student based on your experience.

Your name/Relationship to student _____ Grade _____

***For Teachers:** *Please return this form in a sealed envelope and return it to the student's parent. (This is to ensure that the student does not read the form. We encourage families to read this form so they can see how their child's social learning differences may impact them across the school day).*

Please check off how you feel this student does in your setting in the following areas:

Skill to explore	Comments	Above grade level	At grade level	Below grade level	Did Not Observe
Math					
Reading decoding					
Reading comprehension (inferencing, deeper interpretation of characters)					
Written expression (teacher directed topics)					
Participation during large, class discussions					
Participation during small group activities					
Asking for help in class					
Making and keeping friends during less structured times					
Organizational skills while in class					
Organizational skills from home to school and back again					
Does this child stand out as unique in his interpersonal skills?					
Do you anticipate that this student will encounter more challenges in future school years?					
How would this student's peers describe him?					

Any additional comments (please use back if you need more space)

Permission Form

PERMISSION FOR COMMUNITY OUTINGS (To be checked if applying for Teen Community Based Camps).

(Check one) ___ **I give** or ___ **I do not give** permission for my child

_____ to walk in the community and/or use public transportation as needed during camp sessions with Growing Social (Amy Miller, Stephanie Madrigal or another employee of Growing Social).

Please note any special considerations for community outings:

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 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: _____

Exchange of Information

Name of Camper: _____

Parent's Name: _____

Address: _____

City, State, Zip Code: _____

Cell Phone: _____

Home phone: _____

I give permission to Growing Social (Amy Miller, Stephanie Madrigal or other employees of Growing Social), to share information with the following people regarding the educational or medical treatment for my child.

Name of Professional	Title	Email	Phone Number

Parent Signature: _____ Date _____

Waiver, Release and Assumption of Risk Agreement

(To be completed by the Participant's parent/guardian, or, if the Participant is 18 years of age or older, by the Participant.)

I, the parent or legal guardian of _____, consent to allow my child to participate in Growing Social at Larkin Valley Farm or other sites, 2025-2026.

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 provide a record of immunizations, including date of last tetanus shot:

Date of last tetanus shot: _____

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).**

Parent Signature _____ Date: _____

(or student signature if 18 years old):

Print Name: _____

Phone Number to use in the event of an emergency: _____