



# 2025 STUDENT SUMMER CAMP APPLICATION

Monday, June 2, 2025, 12:00 noon - Saturday, June 7, 2025, 10:00 a.m.

Please check the one camp to which you are applying.

- Camp for Children Who Are Blind or Visually Impaired, Ages 8-15
- Camp for Children Who Are Deaf or Hard-of-Hearing, Ages 8-15

## ELIGIBILITY REQUIREMENTS

- Campers must:
- Have a hearing or vision loss that affects learning
  - Be a South Carolina resident
  - Meet the age requirements of the camp
  - Be toilet-trained
  - Have the physical, mental, and behavioral capabilities to benefit from the programs offered during the camp

Yes, my child meets all of these eligibility requirements.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## PERSONAL INFORMATION

Child's Name \_\_\_\_\_ (Nickname) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Text # \_\_\_\_\_ Video Phone# \_\_\_\_\_ Mother's Text # \_\_\_\_\_ Video Phone# \_\_\_\_\_

Has your child participated in camp(s) before? \_\_\_\_\_ If yes, camp name(s) and date(s) \_\_\_\_\_

I would like to request a day camp option.

Child's preferred language: \_\_\_\_\_ Child's swimming ability:  None  Beginner  Intermediate  Advanced

T-Shirt Size:  Child's Medium  Adult Small  Adult Medium  Adult Large  Adult X-Large  Adult XX-Large  Adult XXX-Large

How did you learn of this camp?  SCSDB Mailer  Newspaper  My Child's Teacher or School Staff  Website  Other \_\_\_\_\_

## DISABILITY INFORMATION

Hearing Loss:  Mild  Moderate  Severe  Profound Cochlear Implant:  Yes  No Hearing Aid:  Yes  No

Communication Style:  ASL - American Sign Language  Cued Speech  Oral  Signed English

Visual Impairment: Eye Condition \_\_\_\_\_

Visual Acuity Best Correction: Near Vision: Left \_\_\_\_\_ Right \_\_\_\_\_ Far Vision: Left \_\_\_\_\_ Right \_\_\_\_\_

Reading Style:  Braille  Large Print  Regular Print Glasses:  Yes  No Crutches/Walker:  Yes  No

Wheelchair:  Yes  No Other Disabilities (Please List) \_\_\_\_\_

Behavioral Concerns? \_\_\_\_\_

Are there any other special needs (physical or emotional) that we should be aware of? \_\_\_\_\_

## SCHOOL INFORMATION

Name of School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Phone # (\_\_\_\_\_) \_\_\_\_\_ Name of Child's Teacher \_\_\_\_\_

School District \_\_\_\_\_

## MEDICAL INFORMATION

Child's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Medicaid # \_\_\_\_\_

How is health care provided for this child?  Employment Insurance  Private Insurance  Medicaid  Other \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### Does your child have health problems? Please check:

Allergies, please list (food, medicine, other) \_\_\_\_\_

Anemia  Asthma  Diabetes  Diastat  EpiPen  Heart Problems  Seizures/Convulsions  Sickle Cell Anemia

Are there any other special needs we need to be aware of? \_\_\_\_\_

Does your child take medication? \_\_\_\_\_ Name of medication(s) \_\_\_\_\_

Dosage and frequency \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

## EMERGENCY INFORMATION

Please give us the names of two relatives or close friends whom we can call in case the parent/guardian cannot be reached.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

## SUMMER CAMP GENERAL PERMISSION FORM

*All scheduled activities (both on and off campus) are closely supervised. Please check yes or no to the following questions.*

- I give my son/daughter permission to participate in water activities with a certified lifeguard present.  
 Yes  No Special Restrictions: \_\_\_\_\_
- My child may ride in a school vehicle to attend special off-campus activities.  
 Yes  No Special Restrictions: \_\_\_\_\_
- I want my child to ride the bus to camp. (No transportation for the day camp option.) Transportation routes to camp will be based on campers who have registered by May 3. (Families MUST pick up their children at the conclusion of camp by 10:00 a.m., Saturday, June 22.)  
 Yes  No Special Restrictions: \_\_\_\_\_
- My child has permission to access the Internet or the school's computers following the SCSDB Policy for Acceptable Use of the Computer Network.  
 Yes  No Special Restrictions: \_\_\_\_\_
- I give my permission for pictures/video tapes to be taken of my child. These pictures/video tapes may be used in publications, on television, for website purposes, social media, and in other audio/visual materials for public relations. This includes use by the SC School for the Deaf and the Blind Foundation, SCSDB's fund-raising arm.  
 Yes  No Special Restrictions: \_\_\_\_\_
- I give my permission for my child's teacher/vision or hearing teacher/specialist to be contacted for informational purposes.  
 Yes  No \_\_\_\_\_
- I understand that I am responsible and financially liable for the medical care of my child. In case of an emergency and I cannot be notified, the school has permission to seek emergency medical attention and permission to treat and to order injections, anesthesia, or surgery for my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## APPLICATION AND INFORMATION

Please return completed application form to:

Le'Tesha Gray

SC School for the Deaf and the Blind • 864-577-7558 or 1-888-447-2732

355 Cedar Springs Road • Spartanburg, SC 29302-4699

### CAMP IS FREE

**SPACE IS LIMITED, SO PLEASE REGISTER EARLY. APPLICATION DEADLINE - MAY 2, 2025**