## CAMP COAST REVIEW PROCESS CHECKLIST

Thank you for your interest in camp COAST. Camp Coast is day camp specifically for children with autism and developmental disabilities that allows your child to feel comfortable in a safe, fun and nurturing environment.

Camp Coast is designed to meet the needs of children between the ages of 5 -10 and 11-14 (COAST Middle School Camp) that are considered high functioning on the autism spectrum.

Each child must go through a review process first. Trained staff will review the completed forms and will contact you regarding the status of your child's application. You are welcome to contact us if you have any additional questions. Please note, the decision of the acceptance, or non-acceptance, of your child into Camp COAST remains with the staff.

When you have complete the required forms, please mail or hand-deliver to the Clearwater YMCA, attention Vickie Shire/Camp COAST.

Below is the checklist.

□ Getting to Know You - Parent Forms

Clearwater, FL 33756

| □ Teacher - Review Forms  |                |
|---|----------------|
| <ul> <li>A copy of the IEP or Behavioral Plan (Please make copies of your child's IEP or<br/>Behavioral Plan because we keep all forms).</li> </ul> |                |
| □ Completed Review Process Checklist  |                |
| Please complete the information below and include wit   | h review forms |
| ricase complete the information below and include with  | review rounds. |
| Your signature verifies that you read the above inform  | ation.         |
| Child's Name:   | Age: Grade:    |
| Parent's Name:  |                |
| Primary Phone Number:   | <u></u>        |
| Primary Email:  |                |
| Parent's Signature:   | Date://        |
| Please mail or hand-deliver complete forms to:  |                |
| Attn: Vickie Shire  |                |
| Clearwater YMCA   |                |
| 1005 South Highland Ave.  |                |