



Camp Riverside

A Riverside School Summer Program

Overview

Camp Riverside is designed to reinforce the learning that students do throughout the school year in a more relaxed and creative setting. Gains made throughout the academic year will be reinforced and built upon during this unique day camp opportunity.

Run by Riverside School, a community leader in the education of children in grades K-8 with dyslexia, Camp Riverside will utilize the Orton-Gillingham Approach and Philosophy that is a hallmark of the school.

In addition to traditional day camp activities, campers will attend a daily creative writing workshop, participate in math enhancement activities and receive one-on-one language fundamentals instruction for 45 minutes daily. The camp is especially designed to meet the needs of students with dyslexia and other related language-based learning differences.

Daily Activities:



- One-on-One Orton-Gillingham Tutoring - Phonics, Reading, Spelling



- Math Enrichment



- Creative Writing



- Art



- Traditional and Creative Team Sports



RIVERSIDE SCHOOL
The **Little** school that makes a **Big** difference!

Camp Riverside

Location: Riverside School
2110 McRae Road

Date: July 9 - 20, 2012
Monday through Friday

Time: 9 a.m. - 3 p.m.

Cost: \$880.00 includes lunch
(Bring a water bottle and healthy snack)

Ages: 7-12, limit 14 campers

Completed registration form and a non-refundable deposit of **\$100 are due** prior to **June 1**. Make checks payable to **Riverside School**. Credit cards are not accepted.

Tuition balance must be paid in full by June 15. The medical information on the application must be completed to attend Camp Riverside.

www.Riversideschool.org

Camp Riverside 2012

Registration Form

Complete the attached forms, sign, and return with a non-refundable registration deposit of **\$100** by **June 1**. Make checks payable to *Riverside School*.

Parents/Guardians are assured the information disclosed will be treated with tact and confidentiality.

Camper's Last Name: _____ First Name: _____ M.I.: _____

Current Grade: _____ Date of Birth: _____ M ____ F ____

Home Address: _____

Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Emergency/Contact Information

Contact Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List the names and phone numbers of any person other than yourself who has permission to pick up your child.

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Insurance Information

Carrier or Plan Name: _____

Subscriber: _____ Group #: _____

Name of Family Physician: _____

Address: _____ Phone: _____

**In addition, if your child is not a current Riverside School student, please attach a
CERTIFICATE OF IMMUNIZATION PROVIDED BY A DOCTOR.
IMPORTANT – THIS BOX MUST BE COMPLETED FOR ATTENDANCE**

Parent/Guardian Authorizations: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to engage in all camp activities except as noted by me and/or the camper's physician.

In case of an emergency, the parent/guardian gives the Camp Coordinator or designee, the authority to contact the camper's doctor, rescue squad, or take the camper to a hospital emergency room and be treated by an emergency room doctor. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Signature of Parent or Guardian: _____

Printed Name: _____ Date: _____

Primary Doctor: _____ Phone #: _____ Hospital Preference: _____

Allergies (List All Known)

Medical Allergies

Describe Reaction and Management of Reaction

Food Allergies

Other Allergies (include insect stings, hay fever, asthma, animal dander, etc.)

Is an Epinephrine Pen prescribed? YES NO

If yes, reason _____

Medications:

- Student takes no medications on a routine basis
- Student takes daily medications:

Please list: _____

Please describe any restrictions to activity (what cannot be done, what adaptations or limitations are necessary):

If the student has experienced any of the following health concerns, please describe the treatment(s) used and the appropriate dates:

Health Concern	Yes	No	Comments – Treatments and Approximate Dates
Cardiac Disorder			
Seizures/Neurological Disorder			
Diabetes/Metabolic Disorder			
Bleeding Disorder			
Hospitalization/Surgery			
Asthma/Respiratory Disorder			
Chronic Illness			
Visual Deficit/Eye Disorder			
Speech Deficit/Throat Disorder			
Diet Restrictions/Digestive Disorder			
Eating Disorder			
Orthopedic Disorder			
Chicken Pox			
Mononucleosis			
Psychological Concerns			
Headaches			
Head Injury/Concussion			
Menstrual/Genitourinary Disorder			

Camp Riverside

Parent Perceptions – Evaluation Form

In order to meet the goals of each student enrolled in Camp Riverside, we carefully screen each potential candidate. To help us accurately assess the needs of each potential student, please provide as much information as you can that will help us with the evaluation and assessment process.

***Please attach a copy of your child's most recent report card.**

Write a brief description of your child including activities your child engages in during free time.

How would you describe your child's academic successes and needs?

Describe your child's writing ability.

Describe your child's math ability.

Describe your child's relationship with peers and teachers. Please include any social/behavioral concerns.

Has your child ever received tutoring? _____ What grades? _____

Is your child currently receiving reading tutoring? _____ If yes, please answer the questions below:

Type of Program:

- Orton-Gillingham Other _____
- One-to-one Small group

Tutor Name _____ Phone Number _____

Number of times per week _____ Length of session _____ Private _____ School _____

Is your child receiving services under an Individualized Education Plan (IEP) or 504 Plan?

- yes no pending

If applicable, please describe your perceptions of your child's reading progress as a result of tutoring.

Please use this space to provide any additional information you wish us to have with respect to your child that will help us in maximizing the summer camp experience.

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Teacher Evaluation Form

Parents: Please give this form to your child's current teacher and have them mail it directly back to:
Camp Riverside, Riverside School, 2110 McRae Road, Richmond, VA 23235.

Dear Teacher,

_____ is applying to Camp Riverside, a two week academic camp designed
(Student Name)

for children 7-12 years old with specific language learning difficulties, such as dyslexia. The information requested below will be very helpful in determining if our program can meet the needs of this child. It will also help us to group students. All information will be held in the strictest confidence.

Please feel free to contact Riverside's Camp Coordinator, Patti Bowling, with questions (320-3465).

Teacher's Name _____ School _____

Telephone Number _____

How long have you known this student? Years _____ Months _____

In describing this student, what are the first few words that come to your mind?

In what area(s) does the student experience academic success and frustration? **Please be specific.**

Reading

	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Teacher	N/A
Decoding					
Reading Fluency					
Reading Comprehension					

Writing

	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Teacher	N/A
Handwriting					
Spelling					
Creative Writing					

Math

Calculation/Operations	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Teacher	N/A
Whole Numbers					
Decimal Numbers					
Fractions					
Fact Fluency					
Concepts					
Number Sense					
Geometry					
Measurement					
Algebra/Patterns					
Data Analysis/Statistics/Probability					

Please comment on student's overall academic performance.

Social/Behavioral

	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Teacher	N/A
Interacts well with teachers					
Interacts well with classmates					
Demonstrates appropriate classroom behavior					
Behaves appropriately during unstructured time					
Demonstrates positive attitude					

Please comment on student's overall daily social/behavioral interactions.

Signature _____ Date _____

Camp Riverside

Medication Request Form

**Only complete and submit if you are requesting Camp Riverside to administer medication.*

To be completed by Physician for prescription medications

Medication(s)			
Dosage/Time			
Duration			
Date of Rx			
Diagnosis requiring Meds			
Possible side effects			

Signature of Physician _____ Date _____

To be completed by Parent/Guardian for over-the-counter medications

Medication(s)			
Dosage/Time			
Duration			
Possible side effects			

I, _____, parent or legal guardian of _____ request that the medical trained management employees administer the above medication to _____ during camp hours and at the times indicated. I agree to furnish said medication in the container supplied by the drug store with the label intact. I understand and accept that Riverside School, and its employees are not responsible for any effects of the medication administered when it is administered correctly as directed above.

I also agree to pick up unused medication from the school office the last day of the camp. Failure to do so will result in the medication being disposed of after that date by appropriate school personnel.

Parent/Guardian Signature

Date