Ready, Set, GO!
An Early Literacy Camp by Riverside School

Ready...
Whether your child is preparing to go to school for the first time or did not make the gains with the basic skills that you might have hoped for, this camp is for your child. Give your child the advantage of reviewing and learning new skills to be prepared to start school this fall ready to succeed. For three weeks your child will work on many of the basic skills needed for school success including:

- Alphabet (naming and sound identification)
- Phonics and Phonological Awareness
- Reading and Spelling
- Numbers (numeracy and counting)
- Shapes and Patterns
- Addition and Subtraction
- Fine motor skill development
- Handwriting
- Independence, attention, listening and social skills

Set...
In addition, your child will receive 30 minutes of one-on-one language skill instruction with a trained Orton-Gillingham tutor four times per week. This multi-sensory, sequential, and personalized approach to teaching the fundamentals of language skills will give your child phonics skills as well as address phonological awareness deficits that may be delaying your child’s development as a reader.

GO!
Help your child be ready to GO to school this fall with three weeks of academic instruction and summer camp fun preparing them for future success. Daily recess and art activities as well as weekly music and library time, will provide the opportunity to experience transition times similar to those found in school settings. Every day will bring your child closer to being prepared for the fall: academically, socially and emotionally.

Ready, Set, GO!

Location: Riverside School  
2110 McRae Road  
Richmond, VA 23235  
(804) 320-3465

Date: July 8 - 26, 2013  
Monday through Friday

Time: 8:30 a.m. - 12:30 p.m.

Cost: $880.00

Ages: 4-7  
(Rising K-2nd graders)  
limit 7 per group

Completed registration form and a non-refundable deposit of $100 are due prior to May 15. Make checks payable to Riverside School. Credit cards are not accepted.

Tuition balance must be paid in full by June 5. The medical information on the application must be completed to attend Camp Riverside.
Ready, Set, GO! Camp 2013
Registration Form – Rising 1st – 2nd Graders

Complete the attached forms, sign, and return with a non-refundable registration deposit of $100 by May 15. 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: ___________________________ Date: ___________________________
Printed Name: ___________________________ 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:

<table>
<thead>
<tr>
<th>Health Concern</th>
<th>Yes</th>
<th>No</th>
<th>Comments – Treatments and Approximate Dates</th>
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<tbody>
<tr>
<td>Cardiac Disorder</td>
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<td>Seizures/Neurological Disorder</td>
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<td>Diabetes/Metabolic Disorder</td>
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<td>Bleeding Disorder</td>
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<td>Hospitalization/Surgery</td>
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<td>Asthma/Respiratory Disorder</td>
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<td>Chronic Illness</td>
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<td>Visual Deficit/Eye Disorder</td>
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<td>Speech Deficit/Throat Disorder</td>
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<td>Diet Restrictions/Digestive Disorder</td>
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<td>Eating Disorder</td>
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<td>Orthopedic Disorder</td>
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<td>Chicken Pox</td>
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<td>Mononucleosis</td>
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<td>Psychological Concerns</td>
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<td>Headaches</td>
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<td>Head Injury/Concussion</td>
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<td>Menstrual/Genitourinary Disorder</td>
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### Medication Request Form

**To be completed by Physician** for prescription medications

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<thead>
<tr>
<th>Medication(s)</th>
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<tbody>
<tr>
<td>Dosage/Time</td>
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<tr>
<td>Duration</td>
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<tr>
<td>Date of Rx</td>
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<tr>
<td>Diagnosis requiring Meds</td>
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<td>Possible side effects</td>
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</table>

Signature of Physician _______________________________ Date _______________________________

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

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<tr>
<th>Medication(s)</th>
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<tr>
<td>Dosage/Time</td>
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<tr>
<td>Duration</td>
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<tr>
<td>Possible side effects</td>
<td></td>
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</table>

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 _______________________________
Ready, Set, GO! Camp 2013
Parent Perceptions – Evaluation Form – 1st – 2nd Graders

In order to meet the goals of each student enrolled in Ready, Set, Go! Camp, we carefully screen each potential candidate to ensure that this camp is an appropriate placement. To help us accurately assess the needs of each potential student, please provide as much information as possible to help us with the evaluation and assessment process.

*Please attach a copy of your child’s most recent report card and any assessments that have been performed in the last year (if applicable).

Child’s School Experience: _____ Attends/Attended Pre-School _____ days a week _____ years
Name of School __________________________________________

_____ Attends _____ Grade
Name of School __________________________________________

Has your child ever received Speech/Language Therapy? ______
Number of times per week ___________ Length of session ___________ Private _____ School_____

Has your child ever received Occupational Therapy? ______
Number of times per week ___________ Length of session ___________ Private _____ School_____  

Has your child ever received Physical Therapy? ______
Number of times per week ___________ Length of session ___________ Private _____ School_____  

Has your child ever received Academic Tutoring?
Subject ________________________ Number of times per week ______ Length of session ___________
Private _____ School_____ Orton-Gillingham _____

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.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Ready, Set, GO! Camp 2013
Registration Form – Rising 1st – 2nd Graders

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.

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

________________________________________________________________________
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Describe your child’s writing ability.

________________________________________________________________________
________________________________________________________________________
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Describe your child’s math ability.

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________________________________________________________________________
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.
Dear Teacher,

____________________ is applying to Ready, Set, GO! Camp, a three week academic camp designed for children 4-7 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, Charice Myers, 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?

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

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### Reading

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<th>Independent</th>
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<th>Needs Moderate Support</th>
<th>Dependent on Teacher</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Decoding</td>
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<td>Reading Fluency</td>
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<td>Reading Comprehension</td>
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### Writing

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<th>Needs Moderate Support</th>
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<tbody>
<tr>
<td>Handwriting</td>
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<td>Spelling</td>
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<td>Creative Writing</td>
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### Math

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<th>Needs Moderate Support</th>
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<td>Calculation/Operations</td>
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<td>Counting</td>
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<td>Addition</td>
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<td>Subtraction</td>
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<td>Fact Fluency</td>
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<td>Concepts</td>
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<td>Number Sense</td>
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<td>Geometry</td>
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<td>Measurement</td>
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<td>Algebra/Patterns</td>
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<td>Time/Money</td>
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Please comment on student’s overall academic performance.

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### Social/Behavioral

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<th>Independent</th>
<th>Needs Minimal Support</th>
<th>Needs Moderate Support</th>
<th>Dependent on Teacher</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Interacts well with teachers</td>
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<tr>
<td>Interacts well with classmates</td>
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<td>Demonstrates appropriate classroom behavior</td>
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<td>Behaves appropriately during unstructured time</td>
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<td>Demonstrates positive attitude</td>
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Please comment on student’s overall daily social/behavioral interactions.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature __________________________________________ Date __________________________

Mail to: Ready, Set, GO! Camp • Riverside School • 2110 McRae Road • North Chesterfield, VA 23235