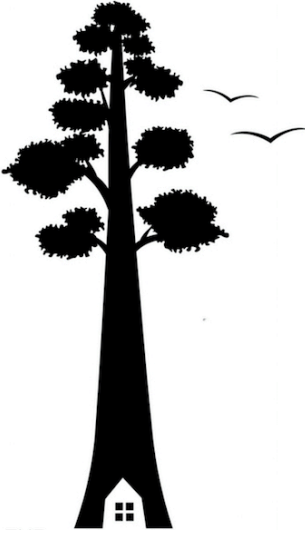


# Summer Buddies 2025 Social Language Camp - New Campers

Application Form



## How to apply:

1. Complete Summer Buddies Application Form
2. Email completed form to [sara@svschoolhouse.com](mailto:sara@svschoolhouse.com)
3. PayPal \$25 Application fee via Venmo to @summer-buddies OR send check to SV Schoolhouse 1438 38th Ave SF CA 94122
4. Receive email confirming submission within 24 hours of paying application fee

Thank you for your interest in our 2024 Summer Buddies Camp programs!

We are so excited to provide an intensive summer program focusing on social language and academics, as well as friendship building skills. Our programs focus on the unique language needs of each camper and provides multiple opportunities to reinforce communication in conversation and play. Daily practice skills include turn taking, eye contact, reciprocal conversation, complimenting & commenting, coping strategies & more! Space is very limited in this unique program and we are eager to create a group of students with complementary skills.

We will follow up with any additional questions before notifying you on the status of your application.

Thank you!

## CAMP DATES + COST

**Session 1:**  
**June 9th- June 27th**

**Session 2:**  
**July 7th- July 25th**

**Session 3:**  
**July 28th - August 15th**

**All sessions are 3 weeks**  
**\$3,150 full-time 9am-3pm**  
**\$1,575 part-time 9am-12pm**

**\*\* price will increase \*\***  
**\$3,550 / \$1,775 on 4/1/2025**

## Identifying and Family Information

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address:  
\_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address:  
\_\_\_\_\_

Pediatrician: \_\_\_\_\_

Pediatrician Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Teacher Email: \_\_\_\_\_

Does your child receive special education services?  Yes  No If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Do we have permission to communicate with your child's teacher?  Yes  No

## Family History

Is there a language other than English spoken at home?  Yes  No If yes, what language? \_\_\_\_\_

Does your child speak the language?  Yes  No

Does your child understand the language?  Yes  No

What is the primary language used with your child? \_\_\_\_\_

## Child's Medical History

Does your child have any medically diagnosed conditions?  Yes  No If yes, please describe: \_\_\_\_\_

Has your child had any surgeries, accidents, or hospitalizations?  Yes  No If yes, please describe: \_\_\_\_\_

Are there any medications your child takes regularly?  Yes  No If yes, please list: \_\_\_\_\_

Does your child have any known allergies?  Yes  No If yes, please describe: \_\_\_\_\_

Does your child have any food allergy/intolerance, special diet, or dietary restrictions: \_\_\_\_\_

In case of an emergency where food has been ingested, what course of action should The Sequoia Village Schoolhouse take? \_\_\_\_\_

Have there ever been any feeding problems (e.g., trouble swallowing, sucking, chewing, or excessive drooling)?  Yes  No If yes, please describe:

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Is your child currently being treated by any of the following?

Please check all that apply:

- Occupational Therapist  Physical Therapist  Neurologist  Developmental Therapist  
 Speech and Language Pathologist  Psychologist  Other: \_\_\_\_\_

Is there anything else we should know about your child's medical history?

- Yes  No If yes, please explain: \_\_\_\_\_

How did you hear about Summer Buddies camp? \_\_\_\_\_

### **Developmental History**

Does Your Child:

- Feed self:  Yes  No  
Dress self:  Yes  No  
Grasped crayon/pencil:  Yes  No  
Complete toileting independently:  Yes  No  
Have difficulty sleeping:  Yes  No  
Have picky eating habits:  Yes  No

## Speech and Language History

Please list any concerns regarding your child's speech and/or language development:

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Has your child ever received a speech/language evaluation?  Yes  No

Date \_\_\_\_\_

Has your child received speech/language therapy previously?  Yes  No If yes, please describe when, where, and for how long? \_\_\_\_\_

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How does your child communicate? Please check all that apply:

- Gestures/Body Language       Sounds       Single Words
- Short Phrases       Sentences 2-4 words       Sentences over 4 words
- Other: \_\_\_\_\_

Is your child aware of, or frustrated by, any speech/language difficulties?

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**Does your child:**

- Repeat sounds, words, or phrases?  Yes  No
- Point to common objects upon request?  Yes  No
- Greet people using words?  Yes  No
- Ask questions?  Yes  No
- Follow simple directions (i.e. "Shut the door", "Get your shoes")  Yes  No
- Respond to yes/no questions?  Yes  No
- Respond correctly to who/what/where/when/why questions?  Yes  No
- Enjoy playing with toys?  Yes  No
- Enjoy playing with peers?  Yes  No

**Behavioral Characteristics:**

Check all boxes that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> cooperative                   | <input type="checkbox"/> poor eye contact                  |
| <input type="checkbox"/> attentive                     | <input type="checkbox"/> easily distracted/short attention |
| <input type="checkbox"/> willing to try new activities | <input type="checkbox"/> aggressive                        |
| <input type="checkbox"/> separation difficulties       | <input type="checkbox"/> outgoing                          |
| <input type="checkbox"/> easily frustrated             | <input type="checkbox"/> withdrawn                         |
| <input type="checkbox"/> impulsive                     | <input type="checkbox"/> inappropriate behavior            |
| <input type="checkbox"/> restless                      | <input type="checkbox"/> self-abusive behavior             |
| <input type="checkbox"/> friendly                      | <input type="checkbox"/> active                            |
| <input type="checkbox"/> elopement (running away)      |  |

## Scheduling

### We would like to sign up for:

Check all boxes that apply.

- Session 1 : June 10 - June 28
- Session 2: July 8 - July 26
- Session 3 : July 29 - August 16

Will you be sending ABA or other support to camp with your child? \_\_\_\_\_

If yes, what days/times will they be attending? \_\_\_\_\_

Name of ABA provider/company: \_\_\_\_\_

### Pick up Authorization

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation to student: \_\_\_\_\_

### Emergency Info

Insurance Provider: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician phone number: \_\_\_\_\_

Emergency Contact Name (other than primary care giver): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Media Release**

I authorize the recording, videotaping and/or photographing of my child for internal use (camp newsletters sent to parents each session): YES / NO

I authorize the recording, videotaping and/or photographing of my child for promotional marketing (website, brochures, social media etc.) YES / NO

**Additional notes:**

Please send a spare set of clothing to be kept at school for the duration of camp, a lunch, snack and water bottle daily.

\*Please upload or include **a recent photo of your child** (for internal use only: labeling cubby etc.)

Thank you!!

**Personal Response**

What about Summer Buddies best matches the needs of your child?

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What are your hopes for your child's experience at Summer Buddies?

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What are your child's interests and skills?

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What information about your child should we know for them to be successful in our camp?

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Additional Comments:

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**Interest Survey:**

Would you be interested in seasonal 1-week camp sessions during Winter/Spring break for the 2025/2026 school year? YES/NO

Would you be interested in an after-school social group for Fall 2025? YES/NO

If yes, what time does your child get out of school? \_\_\_\_\_

Would you be interested in a SATURDAY social group for Fall 2025? YES/NO

## Payment and Refund Policy

*I understand a 25% deposit is required at the time of registration to secure my child's place in the camp program. The deposit will be applied and deducted from the total payment amount. I understand my child's placement is not reserved until the 25% deposit is received. I understand if we choose not to move forward with the camp program, the 25% deposit will not be returned.*

I understand that the Sequoia Village Schoolhouse will not be responsible or legally liable for any payment refund or for any loss, costs or damages for any delay or failure of its performance under this agreement, including any changes in programming, cancellation or other alteration, resulting from an act of God or other condition beyond its control. Conditions include but are not limited to: fire or other natural disaster, war, violence or terrorism, infectious disease epidemic, pandemic, governmental restrictions or other disruptive major event. In the event that Sequoia Village Schoolhouse needs to suspend or alter its operations, Sequoia Village will make every attempt to find an alternative location or alternative dates and is under no obligation to refund any portion of the tuition paid.

Payment is required as outlined in the payment plan, regardless of the number of days of attendance. For families who wish to withdraw from the Summer Buddies camp program 10 business days prior to the first day of camp, all payments made (less the 25% deposit) will be returned via check. For families who wish to withdraw after camp has begun, or less than 10 business days prior to the first day of camp, no refunds will be given.

I understand that Sequoia Village Schoolhouse reserves the right to terminate enrollment for any student, for any reason, at any time.

*I/We have read this agreement and expressly acknowledge The Sequoia Village Schoolhouse Payment Policy and are in agreement with all terms outlined in this agreement.*

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Payment

*All payments are due in full by 10 business days before the first day of camp. Failure to complete payment prior to 10 business days before the first day of camp will result in releasing your child's reserved placement in the camp program. Families enrolling within 10 business days prior to the start of camp will be required to make payment in full upon registration to reserve their child's placement.*

There are three options to make payments:

### **1. Venmo\* (@Summer-Buddies) 4 digit confirmation #8511**

Any fees for this electronic service are paid by the family

### **2. Check made payable to:**

Sequoia Village Schoolhouse

1438 38th Ave SF CA 94122

Checks returned for non-sufficient funds will be charged \$50.

### **3. Cash**

**\*\* Families may request an FSA eligible receipt upon full payment**

Thank you for choosing Sequoia Village Schoolhouse! While we understand that the cost of tuition impacts each and every family, there is no better investment in your child's future. We are proud to partner with you in educating your child and we appreciate the sacrifices made each day to give your student an opportunity to grow and thrive in our small group learning environment.

See you at camp!!

-Sara