



2011- 2012 APPLICATION VOC CLUB and Saturday Program

For New
students-
Attach
Photo
Here

Date of Application: _____

Has child attended a Variety's Program before? Yes No

If yes, what program and what years? _____

Applying for:

Afterschool Vocational Club

Tuesdays/ Thursdays

Tuesdays only

Thursdays only

Saturday Arts Program

Fall Session - Application Deadline- Sept. 24, 2011
10/1/11- 12/3/11 (10 consecutive weeks)

Spring Session- Application Deadline- March 14, 2011
3/3/12-5/5/12 (10 consecutive weeks)

Child Information *****

Child's Name: _____ DOB: _____ AGE: _____
(Last) (First)

Address: _____
Street City State Zip

Home Phone: _____

Child's Gender: M / F (please circle)

Child Lives with: Mother/ Father / Grandparent / Foster Parent/ Other _____

Parent/Caregiver Name (s) _____

Please note any custody information _____

Alternate Phone contact numbers (cell) _____ (Parent) _____
(work) _____ (Parent) _____
(cell) _____ (Parent) _____
(work) _____ (Parent) _____

E-Mail Address : _____ (required field)

Educational Information

School District: _____ School Name _____

Classroom Type: Learning Support Emotional Support Multiple-Handicapped Autistic Support
 Life Skills Regular Education Other: _____

Grade level: (if applicable) _____

Student Update*****

Please tell us briefly about your student/or update us on anything that's new: _____

What are his/her likes and dislikes: _____

For new students: **Primary Disability/ Diagnosis:** _____
 Other Diagnoses: _____

Sensory Information: (for New Students)

YES NO
 Visual Impairment If YES, please specify _____
 Does child wear corrective lenses? _____
 Hearing Impairment If YES, is a hearing aide used? yes no

Please give us more specific information, as needed _____

Communication: (for New Students)

YES NO
 Communicates wants and needs verbally _____
 Communicates with assistance. If YES, please indicate which form of communication is used: _____
 Understands most of what is said to him/her
 Understands simple directives only

Please give us more specific information, as needed _____

Mobility: (for New Students)

YES NO
 Ambulatory If No, please let us know what assistance/equipment is used for ambulation: _____

Self-Care Information*****

Toileting Routines: (for New Students)

YES NO
 Has Bladder and Bowel control Comments _____
 Has accidents If YES, when are they typically? _____
 Wears diapers how often need to be changed? _____

- Generally goes to the bathroom with simple reminders.
- Has a Toileting Program? IF YES, please explain/include a copy: _____

- Able to dress self independently after toileting
 If NO, please complete: Needs supervision/minor adjustments only
 Dependent
 Requires assistance. Please specify type of assistance and amount needed.

Behavior: (all students)

YES NO

- Are there behavioral issues or any changes in behavior about which we should be aware? _____

- Has your student's status with behavioral health services changed? (Does he/she now have a TSS worker, a mobile therapist, etc? Or have services decreased or ceased? _____

Eating Skills: (Saturday Program--all students)

Please let us know what assistance your student may need with their bagged lunch? _____

(ALL STUDENTS) -FOOD ALLERGIES: Please list any food allergies of which we should be aware.

Parent/Caregiver Signature: _____

Parent's Signature is Also Required For Each Item Below to Indicate Parental Consent

Obtaining Emergency Medical Care _____

Releasing medical information in an emergency _____

Walks on Property _____

Transportation By The Facility _____

Administration of Minor First Aid Procedures _____

Consent to Photograph _____ -



Variety Club Camp and Developmental Center
 2950 Potshop Road, P.O. Box 609, Worcester, PA
 19490

Phone: (610)584-4366 Fax: (610)584-5586

Behavior Management Policy- Arts and VOC CLUB

Variety Club strives to provide a comprehensive program experience in a safe and secure setting. In order to serve all children fairly and equally, certain behaviors are unacceptable in our program setting. Such behaviors consist of:

- ❖ Hitting another child or staff
- ❖ Biting another child or staff
- ❖ Running off from group settings
- ❖ Self-injurious behaviors
- ❖ Needing continuous one on one supervision
 (Students needing a 1:1 should make arrangements prior to program with the Child MH System)
- ❖ Continuous foul language
- ❖ Continuous non-participation in planned activities
- ❖ Other behaviors which continuously interrupt program routine and interfere with the overall participation of other students.

All Staff are responsible for implementing positive behavior management procedures. Staff are not trained in physical intervention, nor is the program able to provide one-on-one supervision for any participant.

Behavior Management Procedures:

1. Upon incident of misbehavior, staff will correct behavior by implementing positive approaches and redirection, discussion and other techniques. If a behavior management plan has been submitted to the program for your child, we will follow the recommendations to the best of our ability.
2. If behavior is recurring, staff /director will alert parent/guardian at the end of the day for suggestions/ recommendations.
3. If behavior continues during subsequent program days, the parent/guardian may be contacted by the Director for discussion and behavior management planning.
4. If behavior remains and is serious enough to cause potential harm to the child or others, the child will permanently be removed from the program.

Student's Name: _____

Date: _____

Parent/Guardian Signature: _____



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VOC CLUB and Saturday Arts Program Transportation Form

Child's Name _____ Date _____

Saturday Arts Program Pick-up (by 3:00)

VOC CLUB Pick-up (by 6:00)

I will pick up my child from Variety Club.

Parent/ Guardian Name _____

I will pick up my child from Variety Club.

Parent/ Guardian Name _____

The following people have my permission to pick up my child. (must have photo ID)

| | Name | Relationship | Phone No. |
|----|-------|--------------|-----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Parent/Guardian Signature: _____

Date: _____



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Saturdayand VOC CLUB Program Medication Administration Form

Variety- The Children's Charity, Saturday Program does not employ nursing staff as part of the Program. Under state law, no uncertified or unlicensed employee may dispense any type of medication (including prescription or over-the-counter medications) to any child during the Saturday Program.

I, as the parent/guardian of a child currently enrolled in the Saturday Program, have read and understand the above information.

Child's Name _____

Parent/Guardian Signature _____

Date _____

De-Escalation Tool Form

Student name: _____ Date: _____

Please fill out the following sections of this form. By filling each section out, it will help our staff better understand your child. Thank you.

Triggers: *What makes your child upset, angry, anxious, and/or overwhelmed?*

- | | |
|---|---|
| <input type="checkbox"/> Being Touched | <input type="checkbox"/> Being forced to do something |
| <input type="checkbox"/> Encroachment of personal Space | <input type="checkbox"/> Physical Force |
| <input type="checkbox"/> Yelling | <input type="checkbox"/> Being isolated |
| <input type="checkbox"/> Loud Noises | <input type="checkbox"/> Some lying to them |
| <input type="checkbox"/> Contact with person who is upsetting | <input type="checkbox"/> Being threatened |
| <input type="checkbox"/> Called names or made fun of | <input type="checkbox"/> Other: _____ |

Warning Signs: *What are some warning signs your child exhibits when frustrated or in distress?*

- | | |
|--|---|
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Throwing Objects |
| <input type="checkbox"/> Not taking care of self | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Yelling | <input type="checkbox"/> Running |
| <input type="checkbox"/> Swearing | <input type="checkbox"/> Hurting others |
| <input type="checkbox"/> Pacing | <input type="checkbox"/> Not Eating |
| <input type="checkbox"/> Being Rude | <input type="checkbox"/> Not Talking |
| <input type="checkbox"/> Clenching Teeth | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Breathing Hard | |
| <input type="checkbox"/> Clenching Fists | |

Calming Strategies: *What is helpful for your child to calm down?*

- | | |
|--|--|
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Pacing the halls |
| <input type="checkbox"/> Reading a book | <input type="checkbox"/> Having a drink of water |
| <input type="checkbox"/> Wrapping in a blanket | <input type="checkbox"/> Dark room (dimmed lights) |
| <input type="checkbox"/> Writing a journal | <input type="checkbox"/> Hugging a stuffed animal |
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Doing artwork |
| <input type="checkbox"/> Talking to staff | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Talking with peers | |
| <input type="checkbox"/> Calling a family member | |
| <input type="checkbox"/> Time alone | |
| <input type="checkbox"/> Going for a walk with staff | |

Comments: _____

