ABILITIESFIRST Potential Made Possible SUMPOSE SUMPOSE

Join us for three fun-filled camps in 2025!

MAY 12 – JULY 30, 2025

4710 Timber Trail Drive, Middletown, OH 45044







www.abilitiesfirst.org | 513-423-9496

Scan the QR code for our summer camp website!

MACJOURNE



SUMMER CAMPS

Our new summer camp experience is fun and structured for all children ages 3-9, and inclusive for children with autism and differing abilities! Each camp is \$1,200. There are discounts if you purchase 2 or all 3 camps. Check out our Early Bird Payment Plans and Family Funding Ideas. Partial scholarships MAY be available. Learn more on our website!

Deposits are required to hold a space unless you are enrolled in our Early Bird Payment Plan. We offer a \$200 multi-child discount for each additional child in the immediate family off the total balance.





MAY 12 – JUNE 4, 2025 9AM – 3PM

The Sensory Safari is the perfect place for

your child to explore all five senses!

Activities planned for Sensory Safari include:

- 4H large animal visit
- Treat Tuesdays
- Bear hunt
- Parent accompanied field trip
- Farm petting zoo
- Penguins
- And more!



Masterpiece Makers

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JUNE 9 – JULY 1, 2025 9AM – 3PM

Get your paintbrushes ready for an art-tastic

camp experience! Activities planned for

Masterpiece Makers include:

- Visit from art studio instructors
- Colorful water day/Tie-Dye Shirts
- Greg's Funny Business puppet show
- Parent accompanied field trip
- Making instruments
- Face painting day
- And more! Scan the QR code for our summer camp website!



JULY 7 – JULY 30, 2025 9AM – 3PM

BILITIESFIRST

ICJOURNE

Stomp on down to the most dino-filled camp

of the summer! Activities planned for

Jurassic Journey include:

Catch the dino

TUITUIT

- Egg hunt
- Treat Tuesdays
- Parent accompanied field trip
- Mud water day
- Reptile petting zoo
- And more!





AUTISM LEARNING CENTER

Our Autism Learning Center provides continuity of routines for children already attending a school program during the year, and an initial introduction to a structured school environment for those not currently enrolled in a program. The focus will be on maintaining and developing constructive and imaginary play, following a visual schedule, and addressing sensory needs, peer interaction, social skills, positive behaviors, communication and motor skills, all while enjoying many fun summertime activities. The teachers will incorporate their knowledge of therapeutic and behavioral learning in the natural environment.





EARLY CHILDHOOD LEARNING CENTER

Our year-round Early Childhood Learning Center (ECLC) enrolls children who are developing typically and those who have differing abilities. Children learn alongside one another and develop caring relationships with teachers, staff and peers. Serving children from 6 weeks old through 10 years, the ECLC is inclusive and Gold-Rated by Step Up to Quality; it has onsite therapy, special education supports, and participates in Success by Six.

> Spots are very limited. Contact Abilities First for availability! 513-423-9496 x226 intake@abilitiesfirst.org





Abilities First 2025 Inclusive Summer Camp Application Form

Child's Name:	MaleFemale Date of Birth:
Address:	
City:Sta	ate: Zip: County:
Parent/Guardian:	
Main Phone:	Work Phone:
Alt Phone:	E-mail:
How did you find out about Abilities First?	
What do we need to know about your child (di	iagnosis, behaviors, allergies, etc):
I am interested in the following for my child: (c	
Summer Camp	Other Abilities First Programs
□ Sensory Safari (May 12-June 4) □ Masterpiece Makers (June 9-July 1) □ Jurassic Journey (July 7-July 30)	□ I'd like my child evaluated for Therapy (OT, PT, Speech) □ I'd like to apply for Before and/or After Childcare in ECLC
Each child will have an in-person evalu	uation to determine fit, support, levels and goals for the summer
Current IFSP, IEP and/or evaluation? $^{\Box}$ Ye	'es \Box No (If yes, we will need a copy for our records.)
Does your child currently receive therapy?: \Box Pl	Physical Occupational IISpeech-Language
Is your child a current or former ALC Student?: \square Ye	′es ^[] No
Does your child have a ASD or GDD diagnosis?: $\ \Box$ $_{ m Ye}$	′es [□] No
Physician's Name:	
Does your child have a physician's referral for a Please indicate: IIPhysical IOccupati	
Please list all related medical diagnoses:	
Please respon	nd quickly, as enrollment is limited!
Application form can be mailed to: Abilities Firs 4710 Timber Middletowr	
If you have any questions: Cal	ll: 513-423-9496 Ext. 226 Email intake@abilitiesfirst.org
This application must be turned into Ab	bilities First at least 2 weeks before the start of Camp.