Abilities First 2026 Inclusive Summer Camp Application Form

Child's Name: _____Male _____ Female _____ Date of Birth: _____

Address: _____

City: _____ State: _____ 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 (diagnosis, behaviors, allergies, etc): _____

_____

_____

I am interested in the following for my child: (check all that apply)

Summer Camp

- ☐ Where The Wild Things Are (May26-June 15)
- ☐ Buggin' Out (June 22- July 13)
- ☐ Under the Sea (July 20 - Aug 7)

T-Shirt Size _____

Other Abilities First Programs

Are you interested in Therapy services? ☐ Yes ☐ No

Check all that apply: ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy

☐ I'd like to learn more about the Autism Learning Center this fall

Each child will have an in-person evaluation to determine fit, support, levels and goals for the summer

Current IFSP, IEP and/or evaluation? ☐ Yes ☐ No (If yes, we will need a copy for our records.)

Does your child currently receive therapy?: ☐ Physical ☐ Occupational ☐ Speech-Language

Is your child a current or former ALC Student?: ☐ Yes ☐ No

Does your child have a ASD or GDD diagnosis?: ☐ Yes ☐ No

Physician's Name: _____

Does your child have a physician's referral for any of the following therapies?
Please indicate: ☐ Physical ☐ Occupational ☐ Speech Language

Please list all related medical diagnoses:

_____

Please respond quickly, as enrollment is limited!

Application form can be **mailed** to: Abilities First Intake
4710 Timber Trail Drive
Middletown OH 45044

Emailed to: Intake@abilitiesfirst.org
(not HIPAA secure)
Faxed to: 513-727-3806

If you have any questions: Call: **513-423-9496 Ext. 226** **Email intake@abilitiesfirst.org**

This application must be turned into Abilities First at least 2 weeks before the start of Camp.