# • ITS SUMMER CAMPS•

Integrated Therapy Services has designed Summer Camps for young children with language, motor planning, sensory integration, social, feeding, cognitive and learning challenges. Although chronological age is used as a guideline, we also consider the developmental age and needs of the child when determining camp placement. Registration for children without special needs will be considered once priority is given to those with therapy goals.

Classes will focus on skills related to:

- Self-regulation and sensory processing
- Visual-spatial processing
- Motor-planning
- Abstract thinking, problem solving and sequencing
- Socialization and interaction
- Language and Cognition
- Play skills
- Motor planning
- Perspective-taking



Groups will meet rain or shine!

#### **CONTACT:**

**Integrated Therapy Services** 

102 N Jackson, Newton, IL 62448

(630)346-7411, jasperoutreach@gmail.com

#### **DEADLINE:**

Register by Wednesday, June 5.

Payment due upon registration.

Checks made payable to ITS.

#### Camp Lot-O-Fun (Ages 3–5)

June 11, 13, 18, 20 (9-11am)

Cost: \$200 per child (\$150 for additional siblings)

Introduce your kids to camping with this fun-filled twoweek social group. This class will be led by a special education teacher, with consultation from a speechlanguage pathologist. Lessons will focus on vocabulary and skills related to camping. Learn to set up camp, cook, explore and fish with friends.

Parents will provide transportation to local campsites as specified on the first day of camp.



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## Lights! Camera! Action!(Ages 8-13)

July 10, 17, 24, 31 (9-11am)

Cost: \$200 per child

Create a real movie from scratch! Learn how to write a script, act, and edit a movie with a group of peers. This camp is intended to provide a real social experience using media. Not your typical "social skills group", Lights! Camera! Action! is intended to provide children with the opportunity for theme-based abstract thinking with lots of



opportunity for critical thinking. A Speech-Language Pathologist will facilitate (not direct) the children involved, which will allow for a more natural learning experience. A preview party will be held at the end of the summer to present our masterpiece!

This camp will be held at Integrated Therapy Services unless filming takes us on location. In which case, parents will be responsible for transporting the director, film crew and actors to various locations around Newton.

# OUTDOOR ADVENTURES (Ages

August 7, 14, 21, 28 (9-11am)

Cost: \$150 per child

A speech-language pathologist leads this fun-filled, small group experience for children. The program runs for four weeks. Sessions are held outdoors and will

Local parks visited may include: Peterson Park, Sam Parr State Park, and Prairie Ridge State Natural Area (subject to change). Parents will provide transportation to the selected park.



Your camp leader will contact you prior to the start of each group in order to gather information relevant to the planning of each session (e.g., allergies, medications, language abilities, motor abilities, goals etc...)

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Directions: A registration form must be received for EACH child registering. Duplicate this form as needed. Mailing information is included below.

Camper Information							
Camper Name	Date of Birth		Age (as of 6/1/13)				
Parent(s)/Guardian Name							
Street Address	Apt#		City	S	State	Zip	
()		_()_					
Home Phone		Alt. Phone		Email			
Emergency Contact		Phone Relation to Camper					

Choose Your Camp				
Camp Lot-O-Fun June 11, 13, 18, 20 9-11am	Lights! Camera! Action! July 10, 17, 24, 31 9-11am	Outdoor Adventures August 7, 14, 21, 28 9-11am		

Payment				
Method	Check #/ Transaction #	Date	Amount	
Check / Card / Cash				

ITS accepts cash, personal checks payable to Integrated Therapy Services, Visa, MasterCard, Discover & American Express credit cards as well as HSA cards (as applicable) as payment. There is a 3% processing fee for card transactions. The balance must be paid in full by June 1.

RETURN TO INTEGRATED THERAPY SERVICES PO BOX 13, NEWTON, IL 62448.

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### Liability Waiver and Model Release Statement

,	any and all claims for myself and my heirs agains
	ices, and any of its agents or sponsors for any
	or indirectly result from participation in Summer
Camps. In addition, I	, the parent/guardian of
· .	sion for my child to receive emergency medical
treatment. This waiver and release is v	valid from the date of my signature below, and
shall remain effective unless and until n	nodified in writing by the undersigned.
I understand that Integrated Therapy S	ervices (owned by Sarah Weiler) may, from time
•	pers work for educational, documentation and
marketing purposes. I hereby grant Interest	egrated Therapy Services (and Sarah Weiler)
permission to use photographs and (or,	) video material in which my child will appear for
marketing, documentation, and/or mark	keting purposes. [Example: campers may create
and produce a video for presentation.]	I waive any right to inspect or approve the
finished product, including written copy	that may be created in connection therewith. It
is my understanding that such photogra	aphs and (or) video material will be copyrighted
by Sarah Weiler and that no charge or	special compensation is or will be required for
appearances.	
Print Child's Name:	
PARENT OR GUARDIAN MUST REAL	D THE ABOVE AND SIGN THE FOLLOWING:
I am the parent/guardian of the minor n	named above and have the legal authority to
execute the above release and approve	e the foregoing.
Signature:	Date:
Print Name:	
	<del></del>