



Organization of Special Needs Families (OSF)

Tel: (408) 996-0850 Fax: (408) 996-0850

Website: www.osfamilies.org

501(c) (3) Non-Profit

2010 Summer Day Camp

Schedule

Week 1 7/19 – 7/23

Week 2 7/26 – 7/30

Week 3 8/2 – 8/6

Week 4 8/9 - 8/13

Meeting Place

	Monday	Tuesday	Wednesday	Thursday	Friday
	Memorial Park Next to tennis court	Blackberry Farm	Ranch San Antonia Open Space	Cupertino Wilson Park Cupertino Library	YMCA NW Cupertino
Drop-off (9 am) pick-up (3pm)	10185 N. Stelling Cupertino Picnic area Next to Tennis Courts	21979 San Fernando Ave. Cupertino	Cristo Rey Dr. Cupertino Equestrian Parking lot First parking lot to your left after entrance	10298 South Portal Ave Cupertino Cupertino Library 10800 Torre Avenue Cupertino	20803 Alves Dr, Cupertino Playground

Daily Schedule

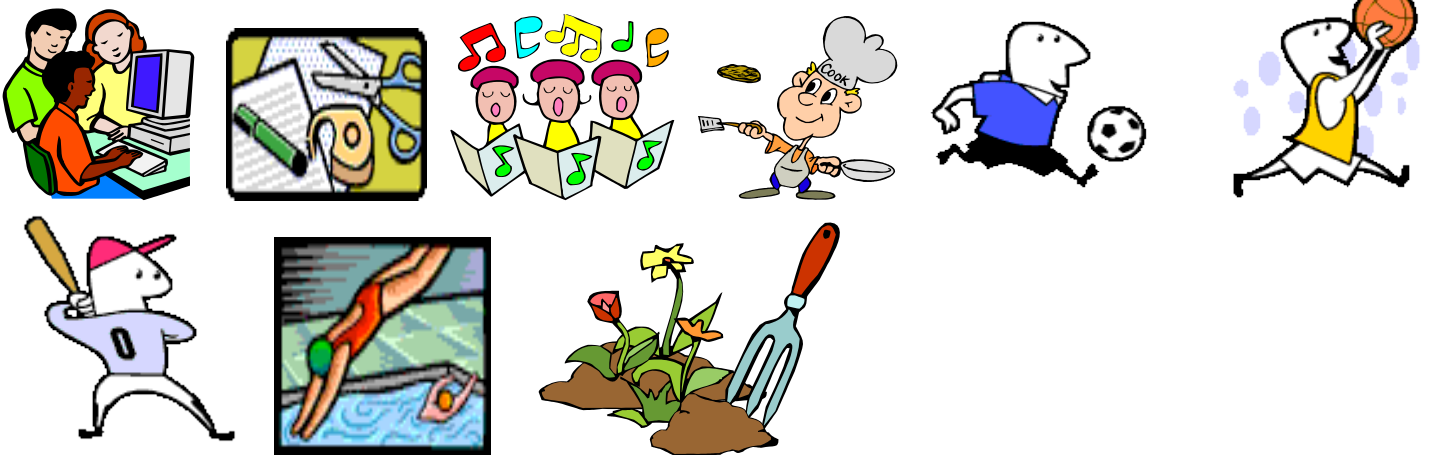
9:00 – 9:30am	Check In/Arts & Crafts
9:30 – 10:30am	Session I
10:30 – 11:30am	Session II
11:30 – 12:30pm	Lunch (own lunch bag)
12:30 – 1:30pm	Session III
1:30 – 2:30pm	Session IV
2:30 – 3:00pm	Check Out

Program Summary

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Check In	Arts and Crafts	Manipulative Fine motor	Stretch	Arts and Crafts	Playground
I	Games	Park/Games	Hiking	Games	Arts and Crafts
II	Park/Games	Swimming	Games Science project	Sports Center	Sports
Lunch	Own lunch bag	Own lunch bag	Own lunch bag	Own lunch bag	Own lunch bag
III	Swimming YMCA	Park/Games	Baby Farm	Cupertino Library Story Time	Swimming
IV	Arts and Crafts	Arts and Crafts	Music Hiking	Cupertino water fountain	Playground

Important Notes:

- *Please pack swimming suit Monday, Tuesday, Thursday & Friday
- *Please be on time for drop-off and pick-up
- *Please pack own lunch everyday



Summer Day Camp & Afternoon Care Registration Form

Student Name: _____

Date: _____ / _____ / _____
Month Day Year

Year: 2010

7/19 – 7/23	7/26 – 7/30	8/2 – 8/6	8/9 – 8/13
Camp \$300 per week, Add \$25 per week for transportation from camp to child care center \$1150 for consecutive 4 weeks			
Afternoon Day care, \$250 per week, \$75 daily			

Enrollment Status: New Continue Return

Note: If you marked New, please also complete the Family Form and Signature Form.

If you are continuing or returning families and your personal information has changed, please let us know.

Parent/Guardian/Sibling Information

Names of Parents/Guardians: _____

Names of Siblings: _____

Children with Special Needs Information

Age: _____ Birthday: _____ Diagnosis: _____

Strength: _____ Weakness: _____ Special Diet: _____

Behavior concerns (please circle all that apply): hitting others kicking others biting others
 pushing others scratching others tantrums inappropriate touching throwing objects
 inappropriate remarks or gestures other _____

How often are these behaviors exhibited: Several times in one hour several times/day
1-3 times/hour 1-3 times/week rarely

Individual Education Plan

My child's learning style (please check all that apply) Visual _____ Auditory _____ Hands-on _____

Subject	Current level	Short term goal
Reading		
Writing		
Communication		
Gross motor		
Fine motor		
Sports		