

Pediatric Physical and Occupational Therapy Services

The Offices of Rosemary White, OTR/L

Phone: (206) 367-5853

Fax (206) 367-9609

E-mail: pedptot@comcast.net

Website: www.pedptot.com

Four Weeks of DIR®/Floortime Summer Camp

Our goal is for the campers to have fun and to develop play skills in rich interactions with peers. Each camper is supported in a way to enable him or her to feel comfortable and successful in the ebb and flow of play with his/her peers.

- The philosophy of the camp is Floortime with the focus on relating and social interaction with peers.
- The camps are four weeks long – three hours per day.

From our experience in past camps, and from parent feedback, we have found that the campers benefit from a longer session as their interactions become richer and stronger.

Site:

Shorecrest High School

15343 25th Ave NE, Shoreline, WA 98155

We have the use of: three portables, four play structures, the track and field, and a grass field.

Dates:

Morning Camp - July 19, 2010 to August 13, 2010

Afternoon Camp – July 19, 2010 to August 13, 2010

Times:

Morning Camp - Monday through Friday 9:00am to 12:00pm

Afternoon Camp – Monday through Friday 1:30pm to 4:30pm

The Camp:

The camp space is set up with a variety of toys such as a dollhouse, home center, cars, trains, dress up, and arts and crafts. During the three-hour camp, there will be: snack time, story time, outside time, and lunch time (bring your own sack lunch). The focus of the camp is for the campers to engage in “free play” with their peers. The role of the staff is to facilitate engagement and interaction between the peers using the DIR/Floortime approach. The camp is not structured in the sense of the therapists and aides teaching skills, rather we facilitate each child’s functional emotional development during spontaneous play.

Staff:

In each camp there will be an occupational therapist from the practice supervising the camp with aides who have been trained in Floortime by Rosemary White, OTR/L. Our aides have worked for the practice in our camps during past summers. In order to provide the most effective camp for your child, we will have staff training before and during the camp.

Parent Support/Training:

There will be a parent evening session twice during the camp to provide you with information on Floortime, how it is integrated into the camp, and how you can bring this into your interactions at home.

Campers New to Pediatric PT & OT:

Campers who are not currently clients in our practice will need to have a one hour individual intake session prior to the camp. At the time of the session we will observe your child’s play and interaction to develop an understanding of your child’s functional emotional development and individual profile so we can best meet his/her needs at the camp. The fee for the individual intake session is \$140. We ask that you please complete and return both the registration form and our intake questionnaire (you can access the questionnaire on our website at www.pedptot.com under New Client Info & Forms.) **We will contact you to schedule the intake session before camp starts.**

Fees: The fee is \$2100 for the four-week camp.

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Floortime Summer Camp Registration Form

Child's Name: _____ Age: _____ DOB: _____

Diagnosis: _____

Parent Name(s): _____

Child's Therapist: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail** (Please note: e-mail is our main source of communication regarding camp):

Goals for my child for this Summer Camp:

Floortime Summer Camp — Please check choice:

- Morning Camp – July 19, 2010 to August 13, 2010 (9:00 am to 12:00 pm)***
- Afternoon Camp – July 19, 2010 to August 13, 2010 (1:30 pm to 4:30 pm)***

We will do our best to schedule your child in the camp that you select, however we strive to match children to have a harmonious camp and hence we may recommend a different time for your child to meet his or her needs. **Please tell us if your child is available to switch from AM/PM (if suggested by Rosemary.)** _____

Method of Payment:

- Check enclosed (payable to Pediatric PT & OT Services)
- Credit Card Visa _____ MasterCard _____ Card #: _____
Name on Card: _____ Exp. Date: _____
Authorizing Signature: _____
Credit Card Billing Address: _____

Fees: The fee is \$2100 for the four-week camp. *Fees are due prior to the first day of camp.*

Please Mail Registration Form to:

Pediatric PT & OT Services
20310 19TH Ave NE
Shoreline, WA 98155

Space is limited, so please complete the registration form as soon as possible if you are interested in this program. Verbal communication with Rosemary, a therapist or the office regarding camp does not guarantee your child is registered for camp.

Please complete and return the registration form to Pediatric PT & OT Services. If you have any questions, please E-mail: pedptot@comcast.net or call (206) 367-5853.

Office Use Only: Check #: _____ Credit Card Used: _____ Amount: \$ _____
Morning Camp _____ Afternoon Camp _____