



Abilities First 2025 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

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 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.