

# CCC (Cool, Confident and Courageous) Kids Camp

## Registration for Summer 2020: August 10-14, 2020, 9am-2pm

The CCC Kids Camp is a day camp experience designed to provide intensive behavioral treatment for youth between the ages of four and thirteen who are diagnosed with selective mutism (SM) or severe social anxiety. Our goal is to support the building of the youth's confidence and success in speaking with individuals outside the home directly prior to the youth's return to school. This is an ideal time point for intervention.

The CCC Kids Camp is a structured experience in which youth participate in a variety of engaging activities including outdoor

sports, arts and crafts, and music. We also simulate typical classroom activities such as circle time, morning meeting, and center work. These activities provide children with hands on practice in verbal participation in a safe, school-like environment. Youth receive rewards for their brave behavior. The camp is led by two psychologists with extensive expertise in the treatment of SM. Those who are interested in participating must first meet 1:1 with one of our leaders to ensure they are a good fit for our program.

Child's Name: \_\_\_\_\_

Grade as of Fall 2020 \_\_\_\_\_ School \_\_\_\_\_ Date of Birth \_\_\_\_\_

- I/we understand that the cost of camp is \$2,500. To reserve a place for my child, a registration fee of \$200 is required. (If camp is cancelled for any reason, the registration fee is refundable.) The balance of \$2300 is due one month prior to camp (July 10, 2020).
  - **For those who register on or before May 1, 2020, the cost of camp is discounted, and the total fee is \$2,300.** To reserve a place for my child, a registration fee of \$200 is required. (If camp is cancelled for any reason, the registration fee is refundable.) The balance of \$2100 is due one month prior to camp (July 10, 2020).

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- I/we understand that fees are not refundable for absences from camp for any reason.
- I/we understand that an intake is required for those that are not current patients (cost: \$307.00). I/we understand that my child must meet the following requirement prior to the start of camp: child talks to at least one therapist in the SM Camp program before camp begins. We agree to complete as many individual therapy sessions as needed to meet this requirement prior to the start of camp. I/we understand that the cost of additional individual therapy sessions is \$215.00 per 45-minute session.

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- I/we understand that to promote the generalization of gains your child makes to the school setting, we strongly recommend that you schedule with us to: 1) provide a training on selective mutism for school staff, and 2) conduct fade-in sessions with your child and their new teacher prior to the start of the school year. These services are separate from camp fees (cost: \$215.00 per session plus travel time).

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- Cancellation Policy: I/we understand that if our child cannot attend the program, we must provide written notification to Dr. O'Brien or the Alvord, Baker Intake Coordinator no later than July 10, 2020 in order to receive a refund, excluding a \$300 non-refundable administrative fee. Cancellations following July 10, 2020 will not be eligible for any refund.

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My/our signature(s) below confirms that I/we understand the policies associated with the Alvord, Baker & Associates, LLC as indicated above and in the Client Services Agreement. I/we also agree that the following information is provided in order to contact me/us concerning our child's participation in group.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent Name (1): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name (2): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Office Use Only:			
		Check #	Amount
TH			
XL			
CONF			