



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Spencer Family YMCA CAMP A.I.M.

2026 REGISTRATION PACKET

Program Dates: June 15, 2026 through July 16, 2026

Program Times: 9:00am-1:00pm, Monday - Thursday

PLEASE COMPLETE ALL SECTIONS

REGISTRATION DEADLINE – May 1, 2026

***Any applications received after this date will
automatically be placed on a wait list**

PLEASE RETURN COMPLETED PACKETS TO:

campaiminfo@gmail.com

OR

Spencer Family YMCA (South Hills)- Camp AIM
P.O. Box 578
Ingomar, PA 15127

Contact Information:

Address: Camp A.I.M., P.O. Box 578, Ingomar, PA 15127

Email: campaiminfo@gmail.com

Phone: Julie Blanc, Camp Director (412) 680-1384

Tracy Herron, Transportation/Behavior Support Coordinator (412) 722-6322

Annemarie Bunch, Unit Director (570) 854-3676

CAMP A.I.M. PROFILE

Our Campers:

Our campers are children and young adults with special needs, ranging in age from 5 to 21, who need physical support, have communication/social/sensory needs, have cognitive deficits and/or have emotional and behavioral challenges.

Learning/Autistic Support/Life Skills: Ages 5 - 21

Emotional Support: Ages 5 - 12

Camp Location:

Camp A.I.M. is held at Carlynton High School, which is part of the Carlynton School Dist.

Carlynton High School
435 Kings Highway.
Carnegie, PA 15106

Sessions/Costs:

Camp A.I.M is composed of two sessions, taking place **Monday – Thursday** from **9:00 am to 1:00 pm**.

Session 1: June 15 –July 1

Camper Fee: \$2,150

Session 2: July 6- July 16

Camper Fee: \$1,500

Discounted Cost for attending all sessions: \$3,150

Transportation Fee(s): Range of Fee: \$800+ per session (this optional service is limited and based upon distance/ vehicle availability/actual costs)

There is a cost for transportation for some children. *Children who are transported to Camp by their school district or brought to Camp by their parents incur no additional transportation fee. Many school districts offer transportation to Camp AIM at no cost to parents. If a family/school district wishes Camp AIM to transport, the service is limited and will involve an additional cost that will depend upon distance/vehicle availability/actual cost of transportation. The fee will start at \$800 per session.* Parents should contact the Special Education department of their school district and check on transportation arrangements.

Responsibility for Payment:

Many school districts pay all of the costs of Camp. ESY services are covered by school districts. If you are unsure whether your school district will pay for Camp AIM, it is your responsibility to contact the school district to gain this information. Campers may also come via County Services, outside funding, or parent funding

Camp A.I.M. Staff

The magic of Camp A.I.M. begins with its Staff. The Camp A.I.M. Administrative Staff averages more than 22 years of tenure at Camp A.I.M. and all are greatly experienced with high credentials in special education. In addition, Camp A.I.M. boasts of a very low staff to camper ratio with dedicated counselors who are mostly teachers and college men and women with an interest and commitment to careers in education and special education.

***PLEASE NOTE THAT CAMP AIM DOES NOT PROVIDE LUNCHES. PLEASE SEND A LUNCH EACH DAY FOR YOUR CHILD.**

CAMP A.I.M. REGISTRATION – *PART I. Camper Profile*

CAMPER'S NAME: _____
LAST NAME FIRST NAME

AGE (ON JUNE 15, 2026): _____ **DATE OF BIRTH:** _____ **GENDER:** M F

CAMPER'S ADDRESS: _____
STREET ADDRESS

CITY STATE ZIP

Is this the location of the camper's pick up and drop off? ☐ Yes ☐ No ☐ Undetermined

PRIMARY CONTACT:

LAST NAME FIRST NAME PRIMARY PHONE # EMAIL

SECONDARY CONTACT:

LAST NAME FIRST NAME PRIMARY PHONE # EMAIL

EMERGENCY CONTACT (DIFFERENT FROM PRIMARY):

LAST NAME FIRST NAME PRIMARY PHONE #

Camper T-Shirt Size: Youth: Small Medium Large
Adult: Small Medium Large Extra Large

HOME SCHOOL DISTRICT: _____

SCHOOL WHERE CHILD ATTENDS: _____

SCHOOL DISTRICT CONTACT: _____

TYPE OF CLASSROOM: LEARNING SUPPORT NAME EMOTIONAL SUPPORT PHONE NUMBER
LIFE SKILLS SUPPORT
AUTISTIC SUPPORT OTHER: _____

Staff to Student Ratio in Primary Classroom _____

Student has 1:1 Support at any point during the school day YES NO
(Please note that Camp AIM does NOT provide 1:1 support)

CAMP A.I.M. REGISTRATION – *PART II. TRANSPORTATION/BILLING*

CAMPER'S NAME _____
(PLEASE CHECK ALL THAT APPLY)

TRANSPORTATION ARRANGEMENT:

- ☐ PARENT OR GUARDIAN WILL TRANSPORT
- ☐ SCHOOL DISTRICT WILL TRANSPORT
- ☐ REQUEST THAT CAMP AIM PROVIDE TRANSPORTATION
- ☐ PLEASE CONTACT ME TO DISCUSS TRANSPORTATION

ENROLL MY CHILD FOR:

- | | |
|--|--------------------|
| <input type="checkbox"/> SESSION ONE (6/15- 7/1) | \$2,150 CAMPER FEE |
| <input type="checkbox"/> SESSION TWO (7/6 – 7/16) | \$1,500 CAMPER FEE |
| <input type="checkbox"/> BOTH SESSIONS (6/15-7/16) | \$3,150 CAMPER FEE |

CAMPER SUPPORT:

- ☐ MY CHILD WILL ATTEND CAMP WITH A SUPPORT PERSONNEL
- ☐ MY CHILD WILL **NOT** ATTEND CAMP WITH A SUPPORT PERSONNEL

EXTENDED SCHOOL YEAR *IEP GOALS MUST BE SENT BY JUNE 1ST:

- ☐ MY CHILD WILL RECEIVE ESY SERVICES AT CAMP A.I.M.
- ☐ MY CHILD WILL **NOT** RECEIVE ESY SERVICES AT CAMP A.I.M.

PARTY RESPONSIBLE FOR PAYMENT:

☐ School District: The district is aware that they will be billed for camp attendance

☐ Achieva Grant

☐ County Services

☐ Parent

☐ Other _____

Billing questions, please contact Samantha Coulter at campaiminfo@gmail.com

CAMP A.I.M. REGISTRATION – *PART III. MEDICAL/ACTIVITY RELEASE*

CAMPER'S NAME (applies to all releases below): _____

MEDICAL AND ACTIVITY RELEASES - Please INITIAL each release

_____ In the event that I cannot be reached **IN AN EMERGENCY**, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named here:

_____ I hereby permit the YMCA Camp AIM **to release information** regarding my child's progress in camp and information supplied by me on the camp registration form. This information will be given to mental health staff and educational staff upon request. The purpose of providing this information is to ensure continuous and coordinated effort by all professional staff working with your child in a variety of settings.

_____ I hereby give permission for my child to take part in **swimming activities** at Camp AIM.

_____ I give permission for my child to attend camp related **field trips off of camp premises** (prior to each field trip, the counselor will notify parents of destination).

Parent/Guardian Signature

Date

Primary Physician: _____

Physician Phone Number: _____

Primary Physician Recommendations (if applicable):

CAMP A.I.M. REGISTRATION – PART IV. *SUPPORT PERSONNEL*

If your child will be coming to camp with a support personnel from an outside agency, please complete the following:

AGENCY NAME: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF SERVICE:

COMMUNITY SUPPORT ☐

BCBA OR BHT ☐

SCHOOL DISTRICT SUPPORT ☐

OTHER (EXPLAIN) _____

For organizational purposes of including support personnel from outside agencies into the program, we request that you share the following information with your agency and the support personnel before the start of camp:

1. Camp hours for aides/paraprofessionals are 8:50 AM – 1:00 PM. Support Personnel are not permitted to leave camp during these hours.
2. Tennis shoes must be worn at all times. All other clothing should be appropriate for indoor/outdoor camp activities (including swimming, physical education, etc.).
3. Support personnel must participate in all activities with their child and group (including swimming).
4. Support personnel should bring a lunch daily.
5. Camp staff requests a copy of the goals and/or behavior management system that Support personnel will use with their child (to help us integrate our goals with theirs).
6. **Support personnel and related service providers must wear photo identification at all times.** This must include their name, picture, title, and agency.
7. Support personnel and related service providers will be required to sign in and out daily on camp log book.
8. All camp policies (as listed in Staff Manual) must be adhered to by all staff (including support personnel).

CAMP A.I.M. REGISTRATION – PART V. PHOTO/VIDEO RELEASE



YMCA of Greater Pittsburgh PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by **YMCA of Greater Pittsburgh** I hereby give my permission and consent, now and for all time, to **YMCA of Greater Pittsburgh** the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with **YMCA of Greater Pittsburgh** and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at **YMCA of Greater Pittsburgh**, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at **YMCA of Greater Pittsburgh**, I authorize, according to this Release, shall belong to **YMCA of Greater Pittsburgh**, YMCA of the USA and third parties collaborating with **YMCA of Greater Pittsburgh** and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience **YMCA of Greater Pittsburgh**;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience **YMCA of Greater Pittsburgh** will not be subject to any obligation of confidentiality and may be shared with and used by **YMCA of Greater Pittsburgh**, YMCA of the USA and third parties collaborating with **YMCA of Greater Pittsburgh** and/or YMCA of the USA;
- **YMCA of Greater Pittsburgh**, YMCA of the USA and third parties collaborating with **YMCA of Greater Pittsburgh** and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at **YMCA of Greater Pittsburgh**; and
- **YMCA of Greater Pittsburgh**, YMCA of the USA and third parties collaborating with **YMCA of Greater Pittsburgh** and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at **YMCA of Greater Pittsburgh** for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge **YMCA of Greater Pittsburgh**, YMCA of the USA and third parties collaborating with **YMCA of Greater Pittsburgh** and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience **YMCA of Greater Pittsburgh** as described herein.

Signature: _____ Printed Name: _____ Age: _____

I am the Mother/Father/Legal Guardian of _____ (print child's name).
For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____ Date: _____

CAMP A.I.M. REGISTRATION – PART VI. MEDICAL INFORMATION

CAMPER DISABILITY/DIAGNOSIS (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Neurological Impairment |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Language Impairment | <input type="checkbox"/> Pervasive Developmental Delay |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Intellectually Disabled | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Visual Impairment |

Other _____

1. ADAPTIVE EQUIPMENT:

WHEELCHAIR CRUTCHES WALKER ORTHOTICS WALKS WITH ASSISTANCE
BRACES/TYPE _____ OTHER: _____

2. METHOD OF COMMUNICATION:

VERBAL SIGN LANGUAGE COMMUNICATION BOARD INFORMAL GESTURES AAC DEVICE
OTHER: _____

2. FEEDING:

SELF FEEDS NEEDS FOOD CUT HAND OVER HAND TOTAL ASSISTANCE FINGER FOOD
a. Special Utensils: _____
b. Diet Restrictions: _____
OTHER: _____

3. TOILETING:

SELFCARE NEEDS TRANSFERRED TO TOILET WEARS DIAPERS
NEEDS REMINDED/TAKEN EVERY _____ HOUR(S)
OTHER: _____

4. DRESSING:

SELFCARE NEEDS SHOES TIED NEEDS MINIMAL ASSISTANCE NEEDS TOTAL ASSISTANCE
OTHER: _____

5. SEIZURES:

Does your child have any history of seizures? YES NO

History/Frequency/Length of Seizure: _____

6. ALLERGIES:

Please list specifically what your camper is allergic to and the reaction he/she has (such as a rash, watery eyes, runny nose, difficulty breathing, etc.)

MEDICATIONS: _____

Reaction Type: _____

ANIMALS: _____

Reaction Type: _____

PLANTS, POLLENS, DUST: _____

Reaction Type: _____

FOODS _____

Reaction Type: _____

OTHER _____

Reaction Type: _____

Has your camper ever needed an adrenalin (epinephrine) shot to relieve difficulty breathing (anaphylactic shock)? YES NO

7. PRN Medications:

My child may be given oral Tylenol, Motrin, Benadryl, and/or Tums as needed while at camp ☐ YES ☐ NO

Parent Signature _____

8. Daily Medication:

Will your child need to take daily or emergency PRN medication at camp?

☐ YES ☐ NO

Primary Contact for Medication/Emergency Purposes:

Name _____

Phone # _____

If your child is taking medication at Camp A.I.M:

As with medications dispensed in school, we are required to have a doctor's order and parental consent on file for each medication given during camp hours.

To assist in making completion as easy as possible, please follow the directions below;

1. Contact your child's doctor and have **current medication orders** faxed to our camp nurse at **(412) 325-8963**. Our nurse will contact you once your child's orders are received. Some doctors require you to schedule an appointment beforehand. Therefore, **please contact your child's doctor as soon as possible**.
2. Complete and sign the enclosed parental consent form.
3. Submit both the parental consent to the camp nurse with your child's **current medications** in their **original pharmacy boxes, labeled in your child's name to prevent any mix ups**. A photo of your child will be attached to their medication record for identification purposes only.

When picking up controlled medications from your pharmacy, request an additional, labeled medication bottle for camp. Divide your child's medication for camp and home to ensure you have meds on hand as well. Please send in enough medication to cover your child's weeks at camp, if possible.

Thank you for your prompt attention, please don't hesitate to call with any questions or concerns!



CAMP A.I.M.

(Achievement, Independence, Motivation)

Parental Consent for Daily Medication Administration

Camper's Name _____

Date of Birth _____

Physician _____

I fully understand the directions that have been given to Camp AIM by my child's physician and agree to allow camp staff to administer medication to my child as directed. I understand that Camp AIM staff will use good faith efforts in following the physician's instructions, and hereby relieve from liability Camp AIM staff for failure to properly administer the medication. I hereby authorize camp medical staff to contact the physician and/or office, named above, regarding this medication and to release information regarding my child to the above-named physician and/or office. I hereby authorize the above-named physician and/or office to release information about my child and this medication to Camp AIM medical staff regarding any medical concerns about this medication order. I understand that in order to protect the limited confidentiality of medical information, my agreement to release information is necessary and that this permission is limited for the purpose and to the person or entity listed above, and will be effective during my child's enrollment in Camp AIM this summer. I understand that disclosed information will be kept confidential and the releasing facility will not be responsible for re-disclosure of the information. I also understand that this consent is revocable with written, or if necessary, verbal notice, except to the extent that action has been taken in reliance thereon.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

CAMP A.I.M. REGISTRATION – PART VII. *TEACHER INFORMATION*

CAMPER'S NAME: _____

TEACHER'S NAME: _____

CONTACT NUMBER/EMAIL: _____

Describe communication/involvement with the parent/guardian.

- ☐ Daily Communication Log
- ☐ Phone call
- ☐ Email
- ☐ Other _____

Strengths

1. _____
2. _____
3. _____

Needs/Challenges

1. _____
2. _____
3. _____

Successful Motivators/Reinforcers:

- ⊙ Prizes ⊙ Small snacks _____
- ⊙ Point System ⊙ Free Time
- ⊙ Special Privilege ⊙ Time with specific person ⊙ Preferred Activity
- ⊙ Other _____

Describe any challenging behaviors.

Strategies for Behavior Management:

- ⊙ Communication with Parent ⊙ Time Out ⊙ Planned Ignoring
- ⊙ Loss of Privileges ⊙ Point/token System ⊙ Other _____

Describe the child's interactions with peers and adults.

Please provide any additional information that you think would be helpful for Camp A.I.M. to better understand the needs of your student.
