Dear Parents,

We are delighted to announce that we are running a four-day music and activity camp for children with WS aged between 3 and 18 from 1-4 August in Limerick.

We have recruited volunteers who are student teachers, student occupational therapists, music therapists and lecturers in education.

The camp will run from 10.00 to 15.00 each day in Mary Immaculate College. Your child can attend any or all days as we appreciate you may be travelling to the camp.

Activities will include group and individual work on music, dance, games, sporting activities and drama. There will also be the development of skills through art/music/drama and story (see application form).

The planning of this camp has been supervised by 17-year old Kelsey Brannigan who is one of the co-ordinators of the camp.

The camp activities will be organised and supervised by Dr. Fionnuala Tynan who has a 34-year old brother with WS. She has been working with families in the WSAI for years and with teachers of children with a range of special educational needs.

Deirdre Graham is a parent of a young child with WS. She will be present on each day of the camp to share a cuppa and develop a strong network for parents! She is also available to discuss techniques to reduce and improve anxiety associated with Williams Syndrome. There is a separate room set aside in the college for parents who wish to meet with Deirdre or who want a place to relax while their child is at camp.

Fionnuala Tynan

Deirdre Graham

Kelsey Brannigan

**WSAI Junior MUSIC/ACTIVITY CAMP 2017**

**APPLICATION FORM**

* The Williams Syndrome Junior Music/Activity Camp takes place in Mary Immaculate College, South Circular Road, Limerick, from 1st to 4th August 2017.
* The camp is for children with WS only
* If you would like your child to attend all or any of the days, please complete the application below and return it to **Fionnuala Tynan, Mary Immaculate College, South Circular Road, Limerick (****fionnuala.tynan@mic.ul.ie****).**
* The camp costs €10 per day which must be paid in advance, on return of this form, to secure a place. Please make cheques payable to the Williams Syndrome Association of Ireland.
* We are looking for as much information about your child as possible so we can ensure they settle in very quickly. By knowing the names of your child’s siblings or pets, or your child’s favourite activities it will help the volunteers to make a bond much quicker with your child.

|  |  |
| --- | --- |
| Child’s name |  |
| Address |  |
| DOB |  |
| Name of parents |  |
| Names and ages of siblings | 1.2.3.4.5. |
| Contact numbers of parents | MotherFatherOr Other |
| Child’s Interests |  |
| Strengths |  |
| Allergies |  |
| Fears/anxieties |  |
| Strategies used to calm your child |  |
| Does your child need support with toileting? | Yes No |
| If yes, please give details  |  |
| Does your child need support with feeding? | Yes No |
| If yes, please give details |  |
| Child’s favourite food |  |
| Child’s favourite treat |  |
| Child’s favourite activities |  |
| Activities my child does not like |  |
| Songs/singers/groups my child likes |  |
| Songs/singers/groups my child does not like |  |
| What would you like your child to gain from this camp? |  |
| Are there any skills or activities you would like prioritised for your child? |  |
| Is there anything else you would like us to know about your child? |  |

|  |  |  |
| --- | --- | --- |
| **Please rank which areas you would like us to develop with your child during the camp** |  | **Please specify the aspect** |
| Reading |  |  |
| Writing |  |  |
| Speech and language |  |  |
| Maths |  |  |
| Physical skills (gross-motor skills) |  |  |
| Self-help skills |  |  |
| Concentration/engagement |  |  |
| Peer social skills |  |  |
| Emotional |  |  |
| Behaviours |  |  |
| Sensory needs |  |  |
| Self-esteem |  |  |
| Music skills |  |  |
| Eating (range of foods) |  |  |

Would you like to meet with other parents during this camp? Yes No

If yes, for what purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick which days your child will attend the camp:

|  |  |
| --- | --- |
| **Day** |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday  |  |

This camp is also designed to support student teachers, student occupational therapists and student music therapists. A mini-IEP for your child will be drawn up to support the students in meeting the needs of your child. This will be made available to you. The students will also be developing skills on reporting to parents and, therefore, will be available for a short parent-teacher meeting at the end of the week and will supply a short, written camp report should you require it.

|  |  |
| --- | --- |
| Would you like a copy of your child’s IEP? | Yes No |
| Would you like a short parent-teacher meeting? | Yes No |
| Would you like a short camp report? | Yes No |
| Would you like a follow-up report with advice for supporting your child? | Yes No |

Thank you!