

2024 - CFCE Summer Camp Information

We are excited to release our 2024 summer camp dates! This summer we are offering camps in Arvada and Loveland. All sessions will run Monday through Friday. The dates for each camp and the tuition rates are listed on the following registration form. We offer a discount for families who register for 4 or more weeks of camp.

Please have a look at the following registration form and respond with your preferred dates as soon as possible to hold your place. If you would like further information about Conductive Education and what the camp will entail, please do not hesitate to contact us at admin@conductiveed.com or 970-667-0348 for this information.

We need to know well in advance who is seriously interested in signing up for camp this summer so that we can arrange to hire Conductors and class assistants for each camp. Please understand that hiring and training staff needs to happen months in advance, so the earlier you can register, the more helpful it is to us for planning.

If you would like to sign up for camp, please fill in the registration form and return to CFCE by emailing admin@conductiveed.com by April 1st, 2024. Forms can also be sent by mail to: CFCE, PO Box 746297, Arvada, CO 80006. Places are limited, so please sign up ASAP.

We do not require a registration fee or deposit, but we hope you understand how important it is that students attend all the weeks they are registered for. We staff all of our groups 1:1 and cannot afford to pay staff if we are unable to bill the time. Please be considerate of this when you sign up, and be prepared to commit to what you register for.

We are a non-profit and rely heavily on donations and grants to cover all our equipment costs and staffing needs. If you would like to make a donation to CFCE when you register to help us better serve our participants, we would be very grateful. Our suggested donation is \$300 per camper, but any donation helps our program thrive!

If you have any questions, please contact our team at admin@conductiveed.com or call 970-667-0348. Please forward this form to any other families who you think would benefit from Conductive Education. We look forward to hearing from you.

CFCE Admin Team Phone: 970-667-0348 Email: admin@conductiveed.com

2024 - CFCE Summer Camp Registration Form

Please fill in and email forms to admin@conductiveed.com or return to CFCE by mail to: CFCE, PO Box 746297, Arvada, CO 80006.

Parent/Guardian's Name	
Student's Name and Age	
Address	
	Email (required)
Required: please mark tl	e student's mobility level to ensure correct group placement*
Working on floor mobilit	nary mobility aid is a wheelchair and/or supportive gait trainer. y such as rolling and sitting up, short periods of weight bearing, equires support for sitting.
	nary mobility aid is a wheelchair, walker, or canes. Can sit/stand olding onto something and take steps with or without a walker
	ependently mobile without aids such as a walker or canes. Can sit . May use mobility devices in the community, but primary mode of
movements (e.g. jumpin	Walks independently but struggles with motor planning, complex s, skipping), or coordination. Working on functional skills such as bugh, and social skills. Designed for those with a diagnosis of ASD, conditions, etc.
PI FASE READ. The grou	p is an important part of the method of Conductive Education

PLEASE READ: The group is an important part of the method of Conductive Education. Therefore, if the student is the only one in their ability level signed up for a certain week, we may ask that you move to a different week.

If you are unsure about which group(s) the student may fit best in, please feel free to contact us at admin@conductiveed.com or 970-667-0348 to discuss.

Please mark preferred weeks with "P" and available weeks with "A". Marking both your preferred and available weeks allows us to create the best group possible. Weeks in grey are not available. You must also include the **total number of weeks** you want to attend. There is a 2 week minimum for camp and a 6 week maximum to allow as many children the opportunity to attend as possible.

	May 27*	June 3	June 10	June 17	June 24	July 1*	July 8	July 15	July 22	July 29	Aug 5
Arvada Low Mob. 9.30 – 3pm											
Arvada Mid Mob. 9.30 – 3pm									N/A	N/A	N/A
Arvada High Mob. 9.30 – 3pm	N/A	N/A				N/A	N/A	N/A			
Arvada Life Skills 9.30 – 3pm	N/A					N/A	N/A	N/A	N/A	N/A	N/A
Arvada Adults and Teens Only** 10am – 3pm	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Loveland Low Mob. 9.30 – 3pm	N/A	N/A	N/A	N/A	N/A	N/A					
Loveland Mid Mob. 9.30 – 3pm	N/A	N/A	N/A	N/A	N/A	N/A					
Loveland High Mob/ Life Skills 9.30 – 3pm	N/A	N/A	N/A	N/A	N/A					N/A	N/A

REQUIRED: How many TOTAL weeks would you like to attend? _____

Please check:

9:30 AM – 3:00PM or
9:30 AM - 12:30 PM (under 7 years old only

^{*}Class will not be held on May 27th (Memorial Day) or July 4^{th} (Independence Day) You will receive \$100 class credit if you sign up for a week that has one of these dates listed above (private pay only).

**Please note the adult/teen class starts at 10am. Adult participants may choose to register for the adult-only camp at the end of the summer AND/OR the mixed-age groups throughout the summer.

PRIVATE PAY TUITION RATES

	9:30 - 3:00	9:30 - 12:30 (Children under 7 only)	10 -3pm (adult/teen group only)
2 Weeks	\$2090	\$1,140	\$1,900
3 Weeks	\$3135	\$1,710	\$2,850
4 Weeks	\$3,630 (save \$550 from base price)	\$1,980 (save \$300)	\$3,300 (save \$500)
5 Weeks	\$4,536 (save \$689)		
6 Weeks	\$5115 (save \$1,155)		

3-hour session	nder 7 who may not be ab s on certain weeks, based s above and initial here:	on interest. If yo			
	redits for missed days or it required to be consecutive				
Please select	your method of payment t	for camp, either	private pay	or Medicaid wai	ver. *
I/We wil the information	l be paying private rates fon above.	or camp this yea	r and we hav	e read and unde	erstood
Signed:		Date:			
	ll be using a Medicaid wa v. I understand that if CFCE ate pay rate.		•		

*Important: If you live in Douglas, Arapahoe, Adams, or Elbert County, there may be other scholarships or funding available. Please feel free to reach out to us about this possibility.

WAIVERS AND MEDICAID

CFCE is able to bill through the following waivers: SLS, DD, and CES. In order to bill, CFCE must be in contact with your case manager **before** the start of the student's session. **If you would like to use a waiver to cover the cost of camp, you must provide the following information:**

Case Manager Name:					
Case Manager Email:					
Case Manager Phone:					
CCB Name:					
Waiver: (SLS, DD, CES)					
Please sign and return pages 2 – 5					
Signed:	_ Date:				
Thank you for registering. You will receive an em	nail confirming your camp dates by April 15th.				
We look forward to s	eeing you this summer!				