



## MINDCAP EQUESTRIAN DAY CAMP JULY 15-19, 2019



The MINDCAP Center (Dr. Jeanne Zehr, Executive Director) and Summit Equestrian Center (Allison Wheaton, Executive Director) are excited to announce a new partnership. The first cognition equine camp will launch this summer, focused on calm, control, and empowerment for children with ADHD, anxiety, sensory issues, or brain fog.

This unique opportunity will be a day camp held at Summit Equestrian at 10808 La Cabreah Lane, Fort Wayne, Indiana. Sessions will begin at 8:30 and conclude at 4:30 each day. Campers will need to bring their own packed lunch. Supervision will be provided at all times for all campers. Each camper will be placed in a group of three or four campers close to the same age and needs. They will spend either morning or afternoon in MINDCAP classes developing cognitive skills for focus, impulse control, and planning with bridging to the use of those skills with the horses their other half day.

MINDCAP utilizes three significant cognitive improvement tools beginning with Feuerstein, a program developed in Israel. Combined with this powerful method is teaching children how their brain works and its incredible neuroplasticity. The third component is mindset, shifting belief systems from fixed to growth. Visit [mind-cap.org](http://mind-cap.org) for more information. All MINDCAP staff are trained in these methods.

Summit Equestrian, helping kids & adults of ALL abilities through horses, is anchored by the talented Allison Wheaton and offers adaptive riding, equine-facilitated counseling, and equine-facilitated learning. The Summit staff have multiple credentials for equine therapy. Allison is also trained in MINDCAP, so the two entities are a perfect fit! Visit [summitequestrian.org](http://summitequestrian.org) for more information.

The animals on staff for your child to interact with at the Summit Equestrian barns:

- Bernadette the Saint Bernard - boundary awareness & welcoming committee
- Marcus the Cat - rodent eradication
- Jake the Cat - lead supervisor
- Josie the Pig - self care demonstrator
- Mildred the Goat - maternal nurturer
- Gabby the Goat - boundary awareness & lead gossip

- Sorche & Maggie the Sheep - patience mentors
- Quincy the Duck - upper management
- Horses: Beau, Biscuit, Biff, Champ, Chaps, Diego, Duke, Emmie, Geronimo, Iris, Lakota, Lola, Maggie, Pirate, Sanibel, and Tuff

The horses share the responsibility of running the program. According to Allison, she is just the one with opposable thumbs who can work the latches and write checks.

Obviously - your child will be receiving far more than a typical, we-will-entertain-your-child-for-a-week day camp. This is significant coaching for improved cognition combined with equine therapy for calm, control, and empowerment.

Registration forms continue on the additional pages. Register early as we have limited space and will take the first 20 campers registered with the first payment.

Need more info?

Email: [jeanne@mind-cap.org](mailto:jeanne@mind-cap.org) or [allison@summitequestrian.org](mailto:allison@summitequestrian.org)



**SUMMIT EQUESTRIAN SUMMER CAMP REGISTRATION 2019**

Camp date: July 15 - 19, 2019

Camper's name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

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

All Parent or Guardian Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

If allergies present - does the child require an epipen? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\$495 for the five days, 40 hour camp (\$12.00 per hour). Payment methods:**

\_\_\_\_\_ **\$250 by March 1** and **\$245 by May 1** \_\_\_\_\_ **Check** or \_\_\_\_\_ **Credit Card**

(with a 3% additional fee)

To use a credit card, please call 260-271-4650 with your card info.

**or**

\_\_\_\_\_ **\$495 by March 1** \_\_\_\_\_ **Check** or \_\_\_\_\_ **Credit card** (with a 3% additional fee)

To use a credit card, please call 260-271-4650 with your card info.

Checks and this registration form may be mailed to:

**The MINDCAP Center, 6507 Constitution Dr., Fort Wayne, IN 46804**

**or registration form can be scanned to mindcapcenter@gmail.com**

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**Liability Release**

I, \_\_\_\_\_, understand and agree to the following:

1. Summit Equestrian Center, staff, volunteers, and its Board of Directors shall be held free from any liability that may arise from any activities involved in while on its premises or under its direction.
2. I understand that horses, like any other animal, can be unpredictable and may cause bodily injury, death, or property damage that may result in an emotional or financial loss.
3. By signing below, I am taking full responsibility for my actions, (or those of my minor child) as well as any loss that may occur as a result of participation in these activities. I also take full responsibility for the actions of others that may unknowingly cause an accident involving my minor, myself or my therapy animal while on the Summit Equestrian Center property.
4. By signing below, I further attest to the fact that I have READ, UNDERSTAND and AGREE TO ABIDE by the policies of Summit Equestrian. I will assume for my own, or my minor child's safety and regards to (his/her) proper dress for riding in the actions on said premises.
5. If this agreement covers a minor child, all references to "I" or "my" will hold true for said minor's involvement.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Rider

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

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**Additional Information for the MINDCAP - Equestrian Camp**

Name of person filling out this case history form: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Concerns

What concerns, if any, do you have about your child's language, over-all development, or learning?

\_\_\_\_\_  
\_\_\_\_\_

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When was the problem first noticed? \_\_\_\_\_ By whom? \_\_\_\_\_

Pregnancy and Birth History

Were there any pregnancy complications (i.e., anemia, dehydration, diabetes, German measles, kidney infection, hospitalizations, medications, severe nausea, toxemia, other)?

Please describe and include any medical attention received:

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Early Development

Give ages when the following first occurred:

- |                               |                       |
|-------------------------------|-----------------------|
| _____ Held head up            | _____ Walked alone    |
| _____ Sat up unsupported      | _____ Bladder trained |
| _____ Crawled                 | _____ Bowel trained   |
| _____ Stood alone unsupported | _____ Night trained   |

Favorite Toys or Activities: \_\_\_\_\_

Toys/Activities Disliked: \_\_\_\_\_

Medical History

Name(s) of child's doctor(s):

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List any medical diagnosis that your child has been given:

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Please check any symptoms or diagnoses that apply to your child:

- |                        |                                   |                       |
|------------------------|-----------------------------------|-----------------------|
| _____ Allergies        | _____ Emotional/Behavior Problems | _____ Meningitis      |
| _____ Asthma/Breathing | _____ Encephalitis                | _____ Muscle Disorder |

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Autism/PDD/Asperger  | <input type="checkbox"/> Epilepsy                    | <input type="checkbox"/> Mumps             |
| <input type="checkbox"/> Blood Disease        | <input type="checkbox"/> Feeding/Swallowing Problems | <input type="checkbox"/> Nerve Disorder    |
| <input type="checkbox"/> Cerebral Palsy       | <input type="checkbox"/> Headaches                   | <input type="checkbox"/> Pneumonia         |
| <input type="checkbox"/> Cleft Palate         | <input type="checkbox"/> Head Injury                 | <input type="checkbox"/> Polio             |
| <input type="checkbox"/> Convulsions          | <input type="checkbox"/> Hearing Loss                | <input type="checkbox"/> Rheumatic Fever   |
| <input type="checkbox"/> Diphtheria           | <input type="checkbox"/> Heart Problems              | <input type="checkbox"/> Seizure Disorders |
| <input type="checkbox"/> Draining Ears        | <input type="checkbox"/> High Fevers                 | <input type="checkbox"/> Stroke            |
| <input type="checkbox"/> Ear Infections/Aches | <input type="checkbox"/> Measles                     | <input type="checkbox"/> Tonsillitis       |

Describe any other illnesses, accidents, operations, and hospitalizations of your child:

| Injury/Operation | Date | Age | Hospital |
|------------------|------|-----|----------|
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Is your child under medical treatment or on any medication?  Yes  No

If so, please describe any treatment and/or medication (medication/dosage):

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Does your child wear corrective glasses or contact lenses?  Yes  No

If yes,  to see up close  to see far away

Date of last vision screening: \_\_\_\_\_ Date of last hearing screening \_\_\_\_\_

Does your child wear a hearing aid?  Yes  No If yes,  Left  Right  Both

Type of loss, if known:  Sensorineural  Conductive

Does your child receive:  Physical Therapy  Occupational Therapy

### Daily Behavior and Family

Please check the characteristics that apply to your child:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Happy       | <input type="checkbox"/> Eating problems           |
| <input type="checkbox"/> Irritable   | <input type="checkbox"/> Needs a lot of discipline |
| <input type="checkbox"/> Cries a lot | <input type="checkbox"/> Prefers to play alone     |

- |  |  |
|--|--|
| <input type="checkbox"/> Laughs easily                           | <input type="checkbox"/> Gets along with children              |
| <input type="checkbox"/> Excitable/Overactive                    | <input type="checkbox"/> Gets along with adults                |
| <input type="checkbox"/> Under active                            | <input type="checkbox"/> Makes friends easily                  |
| <input type="checkbox"/> Difficulty concentrating                | <input type="checkbox"/> Tends to be a perfectionist           |
| <input type="checkbox"/> Stays with an activity until finished   | <input type="checkbox"/> Has trouble changing activities       |
| <input type="checkbox"/> Frustrated when unable to communicate   | <input type="checkbox"/> Gets upset when plans change          |
| <input type="checkbox"/> Cries when unable to communicate        | <input type="checkbox"/> Follows directions the first time     |
| <input type="checkbox"/> Doesn't notice plan changes             | <input type="checkbox"/> Asks the same questions over and over |
| <input type="checkbox"/> Is overly anxious about new experiences | <input type="checkbox"/> Throws tantrum(s) when frustrated     |

Educational History

Did your child receive therapy services through First Steps?  Yes  No

Check all that apply:

Developmental     Speech     Occupational     Physical

Other support services? (describe):

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Does your child have a diagnosed cognitive impairment?     Yes     No

Describe:

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Child attends:  Home School  Public school  Private school

Is your child receiving special education services?  Yes  No

Check all that apply:

Resource     Speech Therapy     Occupational Therapy     Physical Therapy

If applies: Name of School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grades Repeated: \_\_\_\_\_

Any other information or comments:

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Additional information that will help us make camp the best possible experience:

1. Please share about any cognitive or emotional issue about your child that you have concerns: \_\_\_\_\_

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2. What is your child's very favorite past time(s), hobbies, rewards, or things to do:

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3. How much screen time does your child have a day (approximately). Include computer, TV, video games, iPad, iPhone:

\_\_\_\_\_ Less than 30 minutes a day

\_\_\_\_\_ 30 minutes a day

\_\_\_\_\_ 1-2 hours a day

\_\_\_\_\_ More than 2 hours a day

4. Describe your child's sleeping patterns \_\_\_\_\_

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5. Does your child have any technology in his/her bedroom? \_\_\_\_\_

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6. Do you know if they access any technology after they are supposed to go to sleep?

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7. Is your child reading? \_\_\_\_\_ Approx. grade level? \_\_\_\_\_  
Math level? \_\_\_\_\_

8. What are his/her favorite kinds of books? \_\_\_\_\_  
\_\_\_\_\_

9. Approximately how much time do you spend a day reading to your child?  
\_\_\_\_ None  
\_\_\_\_ 15 to 30 minutes  
\_\_\_\_ 30 minutes to an hour  
\_\_\_\_ More than an hour  
Does he or she enjoy being read to? \_\_\_\_ Yes \_\_\_\_ Not really

10. How much does your child like to participate in physical activity:  
\_\_\_\_ Not at all  
\_\_\_\_ A little each day  
\_\_\_\_ A lot every day  
If a lot, what kinds of activities? \_\_\_\_\_

11. Describe your child's overall health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Has your child talked about what he/she would like to do when they grow up?  
\_\_\_\_\_

13. Does your child recognize and enjoy when they achieve big or small successes?  
\_\_\_\_\_  
\_\_\_\_\_

14. Does your child like paper-pencil activities? \_\_\_\_ Yes \_\_\_\_ Some \_\_\_\_ No

15. Does your child like to have choices? \_\_\_\_ Yes \_\_\_\_ Some \_\_\_\_ Not really

My child has been a previous client at:  
\_\_\_\_ The Summit Equestrian Center  
\_\_\_\_ The MINDCAP Center

Other information you want us to know:

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Photo Release (Please check one) \_\_\_\_\_ I DO \_\_\_\_\_ I DO NOT

Consent to and authorize the use and reproduction by Summit Equestrian Center or The MINDCAP Center of any & all photographs and any other audio/visual materials taken of me or my child for promotional materials, educational activities, exhibits, possible use on website, or for any other use for the benefit of the program

Parent Signature \_\_\_\_\_

*Thank you for taking the time to provide this valuable background information. It will help us to meet your child's needs! If you have any questions about this form, please call The MindCAP Center at 260-271-4650 or [mindcapcenter@gmail.com](mailto:mindcapcenter@gmail.com) or Summit Equestrian at (260) 619-2700 or [Allison@summitequestrian.org](mailto:Allison@summitequestrian.org)*

Make a copy of this form for your records and then please mail this registration form to:

**The MINDCAP Center  
6507 Constitution Dr.  
Fort Wayne, IN 46804**