Application process may involve a parent interview.

Restrictions: Children must be potty-trained and between 3 and 18 years of age. For safety reasons, we cannot accept children who engage in elopement, physical aggression, or severe self-injurious behaviors.

Please return registration to:
Baylor Center for Developmental Disabilities
ATTN: Desiree Ramirez
2201 MacArthur Dr, Suite 101
Waco, TX 76708
Return by: Friday May 19th

Baylor Autism Resource Clinic located within the Baylor Center for Developmental Disabilities

Baylor Autism Resource Clinic
Baylor Center for Developmental Disabilities
2201 MacArthur Dr., Suite 101
Waco, TX 76708
Phone: (254) 537-1042
Fax: (254) 224-6633
Email: desiree_ramirez@baylor.edu

While people with autism share common characteristics, each person is unique with their own strengths and challenges.

BARC Summer Day Camp 2017
June 5th-9th
1:00-4:00pm
Tel: (254) 537-1042
Welcome to the 8th Annual Baylor Autism Summer Day Camp! The camp will be held June 5th-9th (Monday-Friday) from 1:00-4:00pm hosted by the Baylor Autism Resource Clinic (BARC)!

Camp Groups will be organized by age and number of students in each group. Each group will be led by at least two Baylor Educational Psychology graduate students for campus fun!

Possible activities: Cameron Park Zoo, outside games, snack time, water play, bowling, scavenger hunts, visiting the Mayborn Museum, and arts & crafts!

As you noticed we may be at several different locations wanting to provide good experience for everyone. We are welcoming, however if your child has significant challenging behaviors (e.g. self-injurious behaviors), please contact us.

COST: 5 days/$75

For More Info, Please Contact:
Desiree Ramirez
(254) 537-1042

Registration due Friday May 19th

Student name:_____________________
DOB: ___________________ AGE:_____
Ethnic Background:_________________
Parent name:______________________
Address:___________________________
________________________________
Email:______________________________
Home #:___________________________
Cell #:_____________________________
Special diet:________________________
Food allergies:______________________
T-shirt size:________________________
*you may provide snacks if needed

Physician contact:__________________
Phone:_____________________________
Address:___________________________
I give Baylor University and its representatives permissions to seek medical attention if necessary for my child.

Signature:__________________________

ALL CHILDREN WHO ATTEND CAMP MUST BE POTTY-TRAINED!!

$75 Fee enclosed Please make check payable to: Baylor University

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