

Program Description:

Dolphin Time-Outs: 5-day

A fun-filled, 5-day program swimming and playing with dolphins! The unconditional love and acceptance displayed by the dolphins and staff provides an enthralling, motivational catalyst for participants!

5-day program includes:

Orientation (one hour) -Monday Morning

Monday-Thursday: 1 daily classroom session (approximately 30 minutes each) /total of 4 classroom sessions. Recreational/ educational, creative classroom sessions are conducted to enhance and reinforce the water sessions. Activities are tailored to the needs and abilities of the participant. Parents and siblings are encouraged to participate in classroom sessions.

Monday-Thursday: 1 daily swim session (approximately 30 minutes each)/total of 4 individualized swim sessions. The participant will swim with and be held by an Island Dolphin Care therapist. Swim programs are designed by our staff for each individual based on their needs, abilities, and safety concerns. Please read the following swim program options:

Friday: 1 natural swim (approximately 30 minutes) participants are accompanied by **one parent**. At the end of each 5-day program, participants will enjoy swimming in a natural swim with the other 5-day program participants. While family members watch and siblings play in Fonzie's Backyard (touchtank), **one parent** will have the incredible opportunity to swim with the participant in a natural swim!

The therapy team reviews every application carefully. They will recommend either a **STRUCTURED** program or a **NATURAL** program for the participant based on the abilities, safety, medical condition or size of the participant.

Structured program: participants will work and play one to one with their therapist and a dolphin. Please note that only the therapist is allowed in the water to hold the participant during these therapy sessions. When appropriate, siblings are invited to assist on the platforms and will be invited into the water to play one time.

Natural swim: participants will have the wonderful opportunity to swim with the dolphins in their world. A therapist will hold each participant in the water to enjoy this relaxing and refreshing swim. Participants can listen to the dolphin's clicks and whistles and observe the dolphins as they swim close by! When appropriate, family members may be invited to participate. In this setting there are no opportunities to touch the dolphins.

Note:

- A short (English only) summary of the week's activities and progress is available upon request to be shared with doctor's, teachers and other family members. Please notify your therapist upon arrival if you would like a summary.
- **Island Dolphin Care, inc. is a recreational, motivational, and educational dolphin-assisted therapy program. This is not a medical treatment and dolphins do not provide miracle medical cures or change a medical diagnosis.**
- **Fee: 5 - day program: \$2,200.00 (U.S.) A deposit of 50% is required to confirm your reservation.**

Criteria for Acceptance:

1. Completed application form.
2. A 10 minute video is **required** with all applications. Reservations cannot be confirmed without the therapists reviewing the video. The video should show participants interacting with others, and how they respond when a demand is placed upon them. The video helps the therapy team design and individualize the educational program. **Do not send 8 mm tapes as we are unable to view them.**
3. Participants must be a minimum of three years old.
4. No open wounds
5. Participants must not have a fear of animals, water or strangers.
6. Participants may not be aggressive. (Biting ,pinching, or hitting behaviors could harm the animals or therapists.)
7. Participants with limited head control will be evaluated on an individual basis- please send a detailed video so that the therapy team can determine the safety of providing programs in deep water.
8. Participants must wear a floatation vest and accept being held by a therapist in the water.
9. It is helpful to include in your application any recent medical, psychological, or school reports (in English).
10. Participants having seizure disorders will be evaluated on an individual basis. The application must include a doctor's note stating it is safe for the participant to swim in deep water.
11. We do our best to have interns of all languages. It is helpful to have a family member understand and speak English - Please advise us at the time of your application if you do not speak any English so that we can try to accommodate you.
12. Children that are not toilet trained **MUST** wear protective pants/swim diapers during all water sessions.

Note: The therapy team will review your reservation request once they have received all of the following:

1) Completed IDC Application, 2) Recent Doctor's/Therapy reports and 3) Videotape

It will speed up the reservation process if you submit all 3 items to IDC at the same time! Due to interest in our programs, Island Dolphin Care reviews applications and offers reservations on a first-come, first-served basis.

Important Note: Island Dolphin Care reserves the right to cancel any reservation or modify the therapy program of any child that does not meet the above criteria.

THIS SIGNED FORM, MUST ACCOMPANY ANY APPLICATION SUBMITTED.

I have read and fully understand the above information, and I attest that the participant meets all of the required criteria.

Parents often ask for references about our program. Reporters, photographers and writers often ask to interview families who have participated at Island Dolphin Care. Please let us know if you are willing to speak with other parents or members of the media, or if we may use photos of your child for our brochures and other general purposes. Please indicate your preference:

_____ Yes, IDC may give my telephone number to other parents

_____ No, IDC may not give my telephone number to other parents

_____ Yes, IDC may give my telephone number to the media

_____ No, IDC may not give my telephone number to the media

_____ Yes, IDC may use photos/likenesses for general purposes such as brochures, publicity, on-line newsletter etc.

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Signature of Parent or Legal Guardian

Dated

Helpful Information:

- **WEATHER, CANCELLATIONS, ETC.** Island Dolphin Care reserves the right to make changes to programs or even cancel sessions for reasons such as severe weather, water conditions, and animal well being. Island Dolphin Care makes every attempt to reschedule these sessions whenever possible.
- **IDC also reserves the right to remove from the water any child who by their actions are endangering themselves, other swimmers, the dolphins or interfering with others in the program.** Deposits are non-refundable.
 - ◆ Missed Sessions: Island Dolphin Care does not provide refunds in the event of family and/or child illness, late arrival or last minute cancellation. No refunds will be given for cancellations made less than twenty-four (24) hours or for those who do not show up for scheduled programs.
 - ◆ Cancelled reservations will only be refunded if we are able to fill the cancellation with another program applicant. We will make every opportunity to do so on your behalf.
 - ◆ Island Dolphin Care does not guarantee that a family will work with a specific dolphin or therapist.
 - ◆ Island Dolphin Care, Inc., Dolphins Plus, Inc. nor any other related agencies can control circumstances beyond their control, such as weather, acts of God, and illness of the dolphins and/or children. Island Dolphin Care reserves the right to cancel any reservation or modify the therapy program of any child that does not meet our program criteria as determined by our therapists. As such, it is possible that sessions may have to be canceled due to such circumstances. In any such event, neither Island Dolphin Care, Inc. nor Dolphins Plus, Inc. shall be responsible for reimbursement of related costs and expenses incurred by the child, the family and/or third parties. Such resulting costs and expenses shall be incurred at the risk of the child and his/her family and third parties.

In the event that you need to contact us, please call Island Dolphin Care (305) 451-5884. If the office is closed, leave a message and we will return your call.

FAMILY & PARTICIPANT INFORMATION / APPLICATION

Must be completed in English. Feel free to use the back of the application to add additional information

Please make and keep a copy of this application for your files.

Parents' Names: _____

Date of Application _____

Marital Status: _____

Address: _____

Home Phone #: _____

Fax #: _____

Cell Phone #: _____

Beeper #: _____

Work #: (M) _____ (F) _____

E-Mail Address: _____

Mother - Name of Employer: _____

Occupation: _____

Father - Name of Employer: _____

Occupation: _____

Name of Participant: _____

Age: _____ Date of Birth: _____ Weight: _____ Height: _____ Gender: _____

Primary Diagnosis: _____

What Languages are Spoken by Family and/or Participant: _____

Can the participant:

Toilet Alone? Yes No Sit Alone? Yes No Dress Alone? Yes No

Eat Alone? Yes No Stand Alone? Yes No Walk Alone? Yes No

Crawl Alone? Yes No

Does the participant have head control? Yes No Can the participant swallow? Yes No

Does the participant have vision? Yes No Can the participant hear? Yes No

Comments (if applicable):

Is the participant currently on any medications: Yes No If yes, please list below:
Medication Date Prescribed Dosage Time Given Used For:

Does the participant need special equipment? (Wheelchair, G-Tube, special seating, etc.) If so, please elaborate:

Name & Telephone Number of Participant's Primary Doctor:

Has the participant ever been admitted to a hospital/treatment center for psychological, medical, behavioral, or crisis situations? _____

- Is the participant afraid of large animals? Yes No
Is the participant afraid of deep water? Yes No
Will the participant wear a life jacket? Yes No
Is the participant sensitive to loud noises? Yes No
Is the participant afraid of strangers? Yes No
Will your participant allow strangers to hold him/her? Yes No

**ONLY YOUR PARTICIPANT AND THE IDC THERAPIST WILL BE IN THE WATER
DURING STRUCTURED DOLPHIN SESSIONS.
THE IDC THERAPIST WILL HOLD THE PARTICIPANT IN THE WATER.
IT IS REQUIRED THAT THE PARTICIPANT WEAR A FLOTATION DEVICE.**

Is the participant enrolled in any type of school/educational program? If so, please describe the participant's classroom/school setting: _____

What are the participant's strengths and weaknesses:

Describe how the participant indicates what he/she wants:

Will the participant follow simple directions? Yes No
Please describe the participant's ability to follow directions:

Describe, in general, the participant's behavior in public places/activities:

Is the participant aggressive (hitting, biting, kicking, temper tantrums)? If so, under what circumstances?

Does the participant display self-injurious behaviors? If so please elaborate:

Describe the items and activities that the participant enjoys:

Please identify favorite items/rewards/activities in these groups:

Food Items: _____

Toys: _____

Praise: _____

Physical Activities: _____

Describe what the participant would choose to do if left alone for a period of time:

What are your expectations and goals for the participant while at Island Dolphin Care? :

What are your long term expectations and goals for the participant?

What have you heard about dolphin-assisted therapy? How did you hear about us? _____

What other therapeutic methods have you tried? What were the results? _____

Participant's siblings (if any): (Please include names, ages and gender) :

Who else will be joining you at Island Dolphin Care?
 Name Age Relationship to Participant

What are their expectations while at Island Dolphin Care? _____

When do you wish to attend a program at Island Dolphin Care? For how long (1-3 weeks)? Please note that our 5-Day Therapy program runs from March through the middle of November.

Having read the descriptions of the two different types of 5-Day Therapy Programs (Structured Swims, Natural Swims), which program do you feel would be best for the participant?

Note: Your individualized program will include a natural swim with the dolphins. If so, one adult will swim with the participant. Who will that be? Please fill in the name here: _____
 The adult must be able to swim and use a mask, snorkel, and fins. Availability for other family members to take part in any of the programs offered at Dolphins Plus must be scheduled at the time of the reservation. **There is an additional fee for each person. Please review the enclosed Dolphins Plus brochure enclosed for the criteria.**

*****Families are encouraged to photograph and videotape the sessions*****

PLEASE CIRCLE THE APPROPRIATE NUMBER THAT APPLIES TO EACH STATEMENT

	0%	25%	50%	75%	100%
	Never	Sometimes	Often	Almost Always	Always
<u>Physical Information:</u>					
Can participant maintain head control?	1	2	3	4	5
Can participant walk?	1	2	3	4	5
Can participant bear weight (support body with arms and legs?)	1	2	3	4	5
Can participant extend arms?	1	2	3	4	5
Can participant grasp objects:	1	2	3	4	5
<u>Emotional & Social</u>					
Can participant make and maintain eye contact?	1	2	3	4	5
Does participant interact with others?	1	2	3	4	5
Does participant have anxiety if separated from parents/caregivers? 1	2	3	4	5	
Does participant acclimate to changes in environment?	1	2	3	4	5

Behavioral

Does participant display aggressive behaviors?	1	2	3	4	5
Does participant display self injurious behavior? (head banging, biting, scratching, hitting)	1	2	3	4	5
Does participant have temper tantrums?	1	2	3	4	5
Is participant afraid to have strangers hold him/her?	1	2	3	4	5

Language

Does participant vocalize (make vocal noises)?	1	2	3	4	5
Can participant use words or phrases?	1	2	3	4	5
Can participant use language to communicate?	1	2	3	4	5
Does participant use sign language?	1	2	3	4	5
Does participant use other forms of communication?	1	2	3	4	5
Does participant use communication device?_____ If Yes, what kind?_____					

What type of communication does the participant use:_____

Does participant respond to his/her name:	1	2	3	4	5
Can participant follow simple directions:	1	2	3	4	5
Is participant aware of changes in his/her environment?	1	2	3	4	5

Is participant very sensitive to heat/sunlight?	1	2	3	4	5
Does participant have any allergies?	1	2	3	4	5
Please specify what allergies_____					

Other:

You are aware that Island Dolphin Care is a recreational program and not a medical treatment? Yes____No____
Feel free to include any additional information about the participant on the back of this page!!

When submitting this application, please include any documentation (ie. IEP's, therapy reports, etc.) that you feel would be relevant.