



HOLIDAY CAMPS ARE HERE!

DAY TREATMENT PROGRAMS

When school lets out for the holidays, your child can still receive the structure and care that they need! The staff at BayPointe offers a free camp during each holiday break, filled with therapeutic fun and games!

Participants must meet standards for mental health needs or have an open chart with AltaPointe Health services including BayView, Children's Outpatient, In-Home, School-Based, or Day Treatment programs.

THANKSGIVING CAMP

Nov. 20 (Mon) 7:30 AM - 3:00 PM
Nov. 21 (Tues) 7:30 AM - 3:00 PM
Nov. 22 (Wed) 7:30 AM - 1:30 PM
(Closed Thursday & Friday)

CHRISTMAS CAMP

Dec. 18 (Mon) 7:30 AM - 3:00 PM
Dec. 19 (Tues) 7:30 AM - 3:00 PM
Dec. 20 (Wed) 7:30 AM - 3:00 PM
Dec. 21 (Thurs) 7:30 AM - 3:00 PM
Dec. 22 (Fri) 7:30 AM - 3:00 PM
(Closed Monday & Tuesday)
Dec. 27 (Wed) 7:30 AM - 3:00 PM
Dec. 28 (Thurs) 7:30 AM - 3:00 PM
Dec. 29 (Fri) 7:30 AM - 3:00 PM

(Closed Monday)
Jan. 2 (Tues) 7:30 AM - 3:00 PM
Jan. 3 (Wed) 7:30 AM - 3:00 PM

Transportation assistance may be available.



CAMP CONTACT:

Karen Patrick, Clinical Coordinator
(251) 544-4646
kpatrick@altapointe.org


5800 Southland Drive
Mobile, AL 36693

BAYPOINTE CAMP REFERRAL

**Contact: Karen Patrick 251-544-4646 or kpatrick@altapointe.org
Amy Conway 251-378-6527 or aconway@altapointe.org**

Student Information

Student's Name: _____

Current School: _____

Grade Level: _____ Date of Birth: _____

Guardian Name: _____ Email: _____

Telephone Numbers: (h) _____ (w) _____ (c) _____

Address: _____
House/Apt # _____ Street Name _____

City _____ State _____ Zip Code _____

School Information- if school is referring:

Referring School: _____

Referring Individual: _____

Phone Number: _____

Email: _____

I am interested in my child attending _____ Camp and/or _____ Afterschool Day Treatment

Behavioral Information

Students must exhibit please check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Verbally aggressive | <input type="checkbox"/> Poor social skills |
| <input type="checkbox"/> Elopes | <input type="checkbox"/> Anxious | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Manipulates others | <input type="checkbox"/> Attention Seeking | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Provokes peers | <input type="checkbox"/> Inappropriate language | <input type="checkbox"/> Victim of abuse |
| <input type="checkbox"/> Self-injurious | <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Suicidal Ideations |

I understand my child will receive a mental health diagnosis and will receive counseling services through Alta Pointe Health Systems? YES- NO

I am willing to attend the required first doctor's appointment to discuss a possible medical treatment plan?

YES- NO

Please provide any additional information that may assist the staff in serving the consumer: _____
