

RESIDENT CAMP APPLICATION

CAMPER INFORMATION

Name: Last _____ First _____ Middle _____

Age: _____ Birth date: ____/____/____ Male Female

Disability (Be Specific): _____

Camper's Staffing Ratio Requested

3:1 1:1 (at additional cost of \$50/day) Not sure

Address: _____

Street City State Zip Code

Telephone : (____) _____ E-Mail: _____

Person (or facility) with whom camper lives:

Name: _____ Relationship: _____

Home Phone : (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Parent/Guardian (if different from above):

Name: _____ Relationship: _____

Home Phone : (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Place
Recent
Photo
Of Applicant
Here

T-Shirt Size

Youth S <input type="checkbox"/>	Adult S <input type="checkbox"/>	XL <input type="checkbox"/>
M <input type="checkbox"/>	M <input type="checkbox"/>	2XL <input type="checkbox"/>
L <input type="checkbox"/>	L <input type="checkbox"/>	3XL <input type="checkbox"/>
		4XL <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION (MUST be other than Parent/Guardian)

If parent or other person listed above cannot be reached and camper must leave camp for any reason, notify and release to:

Primary Emergency Contact

Name: _____ Relationship: _____

Home Phone : (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Address: _____

Street City State Zip Code

Secondary Emergency Contact

Name: _____ Relationship: _____

Home Phone : (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Address: _____

Street City State Zip Code

IMPORTANT – PLEASE NOTE: Two Emergency Contacts are required for all campers. At least one of the above listed Emergency Contacts must be available and willing to accept the person if there is a need for an early release from camp for any reason and the parent or guardian cannot be reached.

Camper Name

SESSION SELECTION

Please indicate Session Preference: *Campers are assigned to sessions by Camp Administrative staff based on assessment and session availability. We will make every effort to place camper in the session of choice but please indicate 1st and 2nd choices for ALL sessions. Campers may sign up for more than one session.*

WEEKEND RESPITE PROGRAM			Dates	Cost
()	Session 1	Children & Teens (11-17)	January 29-31	\$400
()	Session 2	Adults (18 & older)	February 26-28	\$400
()	Session 3	Children & Teens (11-17)	March 12-14	\$400
()	Session 4	Adults (18 & older)	March 26-28	\$400
SUMMER PROGRAM			Dates	Cost
()	Session 1	Adults (18 & older)	June 13-18 (Sun-F) (5 nights)	\$975
()	Session 2	Adults (18 & older)	June 20-June 25 (Sun-F) (5 nights)	\$975
()	Session 3	Children & Teens (11-17)	June 27- July 2 (Sun-F) (5 nights)	\$975
()	*Session 4	Children & Teens (11-17)	July 5 –July 9 (M-F) (4 nights)	\$795
				(1 to 1) \$995
()	*Session 5 (A)	Adults (18 & older)	July 11- July 20 (Sun-T) (9 nights)*	\$1700
				(1 to1) \$2,150
()	5 (B)	Adults (18 & older)	July 11- July 15 (Sun-Th) (4 nights)	\$795
				(1 to 1) \$995
()	5 (C)	Adults (18 & older)	July 17-July 20 (S-T) (3 nights)	\$600
				(1 to 1) \$750
()	*Session 6	Children & Teens (11-17)	July 25- July 30 (Sun-F) (5 nights)	\$975
				(1 to 1)\$1,225
()	*Session 7	Adults (18 & older)	Aug. 1-6 (Sun-F) (5 nights)	\$975
				(1 to1) \$1,225
()	Session 8	Children & Teens (11-17)	Aug. 8- Aug.13 (Sun-F) (5 nights)	\$975
()	Session 9	Adults (18 & older)	Aug. 15- Aug. 20 (Sun-F) (5 nights)	\$975
()	Session 10	Adults (18 & older)	Aug. 22- Aug. 27 (Sun-F) (5 nights)	\$975

- Check In times will be assigned between the hours of 1:00 p.m. and 3:00 p.m. on the first day of each session.
- Pick up times will be assigned between the hours of 8:00 a.m. and 10:00 a.m. on the last day of each session.
- Within each session, campers will be assigned to cabin groups that most closely match their age. Ex: children and older teens will be separated as well as younger adults and older adults.

* Limited one to one attendants are available for these sessions at an additional cost of \$50.00 per day.

♦ Please note that we must have a minimum of 10 participants sign up for the 9-night session or this option will be cancelled.

CAMPER CARE INFORMATION

Please check all that apply and provide detail. Use another sheet if necessary. Answers to these questions will greatly aid counselors in providing proper care to your camper.

Does Camper use any of the following special equipment? Please check below.

IMPORTANT: Camper should bring any of the items that he/she normally uses.

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Canes |
| <input type="checkbox"/> Prosthetics | <input type="checkbox"/> Leg/Body Braces | <input type="checkbox"/> Other Orthopedic Equip. | |
| <input type="checkbox"/> Respiratory Equipment | <input type="checkbox"/> Catheter Equipment | <input type="checkbox"/> Ostomy Equipment | |
| <input type="checkbox"/> Eyeglasses | <input type="checkbox"/> Hearing Aid w/ extra Batteries | | |
| <input type="checkbox"/> Shower/Toilet Chair | <input type="checkbox"/> Helmet | <input type="checkbox"/> Special Eating Utensils | |
| <input type="checkbox"/> Other: _____ | | | |

Please comment on any special care requirements or instructions for above listed equipment:

Camper Walks: unaided with assistance with braces/canes/walker short distances

Camper uses a wheelchair: all of the time sometimes needs chair for long distances

Camper: wheels self needs assistance with pushing

Camper: self-transfers can bear weight during transfers cannot bear weight
 uses Hoyer lift (if lift is used and/or the camper is over 200 lbs. and cannot assist with transfers, a lift must be brought to camp)

EATING AND DRINKING

Camper: feeds self with fork with spoon with fingers
 requires assistance: total partial- explain: _____

usually eats one plateful more- explain: _____
 less- explain: _____

Requires: food to be cut up finely chopped pureed
 other- explain: _____

Drinks: with special cup (please send) with a straw
 coffee, limit? _____ milk water

Other: Has special diet and or drink instructions/restrictions- explain: _____

 food allergy _____
 food aversion _____
 Diabetic? _____

WASHING/BATHING

Showering: independent independent with prompting requires partial assistance
if partial assistance needed- explain: _____
 requires total assistance has special bathing needs- explain: _____

Hygiene (*brushing teeth, combing hair, shaving, etc.*):

independent independent with prompting requires partial assistance
 requires total assistance
if partial assistance needed- explain: _____

DRESSING

independent requires partial assistance requires total assistance
if partial assistance is needed- explain: _____

TOILETING

Camper: independent requires partial assistance requires total assistance
if partial assistance is needed- explain: _____
has bladder control yes no has bowel control yes no

has a catheter self-caths requires nurse assistance
Please list catheterization schedule: _____

wears diapers/pull ups all the time at night only
if camper wears diapers, please be sure to send enough for the entire session.
 wets bed needs to "sit" on toilet- how long? _____
 uses a urinal uses a bedpan uses a toilet chair

Please explain any special toileting routines or instructions: _____

Female campers: if monthly periods have begun, does camper require assistance? yes no

SLEEPING (IMPORTANT- PLEASE NOTE: Staff sleep in the cabins with the campers at night but they are not awake the entire time. Cabin doors are not locked. Campers who may wander from the cabin or who will be disruptive to others during the night are not eligible for camp. If these behaviors occur while at camp, the camper may be sent home.)

Camper: Gets up during the night- explain: _____
 Uses a nightlight
 Needs to be turned during the night, if so, how often: _____
 Displays specific night-time behaviors- explain; _____
 Has special night-time routine- explain; _____

Other comments/suggestions for helping the camper to settle at night: _____

SEIZURES

Does the camper have seizures? yes no If so, what type? _____
Frequency _____ Does anything in particular cause a seizure? _____
Is there any specific behavior that precedes a seizure? _____
How long does a typical seizure last? _____
How long does a seizure last before you obtain emergency treatment? _____

COMMUNICATION/SOCIALIZATION

Camper:

- () speaks clearly?
- () speaks and/or understands language other than English? What language? _____
- () uses hands/gestures- explain: _____
- () uses sign language
- () non-verbal
- () uses communication board/device (if yes, please send to camp)
- () has special signal for "yes" and "no"- explain: _____

Does camper have a friend coming to camp? Would they like to be in the same cabin? If so, please list their first and last name: _____

BEHAVIOR

Does Camper:

() Have any apparent emotional problems or challenging behavioral patterns? Explain:

- () Have occasional periods when temper is exhibited?
- () Are there specific things/situations that will cause temper outbursts? Explain: _____

What does the camper do during outbursts? _____

- () Exhibit disruptive/assaultive behaviors (hitting, kicking, biting, hair pulling, throwing things, etc.) Explain: _____

Please explain the best method of behavior management, if necessary: _____

- () Have any specific fears? Explain: _____
 - () Have any particular worries/concerns? Explain: _____
 - () Have a tendency to wander from the group? Explain: _____
- If camper wanders, what is the best way to redirect him/her towards the group?* _____

- () Dislikes group activities? _____

IMPORTANT – PLEASE NOTE: if camper's needs/behaviors fall outside the scope of the program, the camper will be sent home.

OPTIONAL - ADDITIONAL INFORMATION

We encourage you to give us any additional information that will assist us in providing the best care and camp experience for your camper during their stay with us:

Please complete the following regarding ethnicity and income. This information is significant for AbilityFirst's use in obtaining outside funding. This information is kept in strict confidence.

Ethnicity of Camper:

- African American Latino Asian/Pacific Islander Caucasian Native American Other

Annual Household Income Level:

- below \$18,000 \$31,001 - \$37,000
 \$18,000 - \$24,500 \$43,301 - \$50,000
 \$24,501 - \$27,500 over \$50,000
 \$27,501 – 31,000

Please tell us how you learned of our program at Camp Paivika: _____
Does applicant attend another AbilityFirst location? _____ If so, where? _____

Acceptance Conditions

AbilityFirst Camp Paivika reserves the right to refuse to provide services to any individual when the camp staff determines that the individual cannot be provided adequate support by AbilityFirst Camp Paivika. These decisions are made on an individual basis by camp administrative staff.

Parents and/or care providers will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral issue.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW

I agree to the Acceptance Conditions above. Should it become necessary for my camper to leave camp, or any AbilityFirst Camp Paivika function, for any reason, I will make provisions to pick up the camper in a timely manner. I hereby certify that to the best of my knowledge, all of the information contained in this application is true and complete.

I hereby authorize the release of all pertinent information regarding this camper to AbilityFirst. I agree to notify AbilityFirst Camp Paivika of any changes that need to be made in this application before camp.

Signature

Relationship to camper

Date