MINI CAMP SUMMERWOOD

June 29 TO AUG 7, 2014

5 YEAR OLD

PARTICIPANT NAME: FIRST_____LAST_____

SHIRT SIZE (circle one) <u>YOUTH:</u> small medium large

DATE OF BIRTH: _____/_____/_____ (*Please provide proof of age)*

all campers ages 4 &5 will be required to provide a sleeping bag or blanket for "quiet time" activities

SEX: M_____ F_____

ADDRESS: STREET_____CITY_____ZIP_____

CELL PHONE (__) _____ WORK PHONE (____) _____ HOME PHONE (__) _____

DOES YOUR CHILD REQUIRE A SHADOW?_____WHY?_____

****PRIMARY DISABILITY/DIAGNOSIS(If Applicable) _____****

PARENT/GUARDIAN NAME_____

FATHER'S WORK PHONE (___)_____ MOTHER'S WORK PHONE(__)_____

FATHER'S CELL PHONE (___)_____ MOTHER'S CELL PHONE (__)_____

PRIMARY EMAIL ADDRESS (REQUIRED)_____

FEE:

Discount period 03/02/2015 to 03/31/2015	**$490.00**
Regular period 04/01/2015 to 04/30/2015	**$540.00**
(Non Resident) Register 04/01/15 to 04/30/15	**$640.00**

PAID: CASH_____CHECK#_____MC/VISA _____

*****DUE TO A LIMITED NUMBER OF SPACES, THERE ARE NO REFUNDS GIVEN TO ANYONE FOR MINI CAMP SUMMERWOOD AFTER APRIL 30TH*****

_____

SIGNATURE OF PARENT OR GUARDIAN DATE

MEDICAL INFORMATION

PLEASE LIST ANY MEDICATION PARTICIPANT TAKES THAT MAY AFFECT THEIR CAMP EXPERIENCE:

_____

(MEDICATION) (DOSAGE) (FREQUENCY)

DOES PARTICIPANT HAVE ALLERGIES? YES____NO____
IF YES, PLEASE EXPLAIN:____
_____

HAS PARTICIPANT HAD ANY MAJOR ACCIDENTS/INJURIES THAT COULD AFFECT PRTICIPATION? YES____NO_____IF YES, PLEASE DESCRIBE:_____

ARE THERE ANY DOCTOR'S RESTRICTIONS? YES____NO____
IF YES, PLEASE DESCRIBE: _____

CIRCLE ANY DEVICES PARTICIPANT MAY USE/WEAR DURING GAMES:
CONTACT LENSES / ORTHOPEDIC DEVICES / GLASSES / HEARING AID / PROSTHESIS
OTHER:_____

MOBILITY INFORMATION

IS PARTICIPANT ABLE TO WALK? YES_____ NO_____

DOES PARTICIPANT USE A WHEELCHAIR? YES_____NO_____

CIRCLE OTHER ASSISTIVE DEVICES USED FOR WALKING:
CANE / WALKER / BRACE / CRUTCHES / OTHER_____

DIETARY NEEDS

DOES PARTICIPANT HAVE A SPECIFIC DIET, DIETARY RESTRICTIONS, OR ANY FOOD THAT MAY CAUSE BEHAVIORAL CHANGE? YES_____NO_____ PLEASE EXPLAIN:_____

IS ASSISTANCE NEEDED IN EATING? YES_____ NO____ PLEASE EXPLAIN:_____

SAFETY

PLEASE INDICATE **YES** OR **NO** TO THE FOLLOWING: (CIRCLE ONE)

WILLING TO STAY WITH GROUP	YES	NO
ABLE TO SAY NAME AND PHONE	YES	NO
CAN BE HELD RESPONSIBLE FOR OWN BELONGINGS	YES	NO
CAN RECOGNIZE DANGER	YES	NO
MAY WANDER OR RUN AWAY	YES	NO

BEHAVIOR/PERSONALITY (COMPLETE IF APPLICABLE)

DESCRIBE THE BEST WAY TO GET THE PARTICIPANT INVOLVED IN AN ACTIVITY:

_____

DESCRIBE ANY PHOBIAS / FEARS, E.G., FEAR OF DOGS, HEIGHTS, CONFINEMENT:

_____

DESCRIBE ANY SETTINGS OR ACTIVITIES THAT MIGHT CAUSE BEHAVIOR DIFFICULTIES, E.G., NOISY SURROUNDINGS, AIRPLANES, DANCE CLUBS, FLASHING LIGHTS, ETC.?

_____

DESCRIBE THE BEST WAY TO TRANSITION, INTRODUCE OR EXPLAIN NEW TASKS OR TRANSITIONS:

_____

DESCRIBE THE TYPES OF SITUATIONS THAT FRUSTRATE THE PARTICIPANT:

_____

DESCRIBE THE BEST WAY TO REDIRECT OR ENGAGE THE PARTICIPANT'S ATTENTION:

_____

IS THE PARTICIPANT USING A SPECIFIC PLAN FOR BEHAVIOR? YES___ NO___ (IF YES, PLEASE ATTACH A COPY OF THE PLAN)

DOES PARTICIPANT ACT OUT? YES NO
PLEASE EXPLAIN:_____

DESCRIBE TYPE OF BEHAVIOR MANAGEMENT OR REINFORCEMENT THAT WORKS BEST?

_____

WHAT TYPE OF ADDITIONAL ASSISTANCE DO YOU THINK THE PARTICIPANT MIGHT REQUIRE TO PARTICIPATE SUCCESSFULLY IN A RECREATION SETTING?

_____

COMMUNICATION

DOES PARTICIPANT SPEAK ENGLISH?	YES	NO
DOES PARTICIPANT USE SIGN LANGUAGE?	YES	NO
CAN PARTICIPANT READ AND WRITE (ENLGISH):	YES	NO

SPECIFY OTHER COMMUNICATION METHODS OR NEEDS:_____

PERSONAL CARE

DOES PARTICIPANT NEED ASSISTANCE IN BATHROOM? YES NO
ARE REGULAR BATHROOM TIMES NEEDED? YES NO
IF YES, PLEASE DESCRIBE:_____

SWIMMING

DOES PARTICIPANT SWIM YES NO
NEED ASSISTANCE IS WATER YES NO

*****PLEASE KNOW MINI CAMP SUMMERWOOD PARTICIPANTS ARE CONFINED TO THE BABY POOL ON SWIM DAYS*****

NEED ASSISTANCE IN DRESSING? YES NO

PLEASE EXPLAIN:_____

THE ABOVE INFORMATION WILL BE USED TO PROVIDE THE MOST EFFECTIVE PLAN FOR PROVIDING THE BEST RECREATION SERVICES FOR YOUR CHILD. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

- - - -