

Today's Date _____



May 10-12 _____ May 31-June 2 _____

Please mark your 1st choice with a (1) and 2nd choice with a (2).

Adult Camper's Name: _____

Date of Birth: _____ Gender: _____

Camper Home Address: _____ City: _____ Zip: _____

Home Phone: _____

Email for Future Applications: _____

Please provide as much detailed information about your Camper as possible when answering the questions in this application. Leave no question blank.

Name of Mother/Father and/or Guardian: _____

Home Phone: _____ Cell Phone: _____

Name of Group Home/Caretaker: _____

Home Phone: _____ Cell Phone: _____

If not accepted, I would like my camper's name placed on the WAITING LIST for:

Weekend 1 ___ Weekend 2 ___ Both Sessions ___ DO NOT place on waiting list ___

Signature of Legal Guardian

Date

FAMILY/CONTACT INFORMATION

In case of emergency, other than parents/guardians/Group Home

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Relationship to camper: _____

Is this person authorized to pick up camper from camp? Yes ___ No ___

FAMILY DESCRIPTION

Please give the names and ages of siblings as well as other people important to your camper (include pets if camper will talk about them at camp). Please note (*) those living at home.

Name	Relationship	Age

GENERAL INFORMATION

1. Educational Classification: (please indicate with an X)
- Hearing Impaired Autistic Down's Syndrome
 Multiple Disabilities Deaf/Blindness Other: _____
 Visually Impaired Traumatic Brain Injury
 Mild/Moderate/Severe Cognitively Impaired (circle one) _____

2. Please provide any other specific information about your camper's diagnosis: _____

Motor Skills

1. Does he/she walk unassisted? Assisted? Describe: _____
2. Does he/she require any of the following: Wheelchair? Braces? Crutches?

Communication Skills

1. Is he/she verbal? Yes No
- If verbal, is he/she able to adequately communicate his/her needs through the use of speech?
Yes No
2. If he/she is non-verbal, how do they communicate?
Gestures Sign Language PECS book Augmentative Communication Device.
Please detail, if necessary _____

PERSONAL CARE

Dressing Skills

1. Does he/she dress/undress unassisted? Yes No
- If he/she requires assistance, please explain using details: _____
2. Does he/she: button zipper snap his/her clothing?
3. Please provide any other pertinent information about his/her dressing routine? _____

Toileting Skills

1. Does he/she indicate that they need to use the bathroom? _____
2. Does your camper wear diapers? Yes No
- If yes, when does he/she require diapers? ONLY at bedtime both day and night
4. Does he/she bed wet? Yes No
- If yes, we recommend sending a plastic mattress cover and extra bedding.*
5. Is your camper on a specific toilet schedule? Yes No
- Please explain: _____
6. Please provide any other pertinent information about his/her toileting routine: _____

Bedtime Routines

1. What time does your camper usually go to bed at night? _____ Wake up? _____

3. Does he/she fall asleep soon after retiring? Yes _____ No _____

4. Is there any special method of settling him/her down (ex. music, flashlight, etc.)? Please be specific: _____

5. Does he/she sleep through the entire night? Yes _____ No _____

If no, please explain:

6. Does he/she walk in their sleep? Yes _____ No _____

7. Please provide any other pertinent information about his/her bedtime routine: (ex. bed rails, special sheets or pillows, etc.)

EATING/ DIETARY NEEDS

Does he/she:

Assistance Needed yes/no

1. Drink from a glass? _____ Straw? _____

2. Please describe his/her needs and any pertinent information at the table:

3. Does he/she use a feeding tube? Yes _____ No _____ Explain: _____

4. Does he/she have any allergies to food? Yes _____ No _____

If yes, please list food and reaction if eaten:

5. Does he/she follow any special or restricted diets? Yes _____ No _____

Please explain in detail: _____

6. Describe his/her appetite (ex. tendency to overeat, picky, a few mouthfuls, etc.): _____

SOCIAL/RECREATION

Social and Play Skills

1. What is his/her reaction to: Crowds _____
loud noises/music _____

2. Does he/she know how to have appropriate interactions with members of the opposite sex?
Yes _____ No _____ If no, please describe the interaction:

3. Describe how he/she reacts to group activities/organized sports?

4. Give examples of type of play activities that he/she enjoys (i.e. building, dress-up, sports, drawing, etc.):

5. Does he/she have a tendency to wander off and hide? Yes _____ No _____

Year Round and Camp Activities

1. List all recreational/respice/daily routines/day programs he/she is involved in on a fairly regular basis: Name of program/agency Location of program How frequently attended

BEHAVIOR MANAGEMENT

1. Please give a short description of his/her personality: _____

2. Does he/she have outbursts of temper? Yes ____ No ____

If yes, describe the behavior. What does it look like?

What events or situations seem to cause the behavior? How is it handled?

3. Is your he/she ever harmful toward himself or others? Yes ____ No ____

If yes, describe the behavior. What does it look like?

4. Are there any significant changes in your camper or in their life since the last time they attended camp? _____

MEDICAL AND INSURANCE INFORMATION

Medication

1. Does he/she take any medication? Yes ____ No ____

2. How he/she take their medication

_____ independent _____ crushed _____ applesauce

3. Please list all medications currently being administered.

Name of Medication Dosage Time of Day Administered Reason for Medication

4. Can over the counter medications be administered ____ Yes ____ No (Please Circle which)

Tylenol Aspirin Advil Sudafed Pepto Bismol Tums

Maalox Pepcid AC Immodium AD Cough drops Cough Syrup

5. Health Insurance Coverage Company Name: _____

Policy Number: _____

PLEASE ATTACHE A COPY OF THE MOST RECENT INSURANCE CARD

Please list any other know allergies: _____

Seizures

1. Does he/she have seizures? Yes ____ No ____

Describe type: ____ major motor (gran mal) ____ absence (petit mal) ____ other

2. How frequently does he/she have seizures? When was the last seizure?

3. How long do they usually last? What are the warning signs of the onset of the seizure?

4. What happens after the seizure? What is the recommended response and follow up to the seizure?

We occasionally have a Catholic Mass at camp. Can he/she attend? ____yes ____no

CAMP FATIMA

Release Form

Participant's
Name:

LAST FIRST
Dates
Attending: _____

RELEASE

I, the undersigned parent and/or legal guardian of the above named participating adult, hereby request permission for the adult to participate in the Camp Fatima CIC Program. I represent and warrant to you that the adult is physically and mentally able to participate in the program.

If I am my own guardian, I may sign the form myself.

CONSENT TO TREATMENT: I authorize such medical personnel of Camp Fatima may designate to carry out any minor medical treatment, or take the above named participant to the emergency room of the nearest hospital for further medical treatment. It is understood that if hospitalization or treatment of a serious nature is required, the parent/guardian will be contacted, if possible.

RELEASE OF CLAIM: On behalf of the participant and myself, I acknowledge that the participant will be using the facility at his/her own risk.

PERMISSION TO PUBLISH: In permitting the individual to participate, I grant permission to use the name and likeness of the person in the media (TV, radio, magazines, pamphlets) for the purpose of advertising for Camp Fatima of N.J. and in appealing for funds to support the organization.

I, the undersigned, have read and fully understand the provisions of the above release, and have explained them, where applicable, to the participant. I hereby agree that the said participant and I will be bound thereby.

X

SIGNATURE: _____ DATE: _____