



www.campfatimanj.org

Dear Parent or Guardian:

Enclosed please find an application for the 2019 summer camp session. Camp will be located at the Baptist Conference Center in Lebanon, New Jersey. This year we will be running two one-week camp sessions. The dates are:

Session #1 – Sunday, August 11, 2019 to Saturday, August 17, 2019

Session #2 – Sunday, August 18, 2019 to Saturday, August 24, 2019

Please indicate on the application the week you would like your child to attend. Due to the lengthy waiting lists each year for each week, **you must pick ONE week for which to apply.** If you do not get in for the week you choose, you will be put on the waiting list for that week only.

Completed applications are due by **April 1, 2019.**

All applications are to be EMAILED to:
camper.committee@campfatimanj.org

Camp Fatima is an all-volunteer, one to one, sleep away, free camp for children with disabilities. Each camper will have their own counselor. Due to the volume of applications we receive and the fact that acceptances are based on the number of volunteers we recruit, **WE CANNOT GUARANTEE** that we will be able to accommodate all applicants. Application to camp is open to children between the ages of 5-21 years old.

All NEW applicants will be contacted for an interview. Some campers who have previously attended camp *may* be contacted for an interview. All interviews will be held in May. You will be contacted via email or phone to schedule your interview.

Acceptance and waiting list letters will be emailed to you by June 30, 2019. If you do not receive notification of your status by then, please email camper.committee@campfatimanj.org. Campers who have been accepted or placed on the waiting list will receive additional information with their status letter. If you have questions or need further information, please contact the camper committee via email at camper.committee@campfatimanj.org.

Sincerely,

Camp Fatima of NJ Camper Committee

INTRODUCING: CAMP FATIMA'S NEW APPLICATION PROCESS

This year's application is now 100% digital , meaning all information will be entered directly into the application with no need to hand-write any part of the application.

To complete the application, follow the steps below:

- 1. Fill in all fields in the application.** There will be three types of fields, demonstrated in the screenshot below:

PERSONAL CARE

Dressing Skills

- 1) Does your child dress unassisted? Yes No
- 2) Does your child undress unassisted? Yes No

If your child requires assistance, please explain using details:

This is text field. Enter information here to answer question.

- 3) Does your child: button zipper snap his/her clothing?
- 4) Please provide any other pertinent information about his/her dressing routine?

- a. **Text** (rectangular blue box, which will change to a white background once text is entered): enter any text, as seen in the explanation field of the screenshot above
 - b. **Radio** (circles/bubbles): this is used when you can only select one option, such as the Yes or No questions seen above
 - c. **Checkbox** (outlined blue squares): this is used when you can select multiple options, as seen in question 3 above
- 2. There are some fields that are required fields. They are outlined in red and must be filled in.**
 - 3. Applicant Photo** - A current photo is required to complete your application. You may cut and paste it on page 1 in the photo box in the upper left hand corner. Another option is that you may email it as an attachment with your application.
 - 4. Sign all required areas by typing in your full name and date. You may digitally sign but digital signatures are not required.**
 - 5. Save the application as "2019 Summer Camp Application and the camper's last name, camper's first name"**
 - a. If you are viewing the application in Adobe Reader, click File > Save As. If you are viewing the application in a web browser , you will need to click Print > and set the destination to "Save as PDF"
 - 6. Email the following to camper.committee@campfatimanj.org with the subject line "2019 Summer Camp Application and the camper's last name, camper's first name":**
 - a. Saved application
 - b. A recent photo of the camper
 - c. Please attach both items to the same email

We understand this is a new format and you may have questions or concerns. Please feel free to reach out to us at camper.committee@campfatimanj.org and we will gladly assist. Our hope is that this will save you time and improve the process for everyone!

Applicant Photo

You can add it here or send as an attachment to your email when you send in your application in.

It is extremely important that you provide us with a current photo. Not doing so will delay the processing of your application.

Camp Fatima of New Jersey

2019 Camper Application

Today's Date: _____

Child's name: _____

Nickname: _____

Age child will be in August 2019: _____

Has your child attended Camp Fatima before? Yes No

Has your child interviewed with Camp Fatima before? Yes No

If your child has been to Camp Fatima, when was the last year your child attended? _____

Camp Fatima is New Jersey's only all-volunteer, one to one camp for children with disabilities. Each camper is carefully matched with a counselor who will care for them for the entire week. To help their week together run smoothly, please provide as much detailed information about your child as possible when answering the questions in this application. Thank You.

There are two (2), one- week camp sessions. **Please SELECT the session that you are applying for.**

SESSION ONE:
Aug. 11th - 17th

SESSION TWO:
Aug. 18th - 24th

How did you learn about Camp Fatima? (Ex: Family, Friends, Newspaper?)

Name of Mother or Guardian: _____

Marital Status: _____ Is this person the primary contact? Yes No

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail address: _____

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

Name of Father or Guardian: _____

Marital Status: _____ Is this person the primary contact? Yes No

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail address: _____

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

FAMILY/CONTACT INFORMATION

In case of emergency, please name two (2) relatives and/or friends we can contact:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone _____

Business Phone: _____ E-mail address: _____

Relationship to child: _____

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

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone _____

Business Phone: _____ E-mail address: _____

Relationship to child: _____

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

If you plan to be away from home during that week, please provide the following:

Name of hotel/resort or person staying with: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Date(s) Applicable: _____

FAMILY DESCRIPTION

Please give the names and ages of all family members. Please check box if living at home.

Name	Relationship	Age	Living at Home
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Please list other people important to your child (include pets if your child will talk about them at camp).

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there more than one person with a disability living at home? Yes No

If yes, who? Please describe this person's disability:

GENERAL INFORMATION

It is very important that ALL this information is filled in. Leaving any of this information blank will delay the processing of your application.

- 1) Height: ___ ft. ___ in. Weight: _____ lbs Date of Birth: _____ Gender: _____
- 2) Educational Classification: (please select any that apply)
- | | | |
|--|------------------------|--------------------------|
| Auditorily Impaired | Autism/PDD | Communication Impaired |
| Multiple Disabilities | Deaf/Blindness | Orthopedically Impaired |
| Visually Impaired | Traumatic Brain Injury | Other Health Impairments |
| Mild/Moderate/Severe Cognitively Impaired (circle one) | | Other: _____ |
- 3) Please provide any other specific information about your child's diagnosis:

Please check Yes or No for the following 4 questions. You will be asked to provide more detailed information for these questions in the pages to follow.

- 4) Does the child have an allergy to food? Yes No
- 5) Does the child have an allergy other than food (e.g. medications, bees, latex)? Yes No
- 6) Do any of the child's allergies cause an anaphylactic reaction (e.g. requires an EPI pen)?
Yes No
- 7) Has the child ever had a seizure? Yes No If YES, when was the most recent? _____
- 8) Name of School Child Attends: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Teacher's Name: (First, Last) _____
Type of Class: _____
Grade your child will be entering in the fall (if applicable) _____

During this application process, if necessary, may Camp Fatima contact your child's teacher for additional information? Yes No

Parent/ Guardian Signature _____ Date _____

Motor Skills

1) Does your child walk Unassisted? ____ Assisted? ____ Describe:

2) Does your child require any of the following: Wheelchair? ____ Braces? ____ Crutches? ____

3) If your child uses a wheelchair, please describe method of transfer and level of assistance needed (i.e. stand and pivot, lift, etc.)

Communication Skills

1) Is your child verbal? Yes No

2) If verbal, is your child able to adequately communicate his/her needs through the use of speech?
Yes No

3) Does your child have any specific speech difficulties? Yes No If yes, please explain:

4) If your child is non-verbal, how does he communicate?

Gestures Sign Language PECS book Augmentative Communication Device

***** To allow your child to interact and communicate their best, Camp Fatima recommends that you send any communication device and/or system with your child to camp. *****

5) What is the language spoken at home? _____

6) Does your child speak/understand English? Yes No

7) Does your child speak/understand any language other than English? Yes No

If yes, which language: _____

PERSONAL CARE

Dressing Skills

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- 3) Does your child: button zipper snap his/her clothing?
- 4) Please provide any other pertinent information about his/her dressing routine?

Toileting Skills

- 1) Is your child toilet trained? Yes No

How does your child indicate that he/she needs to use the bathroom? _____

- 2) Does your child wear diapers? Yes No Size _____

If yes, when does he/she require diapers? ONLY at bedtime _____ Both day and night _____

Please describe position best suited for changing diapers (ex. lying down, standing, etc.):

⇒ **If yes, please send more than enough diapers for a full week.**

- 3) Does your child need assistance using the toilet tissue? Yes No

- 4) Does your child bed wet? Yes No

⇒ **If yes, we recommend sending a plastic mattress cover and extra bedding.**

- 5) Is your child on a specific toilet schedule? Yes No Please explain:

6) How often does he/she have a bowel movement? _____

- 7) Please provide any other pertinent information about his/her toileting routine:

Grooming Skills

- 1) At home, does your child: Shower Take baths Both
Is he/she fearful of the shower? Yes No Is he/she fearful of taking baths? Yes No
Please describe your child's bathing routine:

- 2) Does your child wash and dry him/herself unaided? Yes No
- 3) Does your child need assistance brushing their teeth? Yes No
If yes, please explain: _____
- 4) Does your child menstruate? Yes No
- 5) Does she have cramps during menstruation? Yes No
How is any pain relieved? _____
- 6) Is your child able to attend to her own menstrual care? Yes No
If no, what assistance is needed?

Bedtime Routines

- 1) Will your child take an afternoon nap? Yes No Length _____
- 2) What time does your child 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 your child sleep through the entire night? Yes No If no, please explain:
- 6) Is he/she a sound sleeper? Yes No
- 7) Does your child walk in their sleep? Yes No
- 8) Does he/she have frightening dreams? Yes No
- 9) Is he/she fearful of storms? Yes No
- 10) Has your child ever slept away from home? Yes No
If yes, please explain their reaction: _____
- 11) Does your child sleep with anyone else in the room at night? Yes No
- 12) Please provide any other pertinent information about his/her bedtime routine:

⇒ If your child uses bed rails, special sheets, pillows, etc., please provide them for the week at camp.

EATING/ DIETARY NEEDS

1) Does your child: **Yes** **No** **Assistance Needed**

Eat with a spoon?

Eat with a fork?

Use a table knife?

Drink from a glass?

2) Does your child require special utensils for eating? Yes No

built up spoon special cup plate with guard other

Please describe utensils and method of feeding:

⇒ **Please send utensils and any special foods with your child to camp.**

3) Does your child use a feeding tube? Yes No Explain:



4) Does your child have any ALLERGIES TO FOOD? Yes No

FOOD

Reaction

How do you manage the reaction?

(ex. Peanuts)

(ex. rash, anaphylactic shock, etc.)

(ex. EpiPen, Benadryl, etc.)

5) Please specify any type of food that your child:

Especially enjoys: _____

Is restricted from eating: _____

Has intolerance to (i.e. Gluten Free, Casein Free, etc.): _____

Will you be bringing special foods for your child? Yes No

Explain: _____

6) Does your child follow any special or restricted diets? Yes No

chopped pureed thickened liquids special foods other

Please explain in detail:

7) Describe child's appetite (ex. tendency to overeat, picky, etc.):

8) Please provide any other pertinent information about your child's behavior or needs during mealtime:

9) Do you think your child would become over stimulated while eating in a loud and busy dining hall?

Yes No If yes, please explain:

SOCIAL/RECREATION

Social and Play Skills

1) What is your child's reaction to:

Crowds _____

Loud noises _____

Water _____

Campfires _____

Animals _____

Costumes/characters _____

Fireworks _____

Other _____

2) Does your child play well with other children? Yes No

3) How does he/she interact with other children? _____

4) Is your child conscious of the opposite sex? Yes No

If yes, do they act appropriately? Yes No

If no, please explain behavior _____

5) Describe how your child reacts to group activities?

6) Does he/she initiate his/her own play activities? Yes No

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

8) Does your child have difficulty transitioning from one activity to another? Yes No

a) If yes, please give a brief example of a difficult transitional scenario:

b) Please describe strategies used to avoid difficulties?

9) Does your child tire easily or need to rest often during physical activities? Yes No

If yes, explain _____

10) Would your child appear in front of a group (singing, dancing, etc.) Yes No

11) Does your child have a tendency to wander off and hide? Yes No

12) Has your child ever ran away from you in a crowd? Yes No

If yes, please explain how you handled the situation:

Arts and Crafts

1) Is your child: Right Handed Left Handed Both

2) Is he/she able to cut with scissors safely/properly? Yes No

3) Does your child enjoy using paint? Yes No

4) Has your child any strong likes or dislikes in art activities? _____

If yes explain: _____

Waterfront

1) Is your child afraid of the water? Yes No

2) Does your child swim

Independently? Yes No

With assistance from another person? Yes No

Describe assistance needed: _____

With aide from a raft or tube? Yes No

3) Has your child ever received swimming instructions? Yes No

Describe his/her experience: _____

4) For non-swimmers

Will he/she walk in the water independently? Yes No

Must he/she be carried into the water? Yes No

Does he/she require a tube or other supportive device in order to remain in the water? Yes No

5) Will he/she engage in water activities? (i.e. water races etc.) Yes No

6) Does he/she sunburn easily? Yes No

7) In addition to sunscreen, what other precautions should be used? _____

8) Does he/she get cold quickly and easily? Yes No

9) How long does your child usually stay in the water? _____

10) Describe your child's abilities and experiences in the water:

11) Has your child ever been in a rowboat? Yes No

Describe his/her experience: _____

12) Has your child ever gone fishing? Yes No

Describe his/her experience: _____

Year Round and Camp Activities

1) List all **recreational** programs that your child is involved in on a fairly regular basis:

Name of program/agency	Location of program	How frequently attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe your child’s reaction to these activities:

2) Has your child ever attended Camp Fatima before? Yes No

If yes, list number of years and dates: _____

3) Has your child ever attended any type of day camp program? Yes No Years _____

4) Is your child attending day camp this summer? Yes No

5) Has your child ever attended any overnight camps? Yes No Years _____

Is your child attending another overnight camp this summer? Yes No

6) Please list **all camp experiences** (day and residential) outside of Camp Fatima

Name	Location	Dates Attended/Planning to Attend
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe your child’s reaction to his/her camping experiences:

ADDITIONAL INFO:

Please provide any pertinent information of a situation or life change that has affected your child's life this past year or anything else that you would like Camp Fatima to know about your child. (ex. Change of schools, moved to a new home, death in family, etc.).

BEHAVIOR MANAGEMENT

- 1) Please give a short description of your child's personality

- 2) List some activities/items that your child likes to receive after displaying good behavior. What is reinforcing to him/her? (i.e. certain foods, tickets, praise, games, music, etc.)

- 3) Does he/she have meltdowns or outbursts of temper? Yes No
If yes, describe the behavior. What does it look like?

What events or situations seem to cause the behavior?

What do you do when this behavior occurs?

- 4) Explain any warning signs that your child's counselor should be aware of in terms of onset of a behavioral incident:

- 5) Is your child ever harmful toward himself or others? Yes No
If yes, describe the behavior. What does it look like?

What events or situations seem to cause the behavior?

What do you do when this behavior occurs? How is it handled?

- 6) Does your child ever deliberately destroy things? Yes No
 If yes, please explain:
- 7) Does your child masturbate? Yes No
 If yes, what do you do when this behavior occurs? _____
- 8) Camp Fatima **DOES NOT** use corporal punishment. Please provide alternatives or suggestions for handling behavioral concerns. _____
 ⇒ **If your child has a reinforcement system or a behavior management plan please attach a copy.**

MEDICAL AND INSURANCE INFORMATION

Medication

- 1) Does your child take any prescribed and/or over the counter medication(s)? Yes No
 What method do you use in getting your child to take his/her medication?

- 2) Please list all medications currently being administered to your child.

⇒ **This question is for information only. If child is accepted to camp a current medication record and physician's orders will be needed.**

<u>Name of Medication</u>	<u>Dosage</u>	<u>Time of Day</u>	<u>Reason for Medication</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 3) Health Insurance Coverage Company Name: _____
 Policy Number: _____

⇒ **Camp Fatima does not provide medical insurance. All medical/ health care bills are the responsibility of the parents/guardians.**

- 4) Print full name and address of child's primary doctor:
 Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

- 5) Does your child see a specialist? Yes No If yes, what for? _____
 Specialist Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

If necessary, I hereby authorize my child's physicians/nurse practitioners to speak with, provide information to and consult with Camp Fatima about the medical/ healthcare needs of my child.

Parent/ Guardian Signature _____ **Date** _____

Medical/ Health Concerns

1) Does your child have any medical/health concerns? Yes No

If yes, please describe:

2) Does your child have **any allergies** (not food related)? Yes No

If yes, please describe:

3) Is your child able to communicate that he/she is not feeling well? Yes No

Explain:

4) Explain any warning signs that you child's counselor should be aware of in terms of onset of illness:

5) Is there anything special that you do to make your child feel more comfortable when they are not feeling well? Yes No

Explain:

Seizures

1) Has your child ever had a seizure? Yes No

Describe type(s) (i.e. major motor (gran mal), absence (petit mal), febrile):

2) Does your child have a diagnosed seizure disorder? Yes No

3) How frequently does your child have seizures? (i.e. # of times per day/week/month/year):

4) When was the date of the last seizure?

5) How long do the seizures usually last?

6) Describe any warning signs of the onset of seizures?

7) Describe any triggers or situations to avoid?

8) What course does the seizure usually follow? What does the seizure usually look like?

9) Has your child ever become cyanotic (blueish) during a seizure? Yes No

10) Has your child ever received or have a current prescription for medication to be used during a seizure? (i.e. Diastat/rectal Valium) Yes No

If yes, describe medication, how it is given, and when it is given:

11) Does your child have/use a Vagus nerve stimulator for seizures? Yes No

If yes, describe assistance needed:

RELEASE

If accepted, I hereby give permission for my child to attend Camp Fatima of New Jersey.

Yes No

Are you willing to be considered for a waiting list if not accepted? YES NO

If pictures/videos are taken of my child at camp, I hereby give Camp Fatima permission to use them in brochures, newspaper articles, videos, pictures or other publications (including social media) to advertise camp? Yes No

Camp Fatima generally matches female campers with female counselors and male campers with male counselors, however as we generally have more female counselors available we will, at times, match young male campers with female counselors allowing us to serve more campers in a given year.

I hereby give permission for my son to be matched with a female counselor.

Yes No N/A

As you may very well know, space is extremely limited, and we are not able to accept all those that apply. If you are applying for more than one child, and we are not able to accept all your children, is it ok to accept one and not the other(s)? **Yes No N/A**

If yes, please let us know the order in which you would like your children accepted if we cannot accept all of them. _____

Signature of Parent #1/Guardian

Date

Signature of Parent #2/Guardian

Date