CAMP NORTHSTAR - CAMPER APPLICATION

(Please print clearly in blue or black pen)

PERSONAL INFORMATION

NAME: _______________________________________________________________________________________
M/F___
ADDRESS: ______________________________________________________________________________________
PHONE NUMBER: ________________________________________________DATE OF BIRTH ____________________
PARENT / LEGAL GUARDIAN NAME: ________________________________________________________________
SCHOOL ATTENDS: _____________________________________________________________________________
IF OVER 21, PROGRAM ATTENDING: (INDICATE WHICH APPLIES)
_____DAY TREATMENT   _____WORKSHOP   _____COMPETITIVE EMPLOYMENT   _____OTHER
WHERE: ________________________________________________________________HOW LONG? ________________
DOES THE APPLICANT PARTICIPATE IN ANY ORGANIZED ACTIVITIES?     _______YES  _______NO
SPECIFY:  __________________________________________________________________________________________
HAS INDIVIDUAL EVERY BEEN AWAY FROM HOME BEFORE?     _____YES   _____NO
IF YES, WHAT CAPACITY?  _____________________________________________________HOW LONG? _________
HAS INDIVIDUAL HAD PREVIOUS OVERNIGHT CAMP EXPERIENCE?     _____YES   _____NO
IF SO, WHERE?   ___________________________________________________________________________

MEDICAL INFORMATION

DIAGNOSIS: ________________________________________________________________________________________
ANY PHYSICAL LIMITATIONS THAT RESTRICT MOBILITY?     _____YES    _____NO
IF YES, PLEASE SPECIFY:  ___________________________________________________________________________
___________________________________________________________________________________________________
ANY HEALTH ISSUES (SEIZURES, DIABETES, ASTHMA, ETC)? ___________________________________________
ANY ALLERGIES? ___________________________________________________________________________________
VISION IMPAIRMENT? _____YES _____NO   /   HEARING IMPAIRMENT? _____YES _____NO
IS CAMPER ON MEDICATION?    _____YES    _____NO          IF YES, PLEASE LIST:  __________________________
____________________________________________________________________________________________________
___________________________________________________________________________________________

DIETARY REQUIREMENTS

DOES APPLICANT HAVE?
FOOD ALLERGIES?   _____YES   _____NO    IF YES, PLEASE LIST: _________________________________________
____________________________________________________________________________________________________
SPECIAL DIET? _____YES _____NO  IF YES, PLEASE EXPLAIN: ________________________________________
____________________________________________________________________________________________________
SPECIAL NEEDS (STRAWS, MONITOR RATE, CHOKEING, NEEDS FOOD CUT UP)      _____YES   _____NO
IF YES, PLEASE EXPLAIN: ____________________________________________________________________________
____________________________________________________________________________________________________

ADL SKILLS

DRESSING: (INDICATE STATEMENT WHICH BEST DESCRIBES APPLICANT)
_____TOTAL ASSISTANCE     _____SOME ASSISTANCE     _____VERBAL PROMPTS     _____INDEPENDENT
PLEASE EXPLAIN:   __________________________________________________________________________________
__________________________________________________________________________________________________
TOILETING: (INDICATE STATEMENT WHICH BEST DESCRIBES APPLICANT)
_____INDEPENDENT     _____TIME TRAINED     _____INDICATES NEED FOR TOILET     _____NOT TRAINED
PLEASE EXPLAIN:   __________________________________________________________________________________
**SHOWERING:** (Indicate statement which best describes applicant)

- [ ] Independent
- [ ] Help adjust water
- [ ] Help washing hair
- [ ] Verbal prompts
- [ ] Total assistance

**EXPLAIN**

**NIGHT BEHAVIOR:** (Check all that apply)

- [ ] Falls asleep easily
- [ ] Sleeps through the night
- [ ] Bedwetting
- [ ] Wakes up easily
- [ ] Difficult to wake up
- [ ] Bed time
- [ ] Wake up time
- [ ] Irregular sleep pattern – Please explain:

**BEHAVIOR:** (Check all that apply)

- [ ] Interacts appropriately in environment (stays with group, participates in activities)
- [ ] Adjusts easily to changes in environment
- [ ] Wanders / elopes
- [ ] Responsive, amiable, follows directions
- [ ] Occasionally resistance
- [ ] Usually uncooperative and resistant
- [ ] Hyperactive

**SELF INJURIOUS BEHAVIOR - EXPLAIN:**

- [ ] Aggression towards peers
- [ ] Aggression towards counselors

**SEVERE ACTING OUT BEHAVIOR – EXPLAIN:**

**COMMUNICATIONS SKILLS**

- [ ] Verbal intelligibility
- [ ] Good
- [ ] Fair
- [ ] Poor

Does camper have augmentative device?
- [ ] Yes
- [ ] No

If non-verbal, method of communication:
- [ ] Sign language
- [ ] Alternate device
- [ ] PECS
- [ ] Gestures
- [ ] Other – Specify:

**UNDERSTANDS SIMPLE DIRECTIONS?**
- [ ] Yes
- [ ] No

**CAN MAKE NEEDS AND WANTS KNOWN?**
- [ ] Yes
- [ ] No

**ENGAGES IN CONVERSATION WITH COUNSELORS / PEERS?**
- [ ] Yes
- [ ] No

**ACTIVITIES:**

(Please rate the following activities: 1 – Most favorite to 5 – Strongly dislikes, N/A never participated in activity)

- [ ] Basketball
- [ ] Golf
- [ ] Watching TV
- [ ] Tennis
- [ ] Soccer
- [ ] Volleyball
- [ ] Computers
- [ ] Arts & Crafts
- [ ] Softball
- [ ] Swimming
- [ ] Dances
- [ ] Video Games

Is there anything you would like to share about this camper? (Use additional paper)

**HOW DID YOU HEAR ABOUT CAMP?**

__________________________

__________________________

**SIGNATURE**

__________________________

**DATE**

__________________________

**PRINTED NAME**

__________________________

**RELATIONSHIP TO APPLICANT**

__________________________