

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, CHOCKING, 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