

2018
Camp Safari
Application Form
 Cricket Holler
 June 11-14th 2018

Please complete entire form. All information will be kept confidential and will only be used for camp purposes. Please provide detailed and accurate information regarding your child. This form is meant to gain information about your child so that the camp staff can best meet their needs and make their camping experience enjoyable and successful. Once you mail this form in more detailed information will be mailed or emailed to you prior to the start of the camping session.

Personal Information:

Camper's Full Name _____

Nickname _____

Phone () _____ E-mail Address: _____

Date of Birth _____ Age _____ Grade _____ Sex: M ___ F ___

T-shirt Size-(Please circle one) YS YM YL AS AM AL AXL AXXL AXXXL AXXXXL

Contact Information:

Parent/ Caregiver/Guardian	Parent/Caregiver/Guardian
Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Home Phone: ()	Home Phone: ()
Cell Phone: ()	Cell Phone: ()
Employer:	Employer:
Work Phone: ()	Work Phone: ()

Please list the Campers medical diagnosis, if any:

Has your child attended a camp before? If yes, where/ when?

Any Special Considerations/Concerns/Restrictions? (i.e. homesickness, first time away from home,

family illness, recent divorce, shyness, etc.)

Daily Living Activities:

Dressing/Undressing: Please explain assistance needed.

Personal Care: Please answer either Yes or No

Bowel Control Yes ___ No ___ Constipation Problems Yes ___ No ___

Bladder Control Yes ___ No ___ Needs Toilet Reminders Yes ___ No ___

Does Camper wear diapers/depends Yes ___ No ___ (If yes, please send an adequate supply with the Camper)

Eating Habits: Please check all that apply

___ Needs to be fed

___ Needs food cut/blended (explain) _____

___ Needs help drinking (i.e. special cup, straw)

___ Difficulty swallowing (how is it handled) _____

___ Special positioning (explain) _____

___ Special equipment (explain use) _____

___ Food allergies (please list foods) _____

___ Special Diets, food restrictions, etc., (explain, special diets will be accommodated the best we can, we recommend sending special foods along with your child to ensure complete compliance with their diet.)

Other _____

Communication: Please check all that apply

() Uses sign language () Uses both sign language and speaks a few words

() Has difficulty being understood () Understands verbal instructions

() Uses communication board/pictures () Uses only a few words

() Has no communication needs Other _____

If your child is nonverbal, please explain how he/she best communicates their needs.

Hearing:

Does he/she hear well? _____ Is a hearing aid worn? _____

Is there any other information we need to know regarding your child's hearing?

Vision:

Does your child wear glasses or contact lenses? _____

Is there any other information we need to know regarding the Camper's vision?

Equipment: Please check all the apply

() Orthotics/ Braces () Crutches or Cane () Walker () other, please describe _____

Medical Information:

Are there any activity restrictions we need to be aware of?

Has your child ever had seizures? What type, how often?

Does your child have any allergies? If so, please list.

General Information:

Behavior:

Please comment about behavior and social skills (reactions to frustration, group participation, peer relations, response to supervision, does camper have any aggressive behaviors i.e. hitting, biting, self-injurious, etc.) Please describe behavior and behavior plan. **If your child has aggressive or defiant behaviors he/she are not appropriate for this camp.**

Special Interests and Skills (i.e. hobbies, musical interests, sports, special pet, etc.)

Camp activities:

Can your child swim? _____ Does he/she have a fear of water? _____

Are there any special swimming instructions? _____

Photo Release

We would like to photograph your child’s experience at camp. Please sign below if we may use his/her photograph for future camp brochures or presentations that help promote our camp.

Date: _____ Child’s Name: _____

Parent’s name: _____

Parent’s Signature: _____

Please make checks out to “Southern Ohio District Church of the Brethren” with “camp safari” on memo line and mail completed Camp Safari form to:

Camp Safari
C/O Karen Dillon
756 Old Springfield Rd.
Vandalia, OH 45377

Parent/Guardian Signature: Please sign below to verify that the information provided is accurate and up-to-date.

Parent/Guardian Signature Relationship to Camper Date

If you have any questions regarding the application process please feel free to call or e-mail

Kylie Shetler:

We look forward to seeing you at camp!

937-684-1080

Thank you,

kyky59s@yahoo.com

Outdoor Ministries and Camp Safari Staff