



Randi's Camp for Hope and Courage

Camp Application

July 26-28, 2017

Commitment to attend all 3 days of camp must be made for enrollment consideration.

Child's Name: _____

Gender: _____

Address: _____

Age: _____

D.O.B. _____

Safe

Phone

Number:

Please list the people who live with the child below:

Name

Relationship

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name(s) of person(s) who has legal custody: _____ Relationship: _____

Phone #: 1. _____ 2. _____

Does the child live with the legal custodian(s): Yes _____ No _____

Name(s) of persons restricted from custody of camper: _____

NOTE: If a parent is listed, a court order or PFA must be attached

Please complete the following if not already listed above:

Parent(s) Name _____ Address _____

Add'l Parent(s) _____

Address _____

Child's School and District: _____

Grade: _____

Referring Agency: _____

Referring counselor/Case Manager if Applicable: _____

Phone _____

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MEDICAL INFORMATION (Check all that apply)

Physical:

_____ Allergies: Please List _____

_____ Asthma

_____ Food restrictions: Please list as specifically as possible _____

_____ Other Health concerns:

Mental Health and /or Mental Retardation Issues

___ Anxiety Disorders: Please describe _____

___ Autism Spectrum Disorder: Please describe _____

___ ADHD

___ Chronic Tic Disorder

___ Depression

___ Eating Disorder: Please Describe _____

___ Encopresis

___ Enuresis

___ Oppositional Defiant Disorder

___ Post Traumatic Stress Disorder

___ Other: Please Describe _____

Medication: (Please list all of the child's prescribed medication and indicate if they will need to be given meds during the camp day) _____

EDUCATIONAL INFORMATION: (Check all that apply)

___ Emotional Support: ___ FT ___ PT

___ Gifted Support

___ Learning Support: ___ FT ___ PT

___ Occupational Therapy

___ Speech Therapy

___ Other Special Education Services: Please describe _____

BEHAVIORAL PROFILE (Check all that apply)

Personal Strengths:

- | | |
|---|---|
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Makes friends easily |
| <input type="checkbox"/> Cares about others | <input type="checkbox"/> Participates in group activities |
| <input type="checkbox"/> Follows directions | <input type="checkbox"/> Personal hygiene is good |
| <input type="checkbox"/> Good communicator | <input type="checkbox"/> Polite |
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Sense of Humor |
| <input type="checkbox"/> High self-esteem | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Honest | |

Enjoys the following activities:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Dancing | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Water games | <input type="checkbox"/> Playing outdoors |
| <input type="checkbox"/> Creative writing | <input type="checkbox"/> Other _____ | |

What special issues (behavioral, emotional, or social) does the child have that camp staff should be aware of? Please list all suggested behavioral management techniques (be specific).

Issues: _____

Consent:

I release the information in this application to the Randi's Camp for Hope and Courage selection committee which includes RHOA Program Development Committee and Camp Coordinator.

I give my permission for my child to participate in Randi's Camp for Hope and Courage.

Parent/Guardian Signature

Date