



Randi's Camp for Hope and Courage

Camp Application

July 14th, 15th, 16th, 2021

8:00 a.m. to 4:00 p.m.

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
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Phone #s: 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)/ Guardian _____

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: _____

Techniques: _____

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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