



Randi's Camp for Hope and Courage

Camp Application

July 10, 11, 12, 2024

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 #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:

___ Athletic

___ Independent

___ Creative

___ Makes friends easily

___ Cares about others
___ Follows directions
___ Good communicator
___ Good listener
___ Helpful
___ High self-esteem
___ Honest

___ Participates in group activities
___ Personal hygiene is good
___ Polite
___ Responsible
___ Sense of Humor
___ Other _____

Enjoys the following activities:

___ Arts and Crafts ___ Dancing ___ Sports
___ Singing ___ Water games ___ Playing outdoors
___ Creative writing ___ 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