



Camp-A-Palooza Inclusion Program Application

Thank you for your interest in our Camp-A-Palooza Inclusion Program at Kids First Sports Center. Please submit your application to the camp and pediatric therapy department leaders as soon as possible. Spots are limited based on the number of advocates we have and the days/weeks you are planning to have your child attend.

Applications will be processed for placement in the program once you have completed the program application, had an in-person meeting with our Inclusion Director and filled out the medical forms. **Spaces fill on a first come/first served basis to those with full and complete applications while spaces are still available. There is no additional cost to participate in the inclusion program.**

Name _____ Goes by _____

Gender _____ Birthdate ____/____/____ Age at time of camp _____

- Male
- Female

Mailing Address _____

City _____ State _____ Zip Code _____

Camper lives:

- Independently
- With Family
- With Caretaker, Name _____
Phone Number: _____

- Group Home, Name _____
Contact Person _____ Phone Number: _____

Email address for at least one parent/guardian is required for communication.

Contact E-Mail: _____

Name associated with contact e-mail _____

Parent #1 _____ Home (____) _____

Work (____) _____ Cell (____) _____

Parent #2 _____ Home (____) _____

Work (____) _____ Cell (____) _____

Guardian/Caretaker _____ Home (____) _____

Work (____) _____ Cell (____) _____

Emergency Contact other than Parent/Guardian (Required)

Name: _____ Relationship: _____

Work (____) _____ Home (____) _____ Cell (____) _____

Camp Health History Form

Name _____

Current Diagnosis (es): _____ Primary Physician _____

Address: _____

Phone #: _____

Past Surgical Procedures: _____

What are the camper's special talents, hobbies, interests? _____

Does your child participants in any other activities (sports, music, etc) _____

Are there any concerns about this camper's involvement in camp? _____

Diet:

- Regular
- Diabetic
- Gluten-Free
- Vegetarian
- Vegan
- Other: _____

Vision

- Intact
- Impaired
- Wears Glasses
- Partial Blindness
- Total Blindness

Notes: _____

Hearing

- Intact
- Impaired
- Hearing Aid Left
- Hearing Aid Right
- Deaf

Notes: _____

Speech

- Understandable
- Difficult to understand
- No Speech

Notes: _____

Mobility

- Normal
- Slow
- Needs Assistances
- Walker
- Brace
- Wheelchair
- Unsteady on uneven ground
- Crutches

Notes: _____

Camp Health History Form

Name _____

Transfer

- | | |
|--|---------------------------------------|
| <input type="radio"/> Self | <input type="radio"/> 1 Person Lift |
| <input type="radio"/> Minimal Assistance | <input type="radio"/> 2 Person Lift |
| <input type="radio"/> Stand/Pivot | <input type="radio"/> 3-4 Person Lift |

Weight _____ Height _____

Weight/Height required if needs to be lifted.

Notes: _____

Self-Care (Feeding, Dressing, Toileting)

- Independent
 Needs Assistance

Notes: _____

Bowel Habits

Frequency:

- Every Day
 Every 2-3 days
 Every 4-5 days

Usual time of day for BM: _____

BM Routine: _____

Swimming

- Independent
 Needs Assistance
 Uses Floats
 Afraid of Water

Notes: _____

Social Skills

- No difficulties
 Needs encouragement
 Has difficulties, please elaborate below

Notes: _____

Behavior Modification - Responds best to:

- Verbal reasoning
 Going to a quiet place
 Loss of privileges
 Other: _____

Notes: _____

School Information

School District: _____

Is your child currently enrolled in school? Yes _____ No _____

Name and address of school: _____

Does your child receive any therapy or special services at school? Yes _____ No _____

Does your child struggle with academics? If so, what areas/subjects? _____

Current Medical Information

Please list known allergies (food, drugs, etc.) and type of reaction: _____

Please list current medications (including name of drug, dosage amount, frequency and reason): _____

Please list the doctors currently following your child's case. Including name, specialty and how often you see them:

<u>Doctor</u>	<u>Specialty</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have seizures (past/present)? Yes _____ No _____ If yes, please describe:

Please list any special precautions your child has: _____

Please list any aids or assistive devices your child has (including glasses, a hearing aid, braces, wheelchair, or other special equipment for daily activities) _____

Please list any therapies your child has received (is receiving). Include types, dates of service and provider:

<u>Therapy</u>	<u>Dates of Service</u>	<u>Who/Where</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Social/Emotional Development

Does your child interact well with others? Yes _____ No _____

Does your child have trouble making friends? Yes _____ No _____

Fears, Coping Behaviors: _____

Does your child have difficulty calming himself/herself down when upset? Yes _____ No _____

Additional Comments: _____

Please check any of the following that apply to your child:

- | | | | |
|---------------------------------|-------|-------------------------------|-------|
| Cries often | _____ | Dislikes hair brushing | _____ |
| Frequent temper tantrums | _____ | Dislikes tooth brushing | _____ |
| Anxious | _____ | Avoids touch from others | _____ |
| Trouble following directions | _____ | Dislikes playground equipment | _____ |
| Trouble with changes in routine | _____ | Seems to be "on the go" | _____ |
| Clumsy | _____ | Difficulty sleeping | _____ |
| Weak muscles | _____ | Sensitive to light | _____ |
| Picky eater | _____ | Sensitive to sound | _____ |
| Mouths objects | _____ | Poor attention span | _____ |
| Rocks self | _____ | Prefers to play alone | _____ |

Camp Week Selection (Priority will be given to campers attending highest number of weeks)

Week 1 (May 28-31)	FULL	-	T	W	TH	F
Week 2 (June 3-7)	FULL	M	T	W	TH	F
Week 3 (June 10-14)	FULL	M	T	W	TH	F
Week 4 (June 17-21)	FULL	M	T	W	TH	F
Week 5 (June 24-28)	FULL	M	T	W	TH	F
Week 6 (July 1-5)	FULL	M	T	W	-	F
Week 7 (July 8-12)	FULL	M	T	W	TH	F
Week 8 (July 15-19)	FULL	M	T	W	TH	F
Week 9 (July 22-26)	FULL	M	T	W	TH	F
Week 10 (July 29-Aug. 3)	FULL	M	T	W	TH	F
Week 11 (Aug. 5-9)	FULL	M	T	W	TH	F
Week 12 (Aug. 12-16)	FULL	M	T	W	TH	F

Additional Information/Comments

Is there any additional information you would like us to know about your child? _____

Signature: _____

Date: _____

Relationship: _____

Thank you for taking the time to fill out this application. This information will help us to become more familiar with your child so that we can provide the best experience possible to you and your child. Once again, spots are limited based on the number of advocates we have and the days/weeks you are planning to have your child attend. We will reach out soon regarding your child's spot in our inclusion program at Camp-A-Palooza!