

Please type or print **IN INK**.
 Incomplete applications may be
 returned.

2008 Summer Camp Application



PO Box 723, Platteville, WI 53818
Phone: (608) 348-9689

Office Use Only
 Session: _____
 Received: _____
 Reviewed: _____
 Confirmation Sent: _____

Camper's Name: (Last) _____ (First) _____ (Nickname) _____
 Street address: _____ City: _____
 State: _____ Zip: _____ County: _____ Phone: (_____) _____
 Birth Date: _____ Age at camp: _____ Sex: M ___ F ___ Height: _____ Weight: _____ Shirt size: _____
 Contact Person: _____ Phone #: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Legal Guardian: _____ Phone #: _____ Relationship: _____
 Has applicant attended Badger Camp before? Yes ___ No ___ If yes, year and program: _____
 Camper lives (circle one): Independently – With Family – With Foster Family – Group Home – Residential Facility
 Name of Residential Facility or Agency _____

FAMILY/GUARDIAN INFORMATION

Parent/Guardian _____ Employer _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____ Pager _____
 Where should program correspondence be sent? ___ Self (Camper) ___ Guardian ___ Contact Listed Above
 Program correspondence email address: _____

EMERGENCY AND/OR OTHER CONTACT INFORMATION (other than those listed above)

Contact #1	_____	Contact #2	_____
Relationship	_____	Relationship	_____
Home Phone	_____	Home Phone	_____
Work Phone	_____	Work Phone	_____
Cell Phone/Pager	_____	Cell Phone/Pager	_____

2008 Summer Camp Sessions

Choose the session(s) that you wish to attend. Indicate your preferences by numbering them. Mark as many sessions as possible, as we do not schedule you for any sessions that are not marked. Please read the enclosed program description sheet for more details on the programs.

Session & Dates	Age	Choice	Description	Cost
1 June 8-13	18 & older	<input type="checkbox"/>	Main Camp	\$ 500
	18 & older	<input type="checkbox"/>	Primitive-Pioneer Days	\$ 500
	18 & older	<input type="checkbox"/>	Travel-Explore Iowa (Spook Cave)	\$ 685
2 June 15-20	18 & older	<input type="checkbox"/>	Main Camp	\$ 500
	18 & older	<input type="checkbox"/>	Primitive-Horseback Riding	\$ 525
	18 & older	<input type="checkbox"/>	Travel-Dubuque Adventure	\$ 685
3 June 22-27	14-25	<input type="checkbox"/>	Main Camp	\$ 500
	14-25	<input type="checkbox"/>	Primitive-Horseback Riding	\$ 525
	14-25	<input type="checkbox"/>	Travel-Mall of America Adv	\$ 685
4 June 29-July 4	50 & older	<input type="checkbox"/>	Main Camp	\$ 500
	50 & older	<input type="checkbox"/>	Travel-Fox Valley Adventure	\$ 685
5/6 July 6-17	18 & older	<input type="checkbox"/>	Main Camp	\$1,100
	18 & older	<input type="checkbox"/>	Primitive- Performing Arts & Adventure Camp	\$1,100
<i>Fill In Description & Cost Below</i>				
No Preference	18 & older	<input type="checkbox"/>		

In the next few years we are planning on providing online registration. Please check which service you would like to use to register for camp. I would like to register for camp Online _____ or by Mail _____ (check one).

Return this application as soon as possible to assure a place at camp. Applications may take up to 10 weeks to process.
 You will receive a reservation confirmation by mail if accepted to camp.

PERSONAL INFORMATION

The accuracy of the information you supply is critical in assuring the quality of care and quality of the experience your camper will enjoy while at camp. Please provide as accurate information as is possible. ABSOLUTELY NO ONE IS DENIED ATTENDANCE AT WISCONSIN BADGER CAMP BECAUSE OF HIS/HER DIAGNOSIS, ABILITY, RACE, RELIGION, CREED, NATIONAL ORIGIN, GENDER, OR AGE. IT IS ESSENTIAL THAT YOU PROVIDE THE BEST INFORMATION POSSIBLE.

Primary Diagnosis _____

Secondary or Other Diagnosis _____

Other Conditions or Concerns (Including psychiatric) _____

In the following sections, please check off any statements that apply. You may check off as many as are needed, unless otherwise specified. Please answer thoroughly giving examples. Use and attach additional paper if necessary.

Mobility

Walks/Runs Independently Needs Assistance Walking/Running Needs Assistance on Steps

Uses a Walker Wears AFO's or Braces on Legs Uses Wheelchair

If camper uses a wheelchair, please describe transfer procedures. _____

Activity Level

Has typical attention span for his/her age [or] Has a very short attention span

Is under active (needs motivation to participate) [or] Is overactive

Is easily distracted by sights, sounds, people, etc.

Please describe how you manage his/her activity level, motivate him/her to participate, etc. _____

Is the camper able to stay with a group throughout the day, or do they have a tendency to wander? _____

If wanders, what are ways to redirect their attention? _____

Level of Supervision Required for Time at Camp (Please check only one)

If camper is male, is he willing to have a female counselor? Yes No

Can function totally independently and in a group in all or most settings with little supervision

Can function independently for short periods of time and in a group with 1 staff and several others the rest of the time

Generally can function in a group with supervision and 2-3 others; needs one-to-one supervision for some activities

Benefits from one-to-one supervision throughout the day

Further explanation or comments regarding any of the above: _____

Toileting/Showering

(comments)

Uses toilet independently Needs to be reminded _____

Needs some assistance using the toilet _____

Uses the toilet on a schedule (What is the schedule?) _____

Does not use toilet at all (uses incontinent briefs, etc.) _____

Needs enemas or suppositories (please describe bowel schedule) _____

Is independent in menstrual care (if applicable) _____

How does he/she let you know they need to go to the restroom? _____

Camper needs assistance with shampooing hair soaping adjusting water temperature

Needs complete assistance in the shower Needs verbal cues Camper can shower independently

Communication Skills**(examples/comments)**

- Uses complete sentences Understands complete sentences _____
 Understands 2-3 word phrases _____
 Uses single words Understands single words _____
 Uses vocalizations, sounds, etc. _____
 Uses sign language Understands sign language _____
 Uses/understands gestures, points, etc. _____
 Uses pictures or word cards _____
 Uses adaptive systems such as a communication board _____
 Writes to communicate Able to read? Yes No, Explain _____
 Facilitated communication (devices used; who usually acts as facilitator?) _____

Dressing

- Has no difficulty dressing Can choose own clothes
 Can put on underwear socks shirt pants
 Can button snap zip tie shoes
 Can undress partially Can undress completely Needs lots of assistance dressing
 Please describe what assistance is needed in (un)dressing. _____

Sleep

- Are there any unusual sleeping patterns we should know about? _____
 How many hours does the camper sleep at night? ____ Can the camper sleep in a tent or cabin? Yes No
 If no, why? _____

Mealtimes

- Has a poor appetite Has a good appetite Has an excessive appetite
 Has good table manners Has history of throwing or grabbing food, etc.
 Eats through a G-Tube _____
 Can use fork spoon knife needs food cut Uses special utensils (please label and send to camp)
 Takes portions independently Drinks from a cup without assistance
 Has difficulty with choking or swallowing _____
 What are some favorite foods and drinks? _____
 What other special dietary needs does he/she have? (no sugar, no meat, limit servings, etc.) _____

Activities

- What are some of the applicant's favorite activities? _____
 Applicant swims well Applicant cannot swim, but will go into the water
 I am unsure how he/she does in the pool Fears water (and/or) Will not get into water willingly
 Needs to wear a life jacket at all times (*mark this item if applicant has a seizure disorder*)
 Camper has very sun sensitive skin Somewhat sun sensitive skin Skin is not sun sensitive
 Some favorite outdoor activities are _____
 Applicant has good fine motor skills Applicant has poor fine motor skills Needs hand-over-hand assistance
 Please list any indoor games/activities that the applicant particularly likes (playing cards, painting, etc.) _____

 Activities applicant does not like are _____

Camper Name _____

Behavior *(this page must be returned for your application to be processed)*

Please indicate how often, if ever, the following behaviors occur and how staff should respond.

It is most beneficial for you to provide accurate and detailed information in order to maintain consistent management. Please attach established behavior plans and feel free to add comments on the back of this form or on more paper.

<u>BEHAVIOR</u>	<u>NEVER</u>	<u>SELDOM</u>	<u>OFTEN</u>	<u>EXPLAIN/DETAILS</u>
-Self Abuse	_____	_____	_____	_____
-Can be a leader	_____	_____	_____	_____
-Bites others	_____	_____	_____	_____
-Scratches, pinches or hits others	_____	_____	_____	_____
-Uses appropriate touch	_____	_____	_____	_____
-Grabs other people	_____	_____	_____	_____
-Has good manners	_____	_____	_____	_____
-Uses inappropriate words	_____	_____	_____	_____
-Inappropriate sexual behavior	_____	_____	_____	_____
-Does not like to be touched	_____	_____	_____	_____
-Prefers to be alone	_____	_____	_____	_____
-Runs away or darts	_____	_____	_____	_____
-Enjoys social gatherings	_____	_____	_____	_____

Please describe in detail these or any other challenging behaviors we should know about _____

What usually triggers challenging behaviors? _____

What are effective responses to challenging behaviors (please include if more than one staff needs to be present when agitated)? _____

What are two or three effective rewards? _____

Medical Concerns

Please describe any health problems that the participant has (seizures, diabetes, medication side effects, etc.) _____

Current medications and purpose _____

Medical Assistance Number _____

Please list all of the camper's known allergies to food, medication, etc. and his/her reaction. _____

Are there any blood or body fluid precautions we should know about? ___Yes ___No

If yes, what type? _____

Is the applicant a smoker? ___Yes ___No

Comments on smoking (who manages their cigarettes, do they smoke on a schedule, used as a reward?) _____

