

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

**2012 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: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
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)

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

**2012 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
<b>1</b> June 10-15	18 & older	<input type="checkbox"/>	Main Camp	\$ 600
	18 & older	<input type="checkbox"/>	Primitive-Pioneer Week	\$ 600
	18 & older	<input type="checkbox"/>	Travel-Dubuque	\$ 785
<b>2</b> June 17-22	18 & older	<input type="checkbox"/>	Main Camp	\$ 600
	18 & older	<input type="checkbox"/>	Primitive-Music Week	\$ 600
	18 & older	<input type="checkbox"/>	Travel-Milwaukee	\$ 785
<b>3</b> June 24-29	14-25	<input type="checkbox"/>	Main Camp	\$ 600
	14-25	<input type="checkbox"/>	Primitive-Canoe Week	\$ 600
	14-25	<input type="checkbox"/>	Travel-Wisconsin Dells	\$ 785
<b>4</b> July 1-6	18 & older	<input type="checkbox"/>	Main Camp	\$ 600
	18 & older	<input type="checkbox"/>	Primitive-Horseback Riding	\$ 625
	18 & older	<input type="checkbox"/>	Travel-Old World Wisconsin	\$ 785
<b>5/6</b> July 8-19	18 & older	<input type="checkbox"/>	Main Camp	\$1,200
	18 & older	<input type="checkbox"/>	Primitive Camp-Horseback Riding/Adventure Camp	\$1,200
<b>5</b> July 8-13	18 & older	<input type="checkbox"/>	Travel-Twin Cities	\$ 785
	18 & older	<input type="checkbox"/>	Travel-Spring Green	\$ 785
<b>6</b> July 14-19	18 & older	<input type="checkbox"/>	Main Camp	\$ 600
	18 & older	<input type="checkbox"/>	Primitive-Canoe Week	\$ 600
	18 & older	<input type="checkbox"/>	Travel-Green Bay	\$ 785
<b>7</b> July 22-27	18 & older	<input type="checkbox"/>	Main Camp	\$ 600
	18 & older	<input type="checkbox"/>	Primitive-Theatre Arts Week	\$ 600
	18 & older	<input type="checkbox"/>	Travel-Houseboat	\$ 785
<b>8</b> July 29-Aug 3	18 & older	<input type="checkbox"/>	Main Camp	\$ 600
	18 & older	<input type="checkbox"/>	Primitive-Theatre Arts Week	\$ 600
	18 & older	<input type="checkbox"/>	Travel-Houseboat	\$ 785
<b>9</b> August 5-10	3-13	<input type="checkbox"/>	Main Camp (Kids Week)	\$ 600
	7-13	<input type="checkbox"/>	Primitive-Sibling Week	\$ 600
<b>10</b> August 12-17	18 & older	<input type="checkbox"/>	Main Camp	\$ 600
<i>Fill In Description &amp; Cost Below</i>				
No Preference	18 & older	<input type="checkbox"/>		

- Please check here if you would like information about respite camp.
- Please check here if you would like to receive future applications by email.

Email address: \_\_\_\_\_

**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 and level of assistance required. \_\_\_\_\_

### 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

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? \_\_\_\_\_

**Dressing**

\_\_\_ Has no difficulty dressing    \_\_\_ Can choose own clothes    \_\_\_ Needs lots of assistance dressing

Can put on: \_\_\_ underwear \_\_\_ socks \_\_\_ shirt \_\_\_ pants    Can: \_\_\_ button \_\_\_ snap \_\_\_ zip \_\_\_ tie shoes

\_\_\_ Can undress partially    \_\_\_ Can undress completely

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? \_\_\_\_\_



**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?) \_\_\_\_\_

**Mealtimes/Special Diet**

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 (please specify) \_\_\_\_\_

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 \_\_\_\_\_

We encourage drinking 6-8 glasses of fluid each day. Are there additional instructions pertaining to fluid intake?  Yes  No  
 If yes, please explain fluid intake instructions \_\_\_\_\_

What are some favorite foods and drinks? \_\_\_\_\_  
 Diabetic/Sugar Free Diet       Gluten Free Diet       Mechanical Soft Diet  
 Food Allergies (if yes, explain) \_\_\_\_\_  
 Puree food (indicate consistency) \_\_\_\_\_  
 Thickened Liquids (indicate consistency) \_\_\_\_\_

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 \_\_\_\_\_

