

Date: _____

CAMPCARE APPLICATION FOR REGISTRATION

PLEASE PRINT

Name of Camper: _____ Nickname: _____ Sex: M _____ F _____

Campers Address: _____ City: _____ St & Zip: _____

Phone number: () _____ Date of Birth: _____ Age: _____

Parents/Guardians Name(s): _____

Mailing Address: _____ City: _____ St & Zip _____

Parents/Guardians Phone Number: () _____

Please Notify in Case of Emergency: _____ Phone Number: () _____

Indicate if financial assistance is needed: (Circle) Yes No Amount: _____

Note: Respite forms need to be brought to Camp for signature at check-in.

How many years has the camper attended CampCare? _____

Camper T-Shirt Size: (Circle) S M L XL 2X Other: _____

Family/Friends T-Shirts - \$20 each # of shirts: _____ Sizes: _____

Please add t-shirt amount to deposit – Thank You.

Parent/Guardian Email: _____

Camper Email Address: _____

FOR CAMP USE	
Postmark	
Deposit	
Balance	
Parent Med Form	
Medical Care Form	
Insurance Card	
CampCare Release	
Riding Release	
CamperShip	
Paid in Full	
Notes:	

CAMPCARE CAMPER PROFILE

Camper's grade in Fall: _____ Type of Class: _____

Does Camper Work? (Circle) Yes No Where: _____

Have there been any recent changes in the camper's life that may affect mood, temperament, behavior (i.e., move, loss of family member, surgery, etc.)? (Circle) Yes No Explain: _____

Favorite Things: School Subject _____ Sport _____

Food: _____ Hobby: _____ Pet: _____

What do you enjoy doing together as a family? _____

Does camper participate in church, scouting, Y or other activities? _____

What is your greatest concern with your camper? _____

What methods of discipline do you find most effective with your camper? _____

Does this camper Exhibit any of the following? (Circle) poor anger management, aggressive, non-compliant, anxiety, depression, poor self-esteem, overwhelming fears, elopement, Other _____

What helps to mitigate those issues? _____

Does your camper have any physical problems: (Circle) Yes No What? _____

Is a wheelchair, Walker or brace used? _____

Parent/ Guardian Signature: _____

CAMPER FEE - \$1,250.00
Please mail this application with \$350.00 deposit to:
CampCare, PO Box 12155, Reno, NV 89510-2155
Phone: (775) 722-7322