

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) 772-7322