



CAMPCARE

Prospective Camper Profile Form 2025

This form is for all wishing to attend CampCare in 2025 ages 14-55.
Please complete form and mail to:
CampCare P.O. Box 12155 Reno, Nevada 89510-2155

(Information is confidential and only viewed by those involved in the assessment process)

These questions will help to make each camper's experience at CampCare positive, enjoyable and memorable, while also getting the best care for their needs. CampCare is striving to balance campers by need, age and abilities. We want to see all campers participate in a way that is meaningful to them.

The assessment team will carefully consider all profiles as we gather the CampCare family for 2025. You will be contacted after by a team member as to your camper's participation in 2025.

Circle your choice: Do you prefer contact by Email or Phone

Name of Camper: _____	New / Previous (camper)
Date of Birth: ____/____/____	Age: _____ Years at Camp: _____
Address: _____	
City: _____	State: ____ Zip: _____
Camper Email: _____	Phone C: _____ H _____
Name of Parent/Guardian: _____	
Address (if different from camper) _____	
City: _____	State: ____ Zip: _____
Email: _____	Phone C: _____ H _____

Camp Fee for 2025 is \$1250, Deposit \$350 (no funds at this time)	<input type="radio"/> Yes
Is financial assistance needed in order for your camper to attend camp?	<input type="radio"/> No

Please describe your camper's special needs; including any and all medical and/or psychological diagnosis. *(e.g. autistic/down syndrome/etc.)* _____

Functioning: High Moderate Low

How does camper communicate? Verbal Non-Verbal (if non-verbal, describe their form of communication) _____

Tell us about your camper's strengths: _____

What does your camper enjoy doing? What are his or her hobbies? _____

Considering your camper's special needs, do you feel your camper will face any limitations or difficulties while attending camp? (Please consider all camp activities, social interaction, rule following, schedules, classes, etc. Arts, music, sports, beach, swimming.)

Does your camper do well in large groups? Yes No

Does your camper take any medication related to his/her special needs and are there any side effects? _____

Does your camper have any allergies? _____

Does your camper have any past history of seizures? If yes, how long since last seizure? _____

Does your camper have an IEP or 504 plan at school? Yes No (If yes, please attach copy)

Please describe your camper's class room setting (i.e. Full Inclusion, life skills classes, one-on-one assistance, percentage of time spent with non-disabled peers versus EC classes). _____

Does your camper receive any one-on-one scheduled services? _____

Does your camper receive any therapy services? If so, what needs are addressed by these therapies? Speech Occupational Physical Behavioral Mental Health

Please describe any challenging or disruptive verbal, physical or social behaviors that your camper exhibits either while at home, school, or in the community, along with any instructions from parents or teachers on how to respond, redirect, and/or discourage these behaviors _____

Camper Triggers (i.e. loud noises): _____

Camper Comforts (i.e. Noise canceling headphones) _____

<p>Office Use only</p> <p>Date Completed Form Received: _____</p>
