



## CAMPCARE

### Prospective Camper Profile Form 2026

This form is for all wishing to attend CampCare in 2026 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 2026. You will be contacted after by a team member as to your camper's participation in 2026.

**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 2026 is \$1250, Deposit \$350 (no funds at this time)**

Is financial assistance needed in order for your camper to attend camp?

☐ Yes

☐ 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

rev:10/24/24

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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use only**

**Date Completed Form Received:** \_\_\_\_\_