

Date: \_\_\_\_\_

## CAMPCARE Camper Information

### 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 - \$25 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	
Picture	
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 - \$1,300.00

Please mail this application with \$500.00 deposit to:

CampCare, PO Box 12155, Reno, NV 89510-2155

Phone: (775) 722-7322

over

Please check areas that apply to your camper. Some areas may be the same as the information that made them eligible for special education services in school.

Feel free to add to Other or Comment section on the bottom. Example: Hearing Impairment

Comment: Uses hearing aids. Thank You.

- Autism Spectrum Disorder (ASD)
- Vision Impairment (VI)
- Auditory Impairment (AI)
- Orthopedic Impairment
- Dyslexia
- Other Health Impairment (OHI)
- Specific Learning Disability (LD)
- Speech or Language Impairment (S I)
- Traumatic Brain Injury (TBI)
- Cerebral Palsy
- Down Syndrome
- Seizure Disorder
- Intellectual Disability (ID)
- Developmental Delay
- Mental Health Condition
- Attention Deficit Hyperactive Disorder (ADHD)
- Emotional Disturbance (ED)

OTHER: \_\_\_\_\_

COMMENTS:

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