

Date: _____

CAMP CARE 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: (_____) _____

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

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: _____

CAMP CARE 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 (SLI)
- 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:
