CAMPCARE

Prospective Camper Profile Form 2027

This form is for all wishing to attend CampCare in 2027 ages 14-55.
Please complete form and mail to CampCare P.O. Box 12155 Reno, Nevada 89510-2155 (mailing required)
Fees for 2027 are $1365 with a $500 deposit. Do not send funds Now!

(*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 2027. You will be contacted after November 1, 2026 by a team member as to your camper's participation in 2027. After Acceptance additional paperwork will be required.

Do you prefer contact by Email or Phone (Circle your choice).

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_____

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. _____

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 1st & Last page of camper IEP or 504)

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: _____