



Camper Application

If the week you have selected is full, we will notify you immediately to see if you can possibly change to the alternate week. The Camp Intake Committee will determine the suitable week for an applicant, based on his/her abilities, volunteer availability, and camp dynamics.

How many years have you been going to camp?

What week of Camp are registering for? _____

A. PERSONAL INFORMATION

Name:

Mailing Address:

City:

Province:

Postal Code:

Phone Number:

Gender:

M

F

D.O.B. (mm/dd/yy):

Best Email address for future contact information:

Diagnosed Disability:

Name of Residential Home Provider (if applicable):

(e.g. Rehoboth, Robin Hood, Supported, Private, etc.)

B. EMERGENCY INFORMATION

It is vital the Camp Director can reach someone at one of the emergency phone numbers during the week of camp. Persons listed below **must** be available during the week of camp the applicant attends.

Primary Contact

Name:

Relationship:

Phone Number:

Alternate Number:

Alternate Contact (if primary is unavailable)

Name:

Relationship:

Phone Number:

Alternate Number:

Applicant's Doctor Contact

Physician's Name:

Phone:

Alberta Health Care or AISH Number:

Other coverage:

C. PHYSICAL CARE NEEDS

Please indicate the degree of personal care required by the applicant for each of following functions:
(e.g. verbal prompts, independent, assistance required, etc.)

Activities of Daily Living

Drinking:	Eating:		
Hair:	Teeth:		
Dressing:	Toileting:		
Washing/Bathing:	Menstrual Care:		
The usual form of bathing is by shower. Would the applicant do better in a bath?		Yes	No
Usual rising time:	Usual bed time:		
Bedtime routine:			
Other information regarding personal care?			

Communication

What method does the applicant use to communicate?

	Verbal	Written	Gestures	Sign Language	Word board/book	Other
Does the applicate read?	Yes	No	If Yes, how well?			
Does the applicant write?	Yes	No	If Yes, how well?			

If the applicant requires aids to communicate, make sure they are sent with him/her. If he/she uses sign on a limited basis, state what common signs are used.

Mobility

To what extent does the applicant require assistance to move from A to B, including indoors/outdoors?

Independent – does not require assistance

Independent with help	Wheelchair	Walker	Other
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Semi-independent – requires wheelchair for distances only

Semi-independent – requires supervision and/or some assistance

Dependent – requires pushing of wheelchair or full support of walker

Additional comments?

Bladder and Bowel Control (please specify bladder, bowel or both)

Full – has control and is able to go to washroom or request assistance when necessary.

Partial – has occasional accidents

Incontinent	No control at night	No control at any time
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D. DIETARY NEEDS

To what extent does the applicant require special consideration to food/diet needs? If the applicant has a food sensitivity, please state how it is managed (avoidance, medication).

E. MENTAL HEALTH/ EMOTIONAL CARE NEEDS

Behaviour Traits (e.g. violent reactions, good natured, attention seeking, mock illness symptoms) Explain in detail:

Specify your recommended method of dealing with any identified behaviour problems:

F. GENERAL INFORMATION

Activities enjoyed:

Activities of no interest:

Limitation (physical or other)

This application is true and correct, and I believe this applicant is suited to attend Camp Rehoboth.

Dated this _____ of _____, 20__

Parent / Caregiver or Legal Guardian

_____ *Print name*

_____ *Signature*

_____ *Relationship to applicant*

_____ *Contact phone number*

Additional comments and/or concerns: