



Camp21 Application Form – July 8-26, 2019 – 9AM – 4pm

Drop off 8:30am – 9:00am

Pick-up 4:00pm - 4:30pm

Fee for 3 weeks - \$900.00

Note: Camp is nut free

Child's Name: _____ Male Female

Date of Birth (Y/M/D): ____/____/____ Age during Camp: _____

Parent/Guardian #1	Parent/Guardian #2: (if applicable)	Parent/Guardian Email Address(es):	
Address:		Home Phone #.	Cell Phone #.
City:	Postal Code:	Work Phone#:	Work Phone #:
Emergency Contact 1 – Name and Phone #:		Emergency Contact 2 – Name and Phone #:	
Relationship of Emergency Contact		Relationship of Emergency Contact	

**** Emergency Contacts must be different from Parent/Guardian contact information.**

Please check all that are applicable to your child:

- | | | |
|--|--|---|
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Autism | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Asthma/Respiratory problems | <input type="checkbox"/> Tourette's syndrome | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |

Please highlight your child's strengths and abilities:



MEDICAL INFORMATION

Does your child carry an EpiPen? Yes No

Does your child wear hearing aids or ear plugs for water activities: Hearing Aids Ear Plugs

Right Ear Left Ear Both

Please list any pertinent medical information or present treatments you feel we should be aware of (recent illnesses, skin rashes, operations etc.)

Medication(s)	Dosage	Time(s)	Reason for Taking

*Medications will not be administered by Camp Staff and will need to be discussed with the Camp Director

COMMUNICATION AND CAMP LIFE

How does your child communicate? Please check all that apply.

- Functional Speech
- Sign Language
- Isolated sounds
- Gestures
- PIC-SYM
- Other _____
- Picture/photo book
- Picture Exchange Program (PECS)
- Leading/pointing

Please describe: _____

In social settings, when does your child experience the most difficulty (eg crowds, transitions, change) and how do you recommend we respond?

Please list potential problems for your child at camp (e.g. wandering, water, and fears) and how do you recommend we respond?



Is your child capable of:

- Responding appropriately to supervision Yes No
- Being responsible for belongings Yes No
- Working with a group of peers Yes No
- Communicating in Sentences Yes No
- Communicating with gestures or sounds Yes No
- Carrying out tasks when shown how Yes No
- Eating socially in a group setting Yes No
- Following simple instructions Yes No
- Asking for help when needed Yes No

Please explain:

Camp21 does not provide 1:1 support. If your child requires 1:1 support, please indicate below the details for the support which you as the family must provide. A police check and the LDSA Volunteer application will be required.

Does your child experience behavioral/social difficulties (eg physical aggression, tantrums)? Yes No
If yes, please explain what happens when your child is agitated:

What if anything triggers these behaviors? (e.g. fears, loud noises, animals, dark etc.)

How do you recommend we respond to these behaviors: (e.g. behavior protocol?)

Favorite Activities:

Least Favorite Activities:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Please list any activities your camper cannot or may not participate in due to medical reasons:



Daily Living:

Your child: is toilet trained wears diapers

Describe the support your child needs in changing/toileting:

Camper Self-Care Abilities: **Independent** **Needs Some Help** **Dependent on Staff**

Dressing and Undressing			
Washing hands			
Walking upstairs or hills			
Menstrual hygiene (if applicable)			

Describe the assistance your child needs at meal times:

Does your child have any special dietary needs or allergies? If so, families will be asked to supply dietary substitutions for the cooking sessions

Additional Information:

What level of support does your child have at school?

Additional Comments:

Please note anything else that would be helpful for us to know about your child, and/or additional tips for your child's success at camp:

I have reviewed the form and I certify that the statements above are true, complete and accurate to the best of my knowledge and belief.

Parent/Guardian Signature

Date Completed



Consent for Photography / Videotaping

This will confirm that I have agreed for my child _____ to be photographed / videotaped by the **London Down Syndrome Association/ Rejuvenate Health Services** and their successors, and that the London Down Syndrome Association/Rejuvenate Health Services will own any and all rights in said photography.

This will permit the London Down Syndrome Association /Rejuvenate Health Services to proceed with the said photography and I now waive to the London Down Syndrome Association/Rejuvenate Health Services and their said successors, assigns, and licensees, all personal right and objections to any said use to be made of me, my name, or my personality in connection with the use of photography containing my photograph, for any and all print media, motion picture, radio, internet, web-based advertising and television purposes, and performance thereof, accompanied by any narration and dialogue wherever, and the publicity in connection therewith, and/or for any other trade and advertising purposes. Further, I agree to indemnify, defend, and hold the London Down Syndrome Association/Rejuvenate Health Services harmless for any and all claims, suits, or liabilities arising from my appearance and the use of any of my materials, name, likeness, or biography. I understand that in proceeding with said photography, the London Down Syndrome Association/Rejuvenate Health Services will do so in full reliance on the foregoing permission.

Photography will not be used in any manner which would be demeaning or cause the individual to be held up to ridicule.

In consideration of the above release, we agree that all terms are fair and binding.

Parent/Guardian Signature

Date Completed

Printed Name

Address

PLEASE LIST ALL ADULTS YOU AUTHORIZE TO PICK UP YOUR CHILD: