

Attach Photo
For binder

DREAMS IN MOTION SUMMER CAMP 2018

\$150.00
Application Fee

CAMPER APPLICATION

Due April 7, 2018

Please type or print legibly- Use additional paper if needed.

Due April 7, 2018

Camper's Name _____ Date of Birth _____
Age _____ Sex: Male _____ Female _____ Height _____ Weight _____

Parents'/Guardians' Name _____
Address _____
City _____ State _____ Zip _____
Mother's Home (____) _____ Work (____) _____ Cell (____) _____
Mother's Email Address _____
Mother's Employer _____
Father's Home (____) _____ Work (____) _____ Cell (____) _____
Father's Email Address _____
Father's Employer _____

**Please circle preferred phone number, should we need to contact you during camp hours.*

Is this your camper's first year applying for the Dreams In Motion Summer Camp? Yes _____ No _____

Are you an active member of FEAT of Louisville? Yes _____ No _____

Will your camper use the MICHELLE P. WAIVER Respite for camp? Yes _____ No _____

Case Manager Name: _____ Phone Number: _____

Email address: _____

Agency Name: _____ Phone Number: _____

For campers 18 years of age and older: Has the camper been adjudicated incompetent in court with an appointed legal guardian? Yes _____ No _____

If yes, who is the camper's legal guardian? _____

Given your camper's skills and behaviors, what level of supervision does he/she require most of the day? In answering this question, please keep in mind how your camper responds to new situations, new people, transitioning from one activity to another, and other qualities of the camp setting. Please check only one:

- Camper can function totally independently in all or almost all settings with only occasional supervision.
- Camper can function independently for short periods of time and can be supervised in a group with 1 staff and several other campers the rest of the time.
- Camper generally can function in a group with a supervisor and 2-3 other campers. Camper needs one-to-one supervision only during specific activities.
- Camper generally needs one-to-one supervision, but can function in group situations for some activities.
- Camper needs one-to-one supervision throughout the day.
- Camper needs more than one staff with him/her all day or when agitated or upset.

Male/Female Counselor Preference (we cannot guarantee that preference will be given)

Camper will do better with a MALE counselor. (Male campers will have both male and female counselors)
If so, please explain why: _____

Camper will do better with a FEMALE counselor. (All female campers will have female counselors)
If so, please explain why: _____

Camper will do equally well with either a MALE or FEMALE counselor.

In the following sections, please check all statements that describe your camper. Please answer thoroughly, giving examples. Use additional paper if necessary.

COMMUNICATION

1. Describe the communication style of your camper?

- non-verbal _____
- limited communication skills (some words, gestures, etc.) _____
- Reciprocal communication _____
- Uses sign language _____
- Additional Information _____

2. Which types of schedules work best with your camper?

- | | |
|--|---|
| A. <input type="checkbox"/> Verbal Schedule | B. <input type="checkbox"/> Full Day |
| <input type="checkbox"/> Written Schedule | <input type="checkbox"/> ½ Day |
| <input type="checkbox"/> Photo/Graphic Schedule | <input type="checkbox"/> 2-3 Events at a Time |
| <input type="checkbox"/> Does Not Require a Schedule | <input type="checkbox"/> 1 Event at a Time |

Additional Information _____

SELF-HELP SKILLS

1. Mealtimes

_____ camper will need assistance with eating

_____ camper eats independently

_____ camper is a choking risk

What allergies to foods and drinks does your camper have? _____

What other special dietary needs does your camper have (GFCF diet, no sugar, no pork, only 1 serving, etc.)? _____

Additional Information _____

2. Toileting

_____ camper is completely toilet-trained, uses toilet independently

_____ camper is partially toilet-trained, needs to be reminded to go

_____ camper needs some assistance using the toilet

_____ camper will use too much toilet paper or clog toilet

_____ camper needs complete assistance/total supervision in the restroom

_____ camper is not toilet-trained at all (wears diaper/training pants)

_____ camper needs assistance with feminine hygiene

How often does your camper need to be taken to the restroom? _____

How does your camper let you know that he/she needs to go to the restroom? _____

Additional Information _____

BEHAVIORS

Please indicate how often, if ever, your camper does the following behaviors and the consequences. We must have accurate information about your camper's behaviors and how to respond to them.

| Behavior | Never | Seldom | Often | What you do when this occurs |
|--|-------|--------|-------|------------------------------|
| Camper scratches, pinches, bites, or hits self | | | | |
| Camper bangs own head | | | | |
| Camper scratches, pinches, bites, or hits others | | | | |
| Camper grabs other people | | | | |
| Camper touches others inappropriately | | | | |
| Camper throws things | | | | |
| Camper gets into personal belongings | | | | |
| Camper runs/wanders away | | | | |
| Camper climbs on furniture | | | | |
| Camper uses inappropriate language | | | | |
| Camper spits on others | | | | |
| Camper dumps liquids | | | | |
| Camper strips own clothing | | | | |

| | | | | |
|------------------------------------|--|--|--|--|
| Camper exposes self in public | | | | |
| Camper masturbates inappropriately | | | | |
| Camper is not trustworthy | | | | |

Please describe in more detail these behaviors or any other behaviors that you do not want your camper to do and explain how you want the camp staff to deal with them:

Behavior

Consequences/Triggers

Example: Camper throws objects

Must pick up object and return to proper place

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Behavior Plans:

Does your camper have a behavior plan in place? _____ If so, it is the policy of Dreams In Motion to review the plan during the application process. **Please attach your camper's most current behavior plan.**

Therapist Name: _____ Agency: _____

Phone Number: _____ email: _____

Do any of the above listed behaviors affect your camper's daily life? If so, how? _____

List any obsessive-compulsive behaviors: _____

Has the individual had any involvement with law enforcement? If so, please explain. _____

EMOTIONAL RESPONSES

_____ camper prefers to be by self

_____ camper clings to other people

_____ camper does not like to be touched

_____ camper gets upset if the routine changes

_____ camper cries for no apparent reasons

_____ camper laughs for no apparent reason

_____ camper is bothered by excessive noise

Please list things that scare or upset your camper: _____

Please describe what helps to calm your camper when he/she is sad, hurt, afraid, or otherwise upset: _____

REINFORCEMENT

Reinforcers:

| | |
|--|----------------|
| | Reinforcement: |
|--|----------------|

- _____ Edibles (food or drink)
- _____ Music
- _____ Tokens
- _____ Particular object
- _____ Preferred activity

- _____ fixed time interval (i.e., every 15 min)
- _____ Completion of task or activity
- _____ End of day
- _____ End of time period
- _____ Other: _

Please describe manner of reinforcement: _____

Please describe how you manage your camper's activity level; motivate him/her to participate, etc. _____

Please list any undesirable activities for your camper (please be specific): _____

Swimming

- _____ I am unsure of how the camper does in the pool
- _____ camper swims well
- _____ camper cannot swim, must remain in the shallow end of the pool
- _____ camper fears water/will not get in the water willingly
- _____ camper drinks pool water
- _____ camper has bowel movements in the pool
- _____ camper needs to wear a lifejacket in the pool at all times (please provide us with a lifejacket)
- _____ camper must wear earplugs while in the pool (please provide us with earplugs)
- _____ likes water slides

MISCELLANEOUS

What are your camper's strengths? _____

What do you most like about your camper? _____

What would you like your camper to get out of his/her camp experience? _____

What else should we know about your camper to make his/her camping experience a great one? Please use as much additional paper as you need. The more we know about your camper's likes, dislikes, skills and needs, the better we can serve them.

VACATION DATES / PLANNED ABSENCES

Please list below any planned absences or vacation dates during which your son/daughter will not be at camp this summer:

Return this form by **April 7th, 2018**

Applications can be returned via email to: dwasser@dreamswithwings.org

Applications can be faxed to: 456-5705; Attn: Devon Wasser

Applications can be mailed to:
Dreams With Wings, Inc.
Attn: Devon Wasser
1579 Bardstown Road
Louisville, KY 40205

Please contact Devon Wasser with any questions or concerns (email is preferred):

E-Mail: dwasser@dreamswithwings.org Phone: (502) 459-4647

Due to the large number of applications for camp, we are not able to offer a camp space to all of the applicants. We will notify families by the end of April the status of their application.