

Dreams With Wings & Down Syndrome of Louisville

Achieving Dreams Summer Camp 2019

Attach Photo
For Binder

\$180.00
Application Fee

CAMPER APPLICATION

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

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 Summer Camp? Yes _____ No _____

Will your camper use the MICHELLE P. WAIVER Respite to pay 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? _____

Camper's Primary Diagnosis: _____

Additional Conditions – Please check all that apply to the camper:

- | | |
|-------------------------------|---|
| _____ Intellectual Disability | _____ Seizure Disorder |
| _____ Visual Impairment | _____ currently managed with medication |
| _____ Hearing Impairment | _____ past history with no current seizures |
| _____ Cerebral Palsy | _____ frequency of seizures |
| | _____ type of seizures |
| | _____ Other: _____ |

Please describe in more detail any conditions you have indicated _____

Has the individual been hospitalized for any of the concerns noted above: _____

Medical Information

Medications: (All medications must be sent to camp in original containers, with a copy of script)

Name of Medication	Strength	Dosage	Time of Day	Prescribing Physician	Reason for Taking
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Allergies: (medications, food, insect stings or bites, etc.) If applicable, Please attach copy of Allergy Plan

Allergy	Reaction	Management of Reaction
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Does the camper carry an epi-pen? _____

Preferred Hospital in Event of Emergency: _____

Primary Physician Name: _____

Address _____ Phone _____

Any other current health problems, diagnosis and treatment: _____

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 _____

BEHAVIORAL INFORMATION

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 With Wings to review the plan during the application process. **Please attach your camper's most current behavior plan.**

Behavior 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:
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- _____ 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: _____

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)

We will be taking field trips to the Clarksville Family Aquatic Center. Does your camper enjoy 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.

*Camper will be attending camp Full-time (M-F) _____ or Part-time (T,W,TH) _____

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. Vacations not communicated by deadline will require payment for those weeks.

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

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.