

Attach Photo
For binder

DREAMS IN MOTION SUMMER CAMP 2022

\$200.00
Application Fee

CAMPER APPLICATION

Due April 15, 2022

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

Due April 15, 2022

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? _____

Camper's Primary Diagnosis (Must have at least one to be eligible for camp):
 Autism Spectrum Disorder Asperger's Syndrome Communication Disorder

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:

Name	Dosage	How Often?	For what?

Allergies: (medications, food, etc.) _____

Severity of allergies _____

Does the camper carry an epi-pen? _____

Physician Name: _____

Physician Phone Number: _____

Preferred Hospital: _____

**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"/> $\frac{1}{2}$ 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

We must have accurate information about your camper's behaviors and how to respond to them. Please describe any increases in existing behaviors or the development of new behaviors over the past year in the box below.

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

Example: Camper throws objects

Consequences/Triggers

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 your camper had any involvement with law enforcement? If so, please explain.

EMOTIONAL RESPONSES

- | | |
|--|---|
| <input type="checkbox"/> Camper prefers to be by self | <input type="checkbox"/> Camper clings to other people |
| <input type="checkbox"/> Camper does not like to be touched | <input type="checkbox"/> Camper gets upset if the routine changes |
| <input type="checkbox"/> Camper cries for no apparent reason | <input type="checkbox"/> Camper laughs for no apparent reason |
| <input type="checkbox"/> 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:

- | |
|--|
| <input type="checkbox"/> Edibles (food or drink) |
| <input type="checkbox"/> Music |
| <input type="checkbox"/> Tokens |
| <input type="checkbox"/> Particular object |
| <input type="checkbox"/> Preferred activity |

Schedule of Reinforcement

- | |
|--|
| <input type="checkbox"/> Fixed time interval (i.e. every 15 min) |
| <input type="checkbox"/> Completion of task or activity |
| <input type="checkbox"/> End of day |
| <input type="checkbox"/> End of time period |
| <input type="checkbox"/> Other: _____ |

Please describe manner of reinforcement:

Swimming

- | |
|---|
| <input type="checkbox"/> I am unsure of how the camper does in the pool |
| <input type="checkbox"/> Camper swims well |
| <input type="checkbox"/> Camper cannot swim, must remain in the shallow end of the pool |
| <input type="checkbox"/> Camper fears water/will not get in the water willingly |
| <input type="checkbox"/> Camper drinks pool water |
| <input type="checkbox"/> Camper has bowel movements in the pool |
| <input type="checkbox"/> Camper needs to wear a lifejacket in the pool at all times (please provide us with a lifejacket) |
| <input type="checkbox"/> Camper must wear earplugs while in the pool (please provide us with earplugs) |

We will be taking field trips to water parks (e.g. Clarksville Family Aquatic/River Run). Does your camper enjoy water slides? yes no

COVID PROTOCOLS

We will follow current and up-to-date protocols when camp is in session. At a minimum, please describe how well your camper understands and follows standard COVID health and safety activities:

Mask Wearing:

- Camper is comfortable wearing a mask on her / his own
- Camper needs help remembering to keep a mask on
- Camper refuses to wear mask

Handwashing / Hygiene:

- Camper washes hands / sanitizes on her / his own
- Camper needs help remembering to wash hands / sanitize
- Camper struggles with washing hands / sanitizing

MISCELLANEOUS

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 15th, 2022**

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

E-Mail: dwasser@dreamswithwings.org Phone: (502) 523-9407