

Camper Application 2024

Camper Name: _____ **Date of Birth** _____ **Age** _____ **Gender** _____

Street Address: _____ **Town** _____ **Zip** _____

Parent/Guardian Name: _____

Home Phone _____ Cell Phone _____ Work Phone _____

*Please put an * next to the number we should try first*

Parent Email Address _____

May we contact you at this email regarding upcoming activities or other camp news? ___ Yes ___ No

Would you be interested in volunteering with the planning or implementation of any of our fundraisers? ___ Yes ___ No

Emergency Contact Person _____

(Other Than Parent or Guardian)

Home Phone for Contact _____ Work or Cell _____

Camper Information

● Is the child a swimmer? _____ Is the child toilet trained? _____

● Does the child have any physical limitations?

● Is the child taking any type of medication? _____

● Will the child take any medication at camp? _____

● Has the child ever had a seizure? (if yes, please explain)

● Does the child have any allergies or dietary restrictions? (if yes, please explain)

● **For Returning Campers:** In a few brief sentences, please write something about your child which might help us better understand his/her likes, dislikes, etc. (use back of this paper):

● **For New Campers:** Please also complete the new camper application page so we can have more detailed information about your child

Dates your child will attend camp: _____

How will your child get to camp? _____

(If by Meriden/Wallingford bus please indicate the bus stop)

I GIVE MY PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE USED FOR PUBLICITY PURPOSES IN CONNECTION WITH THE JOHN J. NERDEN R.T.C. CAMP (e.g. brochures, newspaper, civic club organizations, website, etc.)

Yes _____ No _____

May we release your child's name and Camp attendance if your town requests this information for funding purposes?

Yes _____ No _____

Please provide contact information for your town (i.e. director of parks & rec., director of special education, director of finance, etc.) so camp can contact someone in regards to funding: _____

By signing below, you agree that you have read all of the information in the cover letter.

Signature _____ **Date** _____

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How did you hear about our camp?

Please identify your child's diagnosis.

Please describe the school and/or program your child attends.

Please provide the name and contact information for the teacher.

Please describe your child's level of communication.

Does your child have any type of physical aggression? If yes, please describe

Please describe the level of independence or support your child requires for activities.

Does your child need assistance with eating?

Will your child need medication at camp? *(If yes, make sure med form II is completely filled out and sent in with this application. Also make sure medication with packaging and label is brought in by you on your child's first day)*

Can your child swim independently, with flotation devices, or not at all?

Does your child need any assistance with toileting? (i.e. reminders, schedule, wiping, etc.)

On the back of this paper please write something about your child which might help us better understand his/her likes, dislikes, etc.