

**Camper Application 2023**

**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?
- Has the child ever had a seizure? (if yes, please explain)
- Is the child taking any type of medication? \_\_\_\_\_
  - Will the child take any medication at camp? \_\_\_\_\_
- 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 \_\_\_\_\_

**New Camper Application 2023 page 2**

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 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.