



Camp AmeriKids, Inc. (Camp AmeriKids)
88 Hamilton Avenue • Stamford, CT 06902
Phone (203) 658-9547 • FAX (203) 658-9615

Camper Application 2010

Today's Date: _____

Please check one box:

- Session 1 (Friday, July 23rd – Thursday, July 29th)
 Session 2 (Monday, August 2nd – Sunday, August 8th)
 Either Session 1 **OR** Session 2

Camper's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: Girl Boy Birth Date: ____/____/____ SS#: ____-____-____

Primary language spoken at home: _____

Optional: For statistical purposes, please indicate your child's ethnic or racial identity: _____

New or Returning Camper: New Returning

Referring Agency: _____

SOCIAL WORKER/CASE MANAGER INFORMATION:

Name: _____ Phone: () _____

Pager: () _____ Clinic Phone: () _____

Email: _____

GUARDIAN INFORMATION

Name(s) of Child's Primary Caregiver(s): _____

Relationship to Child:

Parent Grandparent Foster Parent Adoptive Parent Group Living Situation

Other Relative Relation? _____

GUARDIAN INFORMATION CONTINUED:

Home Phone: () _____ Work Phone: () _____
 Cell Phone: () _____ Other: () _____
 Email: _____

Please list the people who live in your home and their relationship to your child.

Will your child's brothers and/or sisters be applying to camp? Yes No

PLEASE LIST FULL NAMES AND AGES OF SIBLINGS APPLYING TO CAMP:

Name: _____ Age: _____ Girl Boy
 Name: _____ Age: _____ Girl Boy
 Name: _____ Age: _____ Girl Boy

Please give the names of siblings who have attended Camp AmeriKids in the past:

INCOME (TO BE KEPT CONFIDENTIAL)

What is your family's total monthly income (before taxes)? _____

Is your family currently receiving food stamps? Yes No

Is your family currently receiving TANF support? Yes No

CAMPER MEDICAL HISTORY: TO BE COMPLETED BY PARENT/GUARDIAN

	HIV Status			Is the person indicated living?		
	Positive	Negative	Unknown	Yes	No	Unknown
Child applying to camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Biological Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Primary Caregiver(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Are any siblings HIV positive? Yes No

If your child is HIV+, is he or she aware of his/her status? Yes No

If they are **not aware**, when do you intend to inform them? _____

If they **are aware**, is HIV/AIDS talked about with your child at home? Please describe how is HIV/AIDS discussed: _____

Is your child aware that Camp AmeriKids serves children who are infected with/affected by HIV?

Yes No

Please check 'yes' for any known medical or psychological concerns, giving explanations if applicable:

Yes	No	Condition	Explanation
		Asthma	
		Constipation	
		Diarrhea	
		Bedwetting	
		Sleep problems	
		Nightmares	
		Sleep Walking	
		Frequent Stomachaches	
		Frequent Headaches	
		Vision loss	
		Hearing loss	
		Depression	
		Anxiety	
		Obsessive-Compulsive Behaviors	
Other:			

Does your child have weight loss or eating concerns? Yes No

If yes, please describe: _____

If your child is on a diet for weight loss or on a special diet for any other reason, please describe the diet: _____

Has your child ever been hospitalized? Yes No

If so when and why? _____

Does camper use/have (please circle what applies):

Wheelchair

Walker/Crutches

Splint/Brace

Contact lenses

Artificial limb

Amputation

Hearing Aids

Glasses

Other: _____

Does your child require assistance showering or dressing? Yes No

May your child participate in swimming**? Yes No

*****Please Note: Swimming at camp takes place under the supervision of highly trained lifeguards and instructors. No child is ever left unsupervised or alone in or near the water.***

School Information

IMPORTANT: Please attach a recent report card and if possible a teacher recommendation. Please attach a copy of your child's Individual Education Plan (IEP) if they receive special education services.

Name of Your Child's School: _____

School type: Parochial Private Public Current Grade: _____

Child's Developmental level: Age Appropriate Mild Delay
Moderate Delay Severe Delay

Child's Learning level: Above grade level On grade level Below grade level

Is your child in Special Education? Yes No

If yes, please describe the reason: _____

Does your child have their own aide in the classroom? Yes No

Is your child in a self-contained or collaborative teaching class? Yes No

Does your child receive any of the following services at their school or after school (please circle all that apply):

Physical Therapy Occupational Therapy Speech Therapy
Counseling Extra Tutoring Other: _____

Has your child ever been diagnosed with a learning disability? Yes No

Has your child been diagnosed as Autistic or Asperger's Syndrome? Yes No

Has your child been diagnosed with ADD/ADHD? Yes No

Has your child ever been diagnosed with a speech or language disability? Yes No

Do you or the school have concerns about your child's behavior in school? If yes, please describe:

Has your child ever been suspended or placed on home tutoring or in a separate type of class due to behavior? Yes No

If yes, please explain: _____

Other information you might like to share about your child and their progress in school:

Academic Honors: _____

Other awards: _____

Extra-curricular activities _____

What does your child do after school? _____

What does your child do on the weekends? _____

Help us understand your child

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION OR INSTRUCTIONS ABOUT YOUR CHILD THAT WILL HELP US IN MAKING HIS/HER STAY MORE ENJOYABLE AND SAFE

Has your child ever attended Camp AmeriKids before? Yes No

If yes, what years: _____

Will they attend another camp this summer? Yes No

If yes, which one(s): _____

Please tell us 3 things that make you proud of your child:

Please circle any of the following that describes your child:

Friendly Caring/ Kind Easy to talk to Confident
Good Sense of Humor Not fearful or nervous Good problem solver Helpful to others
Has common sense Optimistic

If you have any behavioral concerns, please let us know how we can help at camp:

Please circle any of the follow that describes your child:

Fearful Low self-esteem Aggressive Anxious/ nervous
Likes to argue Gets into physical fights Poor concentration Feelings are easily hurt
Overly shy Misunderstands what others say or mean

Is your child currently taking medication for any psychological or behavioral issues?

If yes, please list which ones: _____

Has your child had any behavioral difficulties that brought them into the legal system?

If yes, please explain: _____

Is your child receiving counseling services in school or via a clinic or hospital? Yes No

Counselor/therapist information (if not listed earlier):

Name: _____ Agency/Hospital _____

Phone: () _____ Email: _____

When your child is angry, frustrated or upset how does s/he handle themselves?

What do you say to them?

What is the best way to handle this behavior when it occurs?

What time does your child go to bed? _____

Does your child have trouble getting to sleep? Yes No

What do you do to help them get to sleep? _____

Does your child have their own room? Yes No

If they share a bedroom, who with? _____

Have there been any recent deaths or losses to the child's family? Yes No

If yes, who?

Have there been any recent incidents or changes for the family or your child that might cause concerns for them or affect their behavior while at camp?

Please share anything else that you think is important for us to know about your child:

PARENT/ GUARDIAN CONSENT FORM

THIS FORM MUST BE COMPLETED AND SIGNED AT THE BOTTOM IN ORDER FOR YOUR CHILD TO ATTEND CAMP AMERIKIDS.

CONSENT FOR MEDICAL TREATMENT

I, the undersigned parent/guardian hereby grant permission to the medical staff or consulting physician at Camp AmeriKids, Inc. to administer medications and provide medical care for the attending camper. I also give consent for any emergency transportation deemed necessary. I understand that all attempts will be made to reach an emergency contact or me before any action is taken. If no contact is available, the decision to treat my child will be made by the camp medical advisor and camp director. I also understand that Camp AmeriKids, Inc. will treat all information pertaining to my child as confidential, however, I agree that said information may be shared with /released to appropriate personnel and/or third parties for the purpose of treating and/or supervising my child.

ASSUMPTION OF RISK

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

RELEASE OF LIABILITY

In consideration of the opportunity afforded my child to participate on a voluntary basis in the Camp AmeriKids program organized by Camp AmeriKids, Inc. I hereby waive any right or cause of action arising as a result of my child's participation in said camp program from which any liability may or could occur against Camp AmeriKids, Inc. or its officers, directors, agents, employees, donors and/or volunteers, either collectively or individually.

JURISDICTIONAL CLAUSE

It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Orange County New York, and shall be construed in accordance with the laws of New York.

I fully understand and agree to the terms stated above and agree that all information is complete and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____