



Attach
recent
child
photo
here

Camper's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade: _____

Home Address: _____

County: _____

Home Phone: _____ Other Phone: _____

School Attending: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Name: _____ Relationship: _____

Family/Parent E-Mail: _____

- My child attended Awesome Summer Days in the past.
- My child attended another camp in the past. (please specify: _____)
- My child has never attended camp.

- My child IS Medicaid Waiver Eligible.
- My child has been denied Medicaid Waiver services.
- We have never applied for Medicaid Waiver Services for my child.

Camper's Diagnosis: _____ Year: _____

Other impairments: _____

Allergies: _____

Has child ever required psychiatric counseling or hospitalization? Explain:

Is child verbal and can be understood? If no, what is child's method of communication?

Does child need assistance with toileting, feeding, or dressing? Please explain:

Is child on a special diet? _____

Can your child read and write? _____

Does your child know how to swim? _____

Will your child need transportation? _____

Has your child ever received services from the Kelberman Center or Upstate Cerebral Palsy? If yes, please specify:

Please rate each of the following behaviors for your child:

	Never	Sometimes	Often
Acts young for age			
Argues with others			
Has difficulty paying attention			
Gets along with other children			
Wants to be perfect			
Lies or cheats			
Is fearful or anxious			
Braggs or boasts			
Seems confused			
Tries to hurt self			
Tries to hurt others			
Destroys objects			
Breaks rules			
Has tantrums or meltdowns			
Threatens others			
Unhappy, sad, or depressed			
Complains			
Teases others			
Uses obscene language			
Repeats actions or has compulsions			
Runs away/Elopes			
Screams or yells			
Unusually shy or timid			
Other:			

What does your child like to do? What are his/her interests?

What activities does your child dislike? Are there activities he/she will not do?

What do you hope your child will get out of camp?

In school, what is your child's educational placement? Does your child have an aide?

Describe any sensory issues your child may have (loud noises, touching, etc.)

Please describe any behavioral concerns for your child. What usually causes these behaviors? What are some effective ways to deal with them?

Please explain any special precautions that should be taken when interacting with your child (biting, hitting, scratching, doesn't like to be touched, etc.)

What else would you like us to know about your child?

Awesome Summer Days
Alternative Payment Form

Child's Name: _____ Date: _____
Parent/Guardian Name: _____
Home Address: _____
County: _____
Phone: _____
E-Mail: _____

Alternative Payment Agreement

Method of Payment: _____
If using credit card, card number and expiration: _____
Number of payments: One Two Three Four
Payment Schedule: Date: _____ Amount: _____
 Date: _____ Amount: _____
 Date: _____ Amount: _____
 Date: _____ Amount: _____

Scholarship Request

Our family would like to be considered for a need-based scholarship.
Family Annual Gross Income: _____
Number of children in household: _____
Amount Requested: _____
My child can only attend camp if we receive a scholarship for:
 \$200 \$400 \$600 \$800 \$1000 full
Please state why you are requesting a scholarship:

Parent/Guardian Signature

Date