

KRIS' CAMP 2010
'I CAN CAMP' - REGISTRATION
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QUICK REFERENCE

CAMPER NAME: _____

AGE AT CAMP: _____

MEDICATIONS (DOSES AND FREQUENCY): _____

DIETARY RESTRICTIONS/REQUIREMENTS: _____

ALLERGIES (INCLUDING FOOD ALLERGIES): _____

**PARENT/GUARDIAN CONTACT INFO WHILE CHILD IS AT CAMP (PLEASE PROVIDE
TELEPHONE NUMBER/S:** _____

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CHILD REGISTRATION

****PLEASE NOTE: FOR THOSE OF YOU THAT ARE ABLE TO COMPLETE AND EMAIL THE APPLICATION ELECTRONICALLY – ESPECIALLY THE NARRATIVE PORTIONS - WE ASK THAT YOU PLEASE DO SO. THIS SAVES US HOURS OF DATA ENTRY TIME. ☺ THANK YOU!****

Session for which you are applying: **I Can Camp, Malibu, CA June 8-11, 2010**

CHILD'S NAME:

BIRTHDATE:

PARENT/S NAMES:

MAILING ADDRESS:

EMAIL ADDRESS:

HOME PHONE:

WORK PHONE:

OTHER PHONE:

EMAIL:

INTRODUCTION: We want to get to know you! Please use your own, or your child's, words to introduce us to the camper. If your child has attended Kris' Camp before, please provide the intro for new staff members and include an update for us on your child and family. Feel free to use the back of this page or additional pages as needed. We would also love to have a photo of your child if you have one to share.

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CHILD'S MEDICAL HISTORY:

1. PLEASE GIVE A BRIEF DESCRIPTION OF YOUR CHILD'S HEALTH HISTORY INCLUDING BIRTH AND POSTNATAL CARE:

2. WHAT IS YOUR CHILD'S DIAGNOSIS, AND/OR DESCRIPTION OF IDENTIFIED NEEDS?:

3. CURRENT MEDICAL PROBLEMS (IE: ALLERGIES, SEIZURES, OXYGEN, EASILY FATIGUED, CONSTIPATION, ETC.):

4. ANY UPCOMING MAJOR MEDICAL CHANGES THAT WILL INFLUENCE YOUR CHILD (IE: SURGERIES, CHANGE IN PROGRAMS ETC.):

5. DEVELOPMENTAL HISTORY (ANYTHING YOU FEEL MAY BE IMPORTANT FOR US TO KNOW REGARDING YOUR CHILD'S DEVELOPMENTAL HISTORY – MOTOR SKILLS, SPEECH SKILLS, ETC.):

6. IS YOUR CHILD ON ANY MEDICATIONS? IF SO, PLEASE LIST (please include the medication name, dosage, frequency, and purpose)*:

***IF APPROPRIATE, YOU MAY ATTACH A COPY OF YOUR CHILD'S MEDICATION SCHEDULE TO THIS APPLICATION. PLEASE NOTE THAT YOU WILL NEED TO PROVIDE US WITH AN UPDATED SCHEDULE AT CAMP TIME IF ANY CHANGES HAVE OCCURRED, ALONG WITH THE ACTUAL MEDICATIONS.**

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7. THERAPY/PROGRAMS – (Please list any therapies or other programs your child is involved in, or has been involved in the last year, including the program name, frequency, and therapist/coordinator name if applicable.):

PLEASE LIST AND DESCRIBE TECHNIQUES, APPROACHES, AND/OR AREAS YOUR CHILD **RESPONDS WELL TO** IN VARIOUS THERAPIES/EXPERIENCES THAT HELP HIM/HER WITH TRANSITIONS, INDEPENDENCE, CALMING, ETC. AND THAT MAY HELP THEM HAVE A SUCCESSFUL CAMP EXPERIENCE:

PLEASE LIST AND DESCRIBE TECHNIQUES, APPROACHES, AND/OR AREAS YOUR CHILD **HAS DIFFICULTY WITH** AND/OR RESPONDS ADVERSELY TO IN VARIOUS THERAPIES/EXPERIENCES AND/OR ACTIVITIES:

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ACTIVITIES OF DAILY LIVING/SELF-HELP SKILLS

IN THE FOLLOWING SECTION, PLEASE INCLUDE ANY STRATEGIES/TECHNIQUES THAT MAY HELP US IN ASSISTING YOUR CHILD WITH DAILY ACTIVITIES, AND INFORMATION ABOUT ANY BEDTIME OR OTHER ROUTINES THAT YOUR CHILD IS FAMILIAR WITH. FEEL FREE TO ATTACH ADDITIONAL PAGES IF NECESSARY.

PLEASE CHECK THE APPROPRIATE SPACE FOR YOUR CHILD FOR EACH OF THE FOLLOWING ADL AREAS. PLEASE PROVIDE ADDITIONAL INFORMATION AS NEEDED.

BATHING:

Independent Verbal cues only Physical prompts (please describe):

Any other words of wisdom or suggestions to help your child with bathing:

DRESSING:

Independent Verbal cues only Physical prompts (please describe):

Any other words of wisdom or suggestions to help your child with dressing:

TOILETING:

Independent Verbal cues only Physical prompts (please describe):

Any other words of wisdom or suggestions to help your child with toileting:

EATING:

Independent Verbal cues only Physical prompts (please describe):

Any other words of wisdom or suggestions to help your child with eating:

BEDTIME:

Independent Verbal cues only Physical prompts (please describe):

Any other words of wisdom or suggestions to help your child with bedtime:

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PLEASE PROVIDE US WITH ANY ADDITIONAL INFORMATION REGARDING ACTIVITIES OF DAILY LIVING, ROUTINES, OR SCHEDULES FOR YOUR CHILD THAT WILL BE HELPFUL AT CAMP:

WHAT ARE YOUR GOALS FOR YOUR CHILD AT KRIS' CAMP?

Please include any activities that your child really likes and/or wants to participate in at camp, so that we may try to plan ahead and incorporate this as much as possible.:

WHAT OTHER INFORMATION WOULD YOU LIKE TO SHARE WITH US THAT WILL HELP US IN MEETING YOUR CHILDS GOALS FOR KRIS' CAMP?:

PLEASE PROVIDE ANY INFORMATION ABOUT FOODS FOR YOUR CHILD THAT WILL BE HELPFUL FOR US IN PREPARING MEALS:

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PLEASE TELL US HOW AND WHERE WE CAN REACH YOU WHILE YOUR CHILD IS AT CAMP. BE AS DETAILED AS NECESSARY (*Please include at least 2 phone numbers and one alternate number, as well as an address*):

PERSON NOT ATTENDING CAMP TO CONTACT IN CASE OF EMERGENCY:

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

PHONE HM: _____ WK: _____

OTHER: _____

BILLING INFORMATION

1. NAME AND ADDRESS OF WHO WE WILL BE BILLING FOR KRIS' CAMP – 50% of tuition is due 60 days prior to camp; the balance is due 30 days prior:

Name: _____

Address: _____

City/State/Zip: _____

Extra: _____

Phone Number: _____

Please submit this completed application, along with the 2 release forms on the following pages, and a copy of your child/ren's immunization records and/or doctor's note to:**

Kris' Camp
3359 Creek Road
Salt Lake City, UT 84121

****If you submitted your child's immunization records in a previous year/session, you do not need to resubmit them as we keep them on file.**

Check one:

- I have already submitted the Initial Registration Form and \$100 deposit***
- I am including my Initial Registration Form and \$100 deposit with this application***
- I have included camper immunization records and/or a doctor's note.***
- Kris' Camp already has a copy of our immunization records from a previous year***

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!Thank You! We look forward to seeing you at camp

RELEASE FORM

****Please list all children who will be attending therapy or sibling camp****

I, _____ (MOTHER/FATHER/LEGAL GUARDIAN) OF

(LIST ALL ATTENDING CHILD/REN)

HEREBY DO RELEASE KRIS' CAMP AND IT'S STAFF OF ALL LEGAL RESPONSIBILITIES INCLUDING ACCIDENTAL INJURY, DISMEMBERMENT, OR DEATH RESULTING FROM MY CHILD'S INVOLVEMENT WITH KRIS' CAMP. THIS INCLUDES TRANSPORTATION TO AND FROM PLACE OF RESIDENCE TO KRIS' CAMP, ALL ACTIVITIES WHILE ATTENDING KRIS' CAMP, AND RETURN TO PLACE OF RESIDENCE.

Initials

Date

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED, AND FOR PICTURES TO BE UTILIZED FOR THE PURPOSES OF KRIS' CAMP INFORMATIONAL AND FUNDRAISING PUBLICITY INCLUDING THE NEWSLETTER, DVD YEARBOOK FOR DONORS, LOCAL NEWSPAPER, KRIS' CAMP WEBSITE, CONTINUING EDUCATION BROCHURE, AND GENERAL CAMP BROCHURE.

Initials

Date

Parent/Guardian Signature

Relationship to Child/ren

Date

Witness Signature

Print Name Here

Date

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Medical Release Form

I hereby give permission for any and all medical attention necessary to be administered to my child/ren (name/s):
in the event of
accident, injury, sickness, etc., under the direction of either of the person(s) designated below, until such time as I
may be contacted. If neither of the person(s) designated below can be contacted, I give permission for treatment
of my child as may be required subsequent to a determination made by the appropriate health care professional
who is present. This release is effective until revoked, in writing, by me. I also hereby assume responsibility for
payment of such treatment.

My name:

Phone (H): (W): (M):

Phone/cabin/contact info while at camp (Therapy campers only):

My Street Address:

City: State: Zip:

My insurance company is:

My insurance policy number is:

In case I cannot be reached, either of the following is designated:

Emergency Contact 1: Phone:

Emergency Contact 2: Phone:

My child/rens' physician: Phone:

Physician's address:

Known allergies of child:

Current medications for child:

Health conditions (i.e. seizures, asthma, etc.):

Parent/Guardian Signature

Print Name

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Date