



**NEW CAMPER APPLICATION**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Current Grade in School: \_\_\_\_\_ Gender:  Male  Female

Mother's/Guardians Name: \_\_\_\_\_ Father's/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Daytime/Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Person and Phone #: \_\_\_\_\_

Name of Child's Family Members	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Our pets are: \_\_\_\_\_

Child lives with:  Mother  Father  Both Parents

Child has been away from home over night before:  Yes  No How long? \_\_\_\_\_

Child has been to other camps:  Yes  No What kind? \_\_\_\_\_ When? \_\_\_\_\_

How did you hear about Meadowood Springs?

- Postcard/Letter/Email Notification  Newspaper  Magazine  Therapist/Resource Room Teacher/Specialist
- Fraternal/Service Organizations (Elks, Rotary, etc.)  Internet: Website, Facebook, Twitter, etc.  Resource Fair/Convention
- Other: \_\_\_\_\_

Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice. Final session will be determined by Meadowood's Program Director(s) to best serve your child's needs.

Adventures in Communication – Session I  
July -7th – July 14<sup>th</sup>, 2019


Adventures in Communication – Day Camp Session I  
July 9<sup>th</sup> – July 12<sup>th</sup>, 2019


Adventures in Communication – Session II  
July 20<sup>th</sup>– July 27<sup>th</sup> 2019

Adventures in Communication – Day Camp Session II  
July 23<sup>rd</sup>– July 26<sup>th</sup>, 2019

**Please indicate how this camper's registration fees will be paid. Check one or more of the following as they apply.**

- Cash  Check  Credit Card  Payment Plan  I request information on financial assistance
- Third Party Sponsor/Pledge (Elks, Relative, Rotary, etc.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

**To Be Completed by Campers/Students Parent or Guardian and returned with application page:**

Please attach a copy of your child's current IEP, 504 Plan, or goals/objectives from Private Clinician. If your child has not been identified with a communication or social skills delay, please contact Meadowood to make arrangements for a screening or assessment. Applications will not be considered complete without these attachments, and acceptance will be tentative until they are received.

**Camper Information, Strengths and Needs:**

My child is in a regular classroom at school :	_____ Yes _____ No	
My child is in a special classroom at school.:	_____ Yes _____ No	Describe Classroom _____
My child uses words:	_____ Yes _____ No	
My child uses sentences:	_____ Yes _____ No	Average Sentence Length is _____ words.
My child takes turns talking to kids:	_____ Yes _____ No	To adults: _____ Yes _____ No
My child likes to interact with kids:	_____ Yes _____ No	
My child makes friends easily:	_____ Yes _____ No	My child has friends: _____ Yes _____ No
My child is understood by family and friends:	_____ % (percent) of the time	
My child is understood by strangers:	_____ % (percent) of the time	
My child has physical limitations:	_____ Yes _____ No	Describe _____
My child has difficulty following rules:	_____ Yes _____ No	Describe _____
My child takes medications:	_____ Yes _____ No	Describe _____
My child is on a special diet:	_____ Yes _____ No	Describe _____
My child dresses him/herself:	_____ Yes _____ No	Needs help with _____
My child ties his/her shoes:	_____ Yes _____ No	_____ Needs help sometimes
My child bathes/showers him/herself:	_____ Yes _____ No	Needs help with _____
My child brushes his/her teeth:	_____ Yes _____ No	Comments: _____
My child eats by him/herself:	_____ Yes _____ No	Needs help with _____
My child has "accidents":	_____ Night _____ Day	Describe what kind: _____
My child is can walk on uneven terrain and can go up and down hills:	_____ Yes _____ No	_____ Yes _____ No
Describe difficulties:	_____	
My child's strengths (what he/she does well) are:	_____	
My child's fears are:	_____	
My child likes to do the following things for enjoyment:	_____	
My child has difficulty _____	Describe _____	

*Please read the statements below and put an "X" next to the ones that apply to your child:*

**Movement skills:**

- \_\_\_ my child is fearful in activities that move through space (swings, teeter totter, canoes)
- \_\_\_ my child avoids activities that challenge his/her balance
- \_\_\_ my child looks for and seeks cravings such as bouncing, swinging, merry-go-rounds, rocking, etc
- \_\_\_ my child has a history of being "car sick"
- \_\_\_ my child moves all the time
- \_\_\_ my child does not like to move or be active

**Touch/Tactile Sensation:**

- \_\_\_ my child does not like to be touched, cuddled or hugged
- \_\_\_ my child likes to wear a coat even though it is not needed, or will not allow long sleeves to be pulled up
- \_\_\_ my child has trouble keeping his/her hands to self, or likes to poke or push other children
- \_\_\_ my child likes to touch everything he/she sees (learns through his/her fingers)
- \_\_\_ my child likes to be hugged and likes tight things around him/her

**Large motor skills:**

- \_\_\_ my child seems weaker than other children his/her age
- \_\_\_ my child has difficulty running, hopping, jumping, skipping
- \_\_\_ my child seems stiff and awkward when he/she moves
- \_\_\_ my child is clumsy and seems to fall often
- \_\_\_ my child avoids ball activities

**Fine motor skills:**

- \_\_\_ my child has a difficult time drawing, coloring, cutting, and avoids those activities
- \_\_\_ my child has a difficult time stringing beads, stacking small things, picking up small objects

\_\_\_my child has a difficult time blowing

**Eating:**

\_\_\_my child has difficult using spoons and forks

\_\_\_my child drools during meal time or looses food out of the corner of his/her mouth

\_\_\_my child chews with his/her mouth open

\_\_\_my child has difficulty biting off parts of sandwich or chewing meat

\_\_\_my child needs to have his/her food cut in small bite size pieces

\_\_\_my child has difficult drinking out of a cup

\_\_\_my child likes to stuff food in his/her mouth (does not know when mouth is full)

\_\_\_my child likes to eat too fast

\_\_\_my child eats very slowly

\_\_\_my child is a picky eater and dislikes \_\_\_\_\_

\_\_\_my child has difficulty swallowing milk, water, juice, etc.

\_\_\_my child gags easily during meals

\_\_\_my child needs special eating utensils \_\_\_\_\_

\_\_\_my child has special eating needs. Explain \_\_\_\_\_

**Behavior/Other:**

\_\_\_my child does not accept change easily

\_\_\_my child likes things to stay constant and the same, no matter what

\_\_\_my child becomes anxious or frustrated easily and has outbursts/meltdowns/blowouts

Triggers: \_\_\_\_\_

Resolutions: \_\_\_\_\_

\_\_\_my child screams: \_\_\_Often \_\_\_Sometimes \_\_\_Never

\_\_\_my child has difficulty getting along with others and acts out

\_\_\_my child is impulsive

\_\_\_my child is accident prone

\_\_\_my child does not do well in groups larger than 3 or 4 others

\_\_\_my child's moods change frequently and for no particular reason. Explain \_\_\_\_\_

**Other information for staff:**

My child wears hearing aids: \_\_\_Yes \_\_\_No If Yes, Please indicate the number of aids used \_\_\_\_\_

My child knows how to clean ear mold: \_\_\_Yes \_\_\_No

My child knows how to put on hearing aids: \_\_\_Yes \_\_\_No

My child knows how to change the batteries: \_\_\_Yes \_\_\_No

My child \_\_\_likes/\_\_\_does not like to swim.

Swimming level: \_\_\_Beginner \_\_\_Intermediate \_\_\_A fish (Advanced)

My child wears glasses: \_\_\_Yes \_\_\_No When are they used? \_\_\_\_\_

My child wears contacts: \_\_\_Yes \_\_\_No

They can put them in without help: \_\_\_Yes \_\_\_No

My child wears a retainer (oral prosthesis): \_\_\_Yes \_\_\_No Type \_\_\_\_\_

My child wears his/her retainer when \_\_\_\_\_

It needs special care: \_\_\_Yes \_\_\_No Describe \_\_\_\_\_

Has child been hospitalized for Mental Health issues? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

**Tell us more about your child and how they might benefit from camp:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Interest Clubs my child would be most interested (Camp Tomodachi Only):

Science  Computers  History  Theatre Arts/Drama  Music  Photography  Other: \_\_\_\_\_

This application has been completed and is accurate to the best of my/our knowledge and I/we:

- Have included a \$35 refundable/transferable deposit to Meadowood Springs to process this application.
- Understand that if this application is missing information and/or the \$35 refundable/transferable deposit, processing may be delayed.
- Understand that this application is not a guarantee of enrollment and staff will utilize information I have provided to determine if my child is eligible for camp.
- Understand that if my child is NOT eligible for camp, my \$35 deposit will be returned to me.
- Understand that if my child is eligible for camp, I will receive additional paperwork to complete my child's camp registration.
- Understand that the information I have included in this application will not be shared with anyone other than Camp Meadowood Springs staff.
- Have or will include a current copy of my child's IEP, 504 Plan, or goals/objectives from a Private Clinician (Adventures in Communication program only)
- Give permission for Camp Meadowood Springs to contact my/our child's Speech-Language Pathologist, Resource Room teacher, or other specialist to obtain further information.

- Speech-Language Pathologist

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Phone \_\_\_\_\_

- Resource Room Teacher

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Phone \_\_\_\_\_

- Other Specialist

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Phone \_\_\_\_\_

- Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I prefer to receive notifications and final registration forms via:

- Email     Postal Mail

I would like to take advantage of the following complimentary services (Call 541-276-2752 for more information):

- Registration Assistance     Sponsorship Advocacy

---

Printed Name of Applicant

---

Signature of Applicant

Date

You will receive confirmation of acceptance and camp session via your preferred method of correspondence. Within 2 weeks of acceptance notification, you will receive an acceptance packet. If you have questions or concerns about the program, we urge you to call our office at 541-276-2752 or email us at [info@meadowoodsprings.org](mailto:info@meadowoodsprings.org) at any time. **Thanks for your interest in Camp Meadowood Springs! We look forward to serving you and your child.**