



Attach a
Recent Camper
Photo Here

CAMPER APPLICATION

Camper Name: _____ Nickname: _____

Attended Camp Winnebago Before: Yes Number of Years _____
 No Referred By _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Email: _____

Residence: Family/Home Foster Home Independent Living Group Home

Check here if your address has changed from last summer.

Date of Birth: _____ Age: _____ Gender: Male Female

Parent(s)/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

***If applicable** - House/Agency Name:

Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Phone: (____) _____

Parent/Guardian/House/Agency/Supervisor Email: _____

Preferred Contact Method: Email Phone

EMERGENCY INFORMATION: (Please list two)

Name: _____ Relationship to applicant: _____

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

Name: _____ Relationship to applicant: _____

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

SPECIAL INFORMATION:

Does the camper have a disability/special need? ____ Yes ____ No

Disability Types(s) _____

ACTIVITIES of DAILY LIVING:

SPECIAL APPLIANCES/AMBULATION

Does applicant use a wheelchair? ____ Yes ____ No ____ Long distances only
____ Manual ____ Electric

Are there scheduled times out of wheelchair?

Describe _____

Does applicant need assistance in transferring? ____ Yes ____ No

Can applicant support own weight during transfers? ____ Yes ____ No

Does applicant require assistance in walking? ____ Yes ____ No

If yes, does applicant use:

_____ Support from other person	Describe gait	Does applicant wear or use?
_____ Cane	_____ Stable	_____ Splints
_____ Walker	_____ Unsteady	_____ Brace
_____ Crutches	_____ Falls easy	
_____ Other (gait belt, etc.)		

Describe: _____

Does applicant require range of motion exercise? ____ Yes ____ No

If yes, please

describe: _____

EATING

Assistance level: ____ No assistance ____ Minimal assistance ____ Partial assistance ____ Total assistance

Appetite: ____ Small ____ Medium ____ Large

Does applicant require a special diet? ____ Yes ____ No If yes, describe: _____

Does applicant require chopped food? ____ Yes ____ No

Does applicant require pureed food? ____ Yes ____ No

Does applicant require special utensils (please mark and bring)? ____ Yes ____ No

Does applicant require diet supplements (please mark and bring)? ____ Yes ____ No

Does applicant have difficulty: ____ Swallowing ____ Chewing ____ Drinking

Is applicant: ____ Right handed ____ Left handed

Further eating instructions: _____

PERSONAL HYGIENE

Assistance level applicant requires: ___No assistance ___Minimal assistance ___Partial assistance ___Total assistance

Please check **ALL** applicant may need assistance with:

- Washing hands and face
- Bathing, showering
- Brushing teeth
- Combing hair
- Shaving
- Menstrual care (please bring feminine products)

TOILETING

Is applicant independent in toileting? ___Yes ___No
 Does applicant need to be reminded? ___Yes ___No
 Does applicant have accidents? ___Never ___Seldom ___Frequently
 Does applicant have bladder control during the **day**: ___Yes ___No **Night** ___Yes ___No
 Does applicant have bowel control during the **day**: ___Yes ___No **Night** ___Yes ___No
 Is applicant on toileting schedule? ___Yes ___No Describe: _____

Does the applicant use: (please bring if applicable)

- Diapers/Attends ___Yes ___No ___Day ___Night
- Urinal ___Yes ___No ___Day ___Night
- Bedpan ___Yes ___No ___Day ___Night
- Commode ___Yes ___No ___Day ___Night
- Enema ___Yes ___No Type_____ How often_____
- Suppository ___Yes ___No Type_____ How often_____

Further Toileting Instructions: _____

COMMUNICATION

Can applicant communicate wants/needs? ___Yes ___No Describe: _____
 Does applicant understand and respond to questions? ___Yes ___No

METHODS OF COMMUNICATION:

- Verbal Non-verbal *Sign Language *Gestures Communication Board (please bring)

*Please list signs/gestures applicant uses to communicate: _____

Further communication instructions: _____

DRESSING (Reminder: Please MARK ALL personal belongings and clothing)

Does applicant need help with dressing? ___No assistance ___Minimal assistance ___Partial assistance ___Total assistance

Please check what applicant will need help with:

- Buttons Shoes Socks Fasteners Zippers Shirts Pants

Can applicant identify personal belongings and clothing items? ___Yes ___No

Further Dressing Instructions: _____

BEHAVIORAL

Check those behaviors which apply to applicant:

- No unusual behavior Temper tantrums Withdrawn/shy
- Self injurious Wanders/runs away Any sleep difficulties
- Physically aggressive Verbally aggressive Non-compliance
- Being extremely active, nervous, or anxious

Other: _____

Explain any checked behavior and method of dealing with behavior: _____

Is applicant presently on behavior modification program? Yes No

If yes, please attach two copies of the program you wish camp staff to be aware of.

Has applicant been away from home before? Yes No

Are problems with homesickness anticipated? Yes No

Further behavior information or instructions: _____

PERSONAL:

Does the applicant attend school, work, or day program? Yes No

Where? _____

Is applicant employed? Yes No Where? _____

Please list activities which applicant enjoys: _____

Please list any additional information (likes, dislikes) which may be helpful to us in caring for the applicant: _____

Level of supervision needed:

- Fully Independent
- Requires General Supervision
- Requires Close Supervision (*may result in additional fee)
- Requires 1:1 Supervision (*extra charge – this includes campers requiring awake night staff)

Any additional information that will result in a positive experience for your camper:

SESSION SELECTION & FINANCIAL INFORMATION

***To receive discount pricing, ALL information must be received no later than January 15, 2011.** A health history form - excluding the physician's signed exam, deposit (\$600), 2 photos, and optional financial aid form (with proof of participation in a fundraiser if a past camper in 2011) **MUST** be submitted with your application.

FIRST Choice: Session # _____ **SECOND Choice: Session #** _____
Roommate Request (optional) _____

**Every attempt will be made to honor your request, however it cannot be guaranteed*

FEE AGREEMENT

PLEASE CHECK AND COMPLETE THE APPROPRIATE BLANK(S). IF NO BLANKS ARE CHECKED, WE WILL ASSUME YOU ARE PAYING THE FULL AMOUNT.

_____ I WILL PAY THE FULL FEE FOR THE APPLICANT

_____ I WILL BE PAYING \$ _____ PARTIAL FEE FOR THE APPLICANT AND ANOTHER PERSON OR ORGANIZATION WILL BE PAYING THE BALANCE OF \$ _____ FOR THE APPLICANT**.

PERSON OR ORGANIZATION PAYING ADDITIONAL BALANCE FOR APPLICANT

ADDRESS

PHONE

**If receiving funding from another person or organization, contact information must be listed.

_____ I would like to contribute \$ _____ to the campership fund so that another person might attend Camp Winnebago.

In the operation of our child nutrition program(s) authorized by the United States Department of Agriculture, no child will be discriminated against because of race, color, sex, national origin, age or handicap. If anyone believes they have been discriminated against, they should write immediately to the Secretary of Agriculture, Washington, D.C. 20250

AUTHORIZATION

(Please read carefully before signing)

I have read this application and give permission for _____ to attend Camp Winnebago. I understand that a camper may not be able to complete a full session due to incomplete or inaccurate information, and that refunds will be issued only if (a) we cannot accept a camper; (b) the camper does not pass a physical evaluation; or (c) there is a documented illness, accident, death or emergency involving the camper or their immediate family member either prior to arriving at camp or during camp.

Campers will not, under any circumstance, be entitled to a refund if they leave camp because of (a) homesickness; (b) refusal to participate in scheduled camp activities; (c) a change in family plans; or (d) the camper's or legal guardian's desire to remove camper from camp for reasons other than documented illness, accident, death or emergency, regardless of how long their stay was at camp.

If the camp director requests that a camper leave camp because of reasons including, but not limited to, the violation of regulations or procedure; or because of conduct that interferes with the health or well-being of the camper or others, no refunds will be issued.

If a refund is approved, it can only be credited to the extent of the original payment. Awards or scholarships will be redistributed back to Camp Winnebago. Refund requests will not be considered once

the camper's session has ended. A fee of **\$25 per hour** will be applied for late pickups on closing day. Camp Winnebago reserves the right to grant exceptions to the stated policy.

Permission is given for my camper(s) to ride in designated camp vehicles.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician/emergency care facility/hospital chosen by the camp to hospitalize, secure proper treatment for, and/or to order injection/anesthesia/surgery/or any other emergency care deemed necessary including transportation by emergency vehicle to such facility listed above.

I also give Camp Winnebago specific permission to use photographs that may be taken of this camper or in which they may be included with other people, in any form or type of distribution, either by themselves or with other photographs, unless specified below:

****By signing this consent, I hereby agree to the above listed unalterable terms.***

Completed By: Camper Parent Guardian Group Home Manager Other _____

Printed name of person completing this application _____

Signature _____ Date _____

MUST BE NOTARIZED

The foregoing was acknowledged before me this _____ day of _____, _____

Notary Signature _____ Printed Name _____

County of _____ State of _____

Examiner's Stamp Below

Mail all completed application materials to: **Camp Winnebago**
19708 Camp Winnebago Road
Caledonia, MN 55921

CAMP WINNEBAGO USE ONLY:

Date Received _____

_____ + _____ + _____ - _____ - _____ - _____ = _____
Session(s) Cost 1:1 Discounts Campership Deposit **TOTAL DUE**

Application Checklist

Did you remember to include:

- 2 Camper Photos
- Deposit
- Application (*completed and signed including notarized signature on page 6*)
- Health History Form (*including examiner's signature on page 3*)
- Copies of All Prescriptions
- Optional Campership Grant Form

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Caledonia, MN 55921**