

Camp Winnebago
 19708 Camp Winnebago Road
 Caledonia MN 55921



-FOR OFFICE USE ONLY-	
Date Application Received _____	
Session(s) _____	
Deposit Received \$ _____	Balance Due \$ _____

CAMPER APPLICATION

Name: _____ Telephone: (____) _____
Last First Middle

Address: _____
Street City State Zip

Age: _____ Date of Birth: _____ Sex: _____ County of Residence: _____

Parent(s)/Legal Guardian: _____ Email: _____

Address: _____
Street City State Zip

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

House/Agency Name: _____ Telephone: (____) _____ Fax: (____) _____

Address: _____
Street City State Zip

Supervisor: _____ Telephone: (____) _____ Cell: (____) _____

House/Agency/Supervisor Email: _____

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: Check ALL that pertain:

Disability/Condition:

Level of disability: _____mild _____moderate _____severe _____profound

_____ Cerebral Palsy

_____ Autism

_____ Down Syndrome

_____ Prader/Willie Syndrome

_____ Diabetes Is applicant Insulin dependant? ___Yes ___No Does applicant self administer? ___Yes ___No

_____ Deaf/hearing impaired (describe) _____ Does applicant wear hearing aid? ___Yes ___No

_____ Blind/Visually impaired (describe) _____ Does applicant wear glasses? ___Yes ___No

_____ Spinal deformities (describe) _____

_____ Allergies (describe) _____

Other (describe) _____

Does applicant have seizures? ___Yes ___No Type: _____ Frequency: _____

Behavior/Aura prior to seizures: _____

Length of seizure: _____ Recovery time/behavior: _____

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 help Some help All help

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 HYGEINE

Assistance level applicant requires: No help Some help All help

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

Washing hands and face

Combing hair

Bathing, showering

Shaving

Brushing teeth

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 bowl 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 Describe: _____

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 how: _____
Does applicant understand and respond to questions? Yes No

METHODS OF COMMUNICATION:

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

*Please list signs applicant communicates with: _____

Further communication instructions: _____

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

Does applicant need help with dressing? No help Some help All help

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:

- | | |
|---|---|
| <input type="checkbox"/> No unusual behavior | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Withdrawn/shy | <input type="checkbox"/> Wanders/runs away |
| <input type="checkbox"/> Physically aggressive towards others | <input type="checkbox"/> Any sleep difficulties |
| <input type="checkbox"/> Self injurious | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Verbally aggressive | |

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: _____

PARENT OR GUARDIAN CONSENT

(Please read carefully)

I hereby give my permission for the applicant to attend Camp Winnebago.

Permission is given to Camp Winnebago to use photographs and names (individual or group) of my son/daughter in their camp promotion, including newspapers, magazines, news bulletins, movies, television, displays and news releases.

Permission is given for campers to ride in designated camp vehicles.

In the event I cannot be reached in an emergency I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

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

Signature of Parent or Guardian

Date Application Signed

Select session(s) desired for camper 1st Session Choice: _____
(See enclosed schedule for full information) 2nd Session Choice: _____
Please select 2 sessions in case your first choice is unavailable!

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

Please send both copies of the application to Camp Winnebago along with \$400.00 deposit.