

CAMP CRANIUM 2010

Camper Application Packet

We anticipate more interest than availability and we expect camp to be filled well before this deadline. We will process applications in the order that they are received. The last date that we will accept applications is April 1st, 2010. We will not process your application until we receive the forms below.

Please return these forms:

- Camper Application (to be completed by parent/guardian)
- Camper Medical Information – Parent Form (to be completed by parent/guardian)
- Camper Medical Information – Physician Form (to be completed by physician)
- Emergency Treatment and Contact Form
- Camper Consent Form
- Check written to “Camp Cranium”

Payment Options:

- My full payment is enclosed
- I can pay the full amount in installments
- Please contact Lexi Geib (campcranium@gmail.com or 610-592-4475) to discuss an alternative payment schedule.
- I am applying for a campership, if available, I can pay _____ but will apply for the remainder to be covered.

Based on our fundraising efforts we will determine the number of camperships available one month prior to camp.

Please include a check for the amount you are paying but if your child is not accepted to camp, we will not cash your check and return it to you.

Return the completed forms in the enclosed stamped envelope to:

Camp Cranium
c/o Lexi Geib, Director
725 Pemberton Street, Rear 6
Philadelphia, PA 19147

CAMPER APPLICATION

Pre-Camp Information

Name: _____ Birth date: _____ Age: _____

What size t-shirt does your child wear?

Adult: Small Medium Large X-Large XX-Large

Child: Small Medium Large X-Large XX-Large

Please respond to all of the following questions. Attach an additional sheet, if needed.

If you are unable to provide transportation for your child to camp, please check here: _____

Demographics

Camper Name: _____

Parent/Guardian's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

County (e.g. Montgomery, Bucks, Philadelphia): _____

Home phone: _____ E-mail address: _____

Work phone: _____ Cell phone: _____

Psychosocial Needs

1. Has your child attended an overnight camp before? Yes No
If yes, which camp? _____

2. Has your child been away from home before without you? Yes No
Are you expecting any problems with homesickness? _____

3. Are there any special talents, abilities or hobbies that we can highlight with your child during camp? _____

4. Does your child have any cognitive difficulties (memory, short attention span, difficulty expressing themselves or understanding others, problem-solving)?

5. Does your child have any behavioral problems (impulsivity, aggression, difficulty with peers)? _____

6. Is your child extra sensitive about anything? (ie., nickname, weight, other) _____

7. What helps your child cope when they are not feeling well?

8. Please indicate any particular fears that your child may have:
Darkness Animals Drowning Noises Close places Storms Other _____
Comments _____
9. Does your child express any serious fears concerning the week of camp? _____

10. What discipline method have you found most effective (time out, redirection, verbal reprimand)? _____

Occupational/Physical/Speech Therapy Needs

1. Does your child receive PT, OT, SLP? If yes, what are some of their general goals?

2. Is your child currently using a wheelchair, walker and/or crutches? Explain: _____

3. Does your child wear any type of limb braces or splints? What type? (e.g. MAFO, DAFO, etc.) Please indicate hours of wear each day for each type of brace/splint. Describe: _____

4. List any physical restrictions or limitations to activity (e.g., bracing, no swimming, no prolonged exposure to sunlight, no contact sports, etc.) _____

Additional Questions

Is there anything else that we should know about your child that would make his/her adjustment smoother and stay at camp most enjoyable? _____

Please use this space for any additional comments: _____

For Female Campers

Will your child have her period while she is at camp? Yes No

Can she take care of her hygiene needs independently? Yes No

If no, and your child choose to go swimming, would you like us to assist your child in using a tampon? Yes No