



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

APPLICATION FOR PROGRAM FOR
CAMPERS WITH DEVELOPMENTAL DISABILITIES

NAME OF CAMPER: _____

ADDRESS: _____

COUNTY OF RESIDENCE: _____

DATE OF BIRTH: _____ GENDER: _____

NAME OF PERSON(S) COMPLETING FORM: _____

RELATION: _____ CONTACT NUMBER: _____

EMAIL ADDRESS: _____

1. HAS YOUR CHILD RECEIVED THEIR HIGH SCHOOL DIPLOMA?

- YES
- NO

2. HAS YOUR CHILD EVER STAYED AWAY FROM YOU AND THEIR HOME?

- YES
- NO

3. HAS YOUR CHILD BEEN TO CAMP BEFORE?

- YES
- NO

4. WHAT TYPE OF CAMP?

- DAY
- OVERNIGHT
- DATES OF CAMP: _____

5. How would you describe this camper's general personality?

6. What activities do they enjoy?

7. How do they adjust to new situations and activities? How can we help?

8. Is there anything they particularly do not enjoy? Is there anything we should avoid? Do they have any fears of which we should be aware?

9. Are there any particular triggers of which we should be aware?

10. Does your child use any adaptive equipment that they will bring to camp? Please include what the equipment is and describe how your child uses it, if so:

11. Does your child have a history of any of the following within the past three years:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Wanders/Runs Away |
| <input type="checkbox"/> Eating Inedibles | <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Emotional Issues |
| <input type="checkbox"/> Destroying Property | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Self-harm |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Biting | <input type="checkbox"/> Non-Compliant |
| <input type="checkbox"/> Violent Behavior (ex: pinches, scratches, hits, etc.) | <input type="checkbox"/> Collecting things that don't belong to them | |

Please explain:

12. Please check all statements that apply to your child:

- | | |
|---|--|
| <input type="checkbox"/> Uses some signs | <input type="checkbox"/> Uses some words |
| <input type="checkbox"/> Uses signs and words | <input type="checkbox"/> Uses sentences |
| <input type="checkbox"/> Generally talks in sentences | |

13. Please describe the level of ability of your child in each area below:

Eating: _____

Toileting: _____

Dressing/Undressing: _____

Personal Hygiene/Care: _____

Traveling from Place to Place: _____

14. YMCA Camp Campbell Gard is located on the Great Miami River. The river is accessible at all times. Does your child have a history of or a tendency to run to bodies of water?

- YES
- NO

15. Does the camper require one-to-one attention and support to ensure they are safe?

16. Is there any further information you would like to provide?



YMCA Camp Campbell Gard

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