

INFORMATION SHEET

PLEASE NOTE:

A "Release of Information Form" should be signed by the parents of the child being referred for camp before sending out reports, school information, etc. to Elks Camp Grassick. The person referring the child or taking the application should be responsible for seeing that a form of this type is obtained and signed.

This application is for the **Two-Week Camping Session** for children between the ages of 7-17 inclusive. Camp Dates this year are: **July 11th through July 23th**.

Children attending this camping session will not receive the individual instructions in the areas of speech/language, occupational therapy, or reading as they do during the three-week camping session. They will, however, benefit from two weeks of social interaction in a positive environment along with being involved with group language activities, reading for enjoyment, and occupational therapy activities. The staff will be working with the children on social skills, improving self-concepts and helping them with their personal hygiene, daily living skills, and communication skills. The children attending will also benefit from crafts, swimming instructions and supervised recreation. **This is a much faster paced session that the tree-week camping session.**

This camping session is geared towards the Educable Mentally Handicapped, children with learning disabilities, children with poor self-concepts, children from dysfunctional families, and children who could just benefit from two weeks of social interaction with their peers in a positive environment. This session is not for the Trainable Mentally Handicapped. During this session, we want children to feel good about themselves for who they are and what they **can do**.

All applications for the two-week session must be completed entirely and returned to Elks Camp Grassick by **April 15th**. No applications will be accepted after this date. 35-45 children will be accepted by a screening committee, and parents/guardians and referring agencies will be notified if the child has or has not been accepted. Please fill out the application thoroughly and completely, and return the application with all sections together if at all possible.

The camp fees for the two-week camping session will be **\$350.00**.

The parents may pay the camp fee or sponsorships may be sought from local service clubs or civic organizations such as the Lions Club, Jaycees, Eagles, etc. Some sponsorships may be available through the State Elks Association when the parents or guardians are unable to pay for part or the entire camp fee and no other sponsorship can be found. If the child needs such a sponsorship, please contact the director of Elks Camp Grassick and **not** the nearest or your local Elks Lodge. The camp director may be reached at (701) 327-4251. It is still our policy that no one will be denied acceptance because of inability to pay for part or all of the camp fee, but we encourage referring agencies to seek local sponsors as much as they can this year if they need help with camp fees. Payment of camp fees or sponsorships does not even enter into the screening process or selection decision. **Please do not send any checks for camp fees until after you know the child has been accepted.**

If there are any questions concerning the two-week session, camp fees, other sessions held at the camp or anything else you would like to know about, please feel free to write or call the camp. Send all correspondence to:

Dan Mimnaugh, Camp Director
Elks Camp Grassick
P.O. Box F
Dawson, ND 58428
Email address: grasbek@bektel.com
(701) 327-4251

(THIS SHEET MAY BE DETACHED BEFORE FILLING OUT OR SENDING IN THE APPLICATION)

**ELKS CAMP GRASSICK
NORTH DAKOTA ELKS ASSOCIATION
DAWSON, NORTH DAKOTA 58428
(701) 327-4251**

APPLICATION FOR ADMITTANCE TO ELKS CAMP GRASSICK'S **TWO-WEEK CAMPING SESSION** FOR CHILDREN.

Date: _____

APPLICATION

I, as parent/guardian of this child, request that my child be admitted to Elks Camp Grassick for the Three-Week Camping Session.

(Signature of Parent or Guardian)

IDENTIFYING AND REFERRAL INFORMATION

Name of child being referred: _____

Date of Birth of Child: _____ Present age: _____

Name of Parent(s) or Guardian: _____

Address of Parent(s) or Guardian: _____

Telephone number of Parent/Guardian: Home _____ Work _____

Telephone of another relative in case of emergency: Relative: _____

Telephone number: _____

Name of School this child is presently attending: _____

Address of school: _____

Name of child's teacher: _____ Telephone #: _____

Type of classroom: _____ Grade: _____

This child is referred to Camp Grassick by: _____

(Title) (phone #)

This child could benefit from: Speech/Language Therapy Occupational Therapy
 Remedial Reading General Camping Experience

AGREEMENT TO SPONSOR

SPONSORS/PARENTS OR GUARDIANS:

Elks Camp Grassick is a residential summer camp located in south central North Dakota. The camp is operated in the service of children with various disabilities and special needs. With your support through this payment or sponsorship of this child, you are making it possible for some child/children to attend Elks Camp Grassick and receive the special services and programs that they may need and that will be very beneficial to them in their present day lives and in the future.

AGREEMENT

I HEREBY AGREE TO PAY/DONATE \$ _____ TO HELP PAY FOR THE
(amount)
CHILD OR CHILDREN LISTED HERE _____ TO
(child/children)
ATTEND ELKS CAMP GRASSICK FOR THE THREE WEEK CAMPING SESSION FOR
CHILDREN WITH SPECIAL NEEDS. MY SPONSORSHIP FEE WILL BE PAID
TO ELKS CAMP GRASSICK BY OCTOBER 1ST OF THIS CAMPING YEAR.

DATE: _____

(person or organization sponsoring)

(complete mailing address)

(signature)

Parent(s) or Guardian(s): If you are paying for your child's camp fee or part of it, please fill in the spaces above. Camp fees may be paid in payments. If you have any questions, please feel free to call the camp at #701-327-4251.

SOCIAL STUDY

Name of child: _____ Age: _____

Address: _____

Name of father: _____ Occupation: _____

Name of mother: _____ Occupation: _____

Number of siblings in the family: _____

1. Personal Traits: If possible, please give some evaluation of this child's maturity level, self-esteem, and ability in the area of daily living skills. (How independent in daily living skills?)

2. Social Adjustment: How does this child get along in the home, in school, and with other children? (Relationship to parents, siblings, peers?)

3. Discipline: Does this child exhibit any unusual discipline problems in his/her home environment? Yes No In school? Yes No In social settings? Yes No If so, please explain.

4. Please list a few interests or hobbies of this child. _____

5. Who took the initiative in making this referral: _____ Do you feel that this child could adjust from being away from home and in a camp environment?

Please attach any additional, pertinent information about this child.

**ELKS CAMP GRASSICK
SCHOOL REPORT**

PLEASE SEND THIS FORM TO THE APPROPRIATE SCHOOL/TEACHER AND RETURN THE COMPLETE FORM ALONG WITH THE BALANCE OF THE APPLICATION. THIS REPORT IS FOR ELKS CAMP GRASSICK'S USE ONLY. (PARENTS MAY SEE THIS REPORT UPON REQUEST)

IDENTIFYING INFORMATION

Name of child: _____ Age: _____

Present school attending: _____

Complete address of school: _____

Type of classroom: _____ Grade: _____

Principal: _____ School's Telephone #: _____

Child's Teacher: _____ Home Telephone # _____



Please define this child's disability or special need: _____



SPECIAL CHARACTERISTICS

Please give an appropriate comment on the characteristics listed below relating to this child.

A. MOTIVATION:

B. ATTITUDE TOWARD SCHOOL:

C. ATTENTION:

D. RELATIONSHIP TO AUTHORITY FIGURES:

SCHOOL REPORT CONT.

E. RELATIONSHIP WITH PEERS:

F. BEHAVIOR:

G. PERSONAL HYGIENE:

If possible, please give some evaluation of the child's intelligence, maturity level, rate of progress and quality of work.

Does this child exhibit any special problems which you think need professional attention?

Yes No If so, please describe or explain.

Are there any discipline or behavior management programs currently being carried on in the school that seem to work well with this child?

Is this child receiving any of the following special services in school: Speech/Lang. Therapy
 OT, PT, Remedial Reading, Counseling, Other (specify)

PLEASE ATTACH/INCLUDE ANY ADDITIONAL, PERTINENT INFORMATION ABOUT THIS CHILD THAT THE CAMP STAFF SHOULD BE AWARE OF.

**SPECIAL NEEDS REPORT
FOR
ELKS CAMP GRASSICK**

PLEASE NOTE: children attending the two week camping session will not be receiving individual instructions in any of the areas or services being offered as they do during the first session. Therefore, when you are referring a child for this camp, please keep in mind that you are not referring them for speech or occupational therapy. We would appreciate it if you would stress this to the parents also. The children will, however, benefit from group language enrichment activities, group occupational therapy activities, reading for enjoyment, along with crafts, swimming, and supervised recreation. The campers will also benefit from positive social interaction with their peers in a very safe, supportive environment.

TO WHOM IT MAY CONCERN: Please answer any of the following questions or check appropriate spaces which pertain to the child being referred. Please read through all the questions in each section even though the child may not be receiving that service or have any need to receive it in the school system. Some of the questions you answer in each of the sections may be helpful to us in learning more about this child. Thank you.

IDENTIFYING INFORMATION

Name of Child _____ Present age _____

School System _____ Grade _____

Name of Child's Teacher _____ Telephone # _____

This Child was referred by _____ Summer Phone # _____

SPEECH AND LANGUAGE

Is this child presently receiving speech or language services? Yes No

Speech Concerns Include: Minor Articulation Multiple Articulation

Language Stuttering Hearing Loss Cerebral Palsy Other

Is this child: Verbal Nonverbal

If nonverbal, what materials or programs are being used with this child?

If this child is receiving speech/language therapy, please in your own words, describe what you feel the speech and/or language problem is:

OCCUPATIONAL THERAPY

Is this child presently receiving occupational therapy services? Yes No

If yes, what areas are being addressed:?

How does this child ambulate? Independently Crutches Walker Wheelchair

How independent is this child in their daily living skills? _____

Do you feel this child could benefit from some type of occupational therapy? If yes, in what areas? _____

Observations or Comments: _____

PHYSICAL THERAPY

Is this child presently receiving physical therapy? Yes No

If yes, what is his/her diagnosis? _____

How does this child ambulate: Independently Crutches Walker Wheelchair

Does this child wear braces? If so what type? _____

full time part time night braces

If this child uses a wheelchair, how independent is he/she with daily living skills, transfers, dressing, bathroom skills, ect.? _____

READING

Does this child experience difficulties with reading? Yes No

Does this child receive special reading instructions or remedial reading? Yes No

In your own words, please describe what you feel the child's reading problem is and what the child is working on to help him/her with this problem.

**MEDICAL REPORT
FOR
ELKS CAMP GRASSICK**

IDENTIFYING INFORMATION

Name of child _____ Birth date _____

Present age _____ Height _____ Weight _____ Gender _____

Name of Parent(s) or Guardian _____

Parent(s) or Guardian's Address _____

Parent's Place of Work: Mother _____ Phone # _____

Father _____ Phone # _____

Relative or Neighbor to Notify in case of Emergency:

Name _____ Telephone # _____

Child's or Family's Physician _____

Clinic where Physician works _____ Phone # _____

Family's Insurance Company _____ Insurance # _____

Medical Assistance Number (if applicable) # _____

MEDICAL HISTORY

(This may be completed by the parent or guardian or referring source on the basis of an interview with the parent(s) or guardian.) If the child has had any of the following conditions or diseases, please indicate with a check, age or date.

Asthma _____	Encephalitis _____	Measles _____
Bedwetting _____	Seizures _____	Mumps _____
Chickenpox _____	Fainting _____	Nightmares _____
Diabetes _____	Heart Disease _____	Pneumonia _____
Sinus _____	Hay Fever _____	Hearing Problems _____
Sleep Walking _____	Incontinence _____	Allergies _____

Allergies to what? _____

Are they controlled? _____ How _____

Are all immunizations up to date? _____ DPT _____ MMR _____ Oral Polio _____ Others _____

Does this child have any history of seizures? _____ If so, please explain.

What type or kind, etc. _____

Are they controlled? _____ How? _____

Medications for seizures _____

Is this child's physical activity to be restricted? Yes ____ No ____

If so, please explain. _____

If and when this child is swimming does he/she need: To wear a life jacket _____

To wear earplugs _____

Medication(s) this child is now on or will be taking while attending Elks Camp Grassick

Does this child use: a walker ____ a wheelchair ____ crutches ____ braces ____

special apparatus ____

Any other specific concerns or pertinent information concerning this child's health that the staff of Elks Camp Grassick should be aware of: _____

PLEASE NOTE:

All children accepted for attendance at Elks Camp Grassick **must** receive a physical examination by a doctor before coming to camp. The "Report of Physical Examination" form (the next page) should be filled out completely by a physician and sent to camp prior to the child's arrival at the camp. Attachment of the physical examination report would be very beneficial during the screening and selection process, but if the cost of such a physical examination is a concern, this form does not have to be filled out until after you know that this child has been accepted.

ELKS CAMP GRASSICK
NORTH DAKOTA ELKS ASSOCIATION
DAWSON, NORTH DAKOTA 58428

REPORT OF PHYSICAL EXAMINATION FOR ELKS CAMP GRASSICK

(To be completed by a Physician)

Name of Child _____ Gender _____

Birth date _____ Height _____ Weight _____

Temperature _____	Lungs _____	Pulse _____
Eyes _____	Nose _____	Throat _____
Tonsils _____	Ears _____	Skin _____
Heart _____	Hernia _____	Feet _____
Genitals _____	Nits _____	

Others Concerns _____

Describe any abnormal findings _____

Has this child recently had surgery? _____

Are all immunizations up to date? _____

Is this child's physical activity to be restricted in any way? Yes ____ No ____ If so, please explain. _____

Does this child have any history of seizures? _____ If so, please explain.

What type or kind, ect. _____

Are they controlled? _____ Medication for seizures _____

Does this child have any special allergies to food, medication, etc. Which we should be aware of? Yes ____ No ____ If so, what are they? _____

Are they controlled? _____ How? _____

Please inform us of any medication now being taken or which will be needed by this child during his/her stay at Elks Camp Grassick, if he/she should be accepted. (The camp employs a camp nurse during the summer.)

Please give special recommendations on the following: (If not stated previously)

1. Special Apparatus: _____

2. Medications: _____

3. Restrictions: _____

4. Specific Concerns: _____

Any other pertinent information concerning this child's health that we should be aware of: _____

(PLEASE RETURN THIS FORM TO PERSON TAKING THE APPLICATION OR SEND IT TO ELKS CAMP GRASSICK, BOX F, DAWSON, ND 58428)

I have examined _____ and find him/her free from communicable diseases.

Physician's Name: _____ Clinic _____

(print)

Signed _____ Date: _____

(Signature of Physician)

Address: _____ Telephone # _____