

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 **Three-Week Camping Session** for children between the ages of 7-15 inclusive. Camp dates for 2011 are: **June 5th through June 24th**.

The children attending receive services in the areas of speech/language and occupational therapy, benefit from reading instruction, if selected to receive it, and participate in craft activities, supervised recreation and swimming instruction.

To best utilize the time we have with the children during the three-week session and in order for our camp personnel to continue to follow up on what the school therapists and personnel are working on, we would appreciate any information or materials concerning the following included with the therapy reports in this application:

Most recent test results and scores, current IEPs, therapy objectives and goals, a brief description of therapy the child has been receiving and specific areas of concentration you would like our camp personnel to work on with the child while at camp.

All applications for the three-week session must be completed entirely and returned to Elks Camp Grassick by **April 15th**. No applications will be accepted after this date. **CAMP FEES FOR THIS SESSION WILL BE \$500.00**

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 are available through the State Elks Association when the parent (s) or guardian is 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 camperships. 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 three-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
(701) 327-4251 Email address: grasbek@bektel.com

**(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 **THREE-WEEK CAMP**

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
(if more than one, please rank using 1 for top need, 2 for second, etc.)

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.

SPEECH AND LANGUAGE REPORT CONTINUED

Is this child: Verbal ____ Nonverbal ____

If nonverbal, what materials, programs, special equipment, ect. are being used with the child?__

Please give a brief description of therapy the child is presently receiving and concerns being addressed in the school therapy setting.

Please give some suggestions or specific areas of concentration you would like our speech/language personnel to work on with this child while at camp. Please keep in mind the number of weeks this child will be at camp.

PLEASE NOTE: To best utilize the weeks we have with the children and in order for our speech/language personnel to continue to follow up on what the school therapist is working on with this child, we would appreciate any information or materials concerning the following included with this speech/language report: Current IEPs if applicable, most recent test results, therapy objectives and goals, and possibly a brief description of therapy the child has been receiving. If the child is nonverbal, what materials, programs, or type of communication approach is being used. If you do not have access to this information, please indicate where we could write or call to obtain it. Thank you.

OCCUPATIONAL THERAPY REPORT FOR ELKS CAMP GRASSICK

(TO BE COMPLETED IF CHILD IS RECEIVING OR COULD BENEFIT FROM OT SERVICES)

IDENTIFYING INFORMATION

Name of Child _____ Age _____

School System _____ Grade _____

Child's Occupational Therapist _____

Telephone number of the Therapist: Work _____ Home _____

OCCUPATIONAL THERAPY INFORMATION

How does this child ambulate? ___ Independently ___ Crutches ___ Walker ___ Wheelchair

If the child uses a wheelchair, how independent is he/she in ADLs, transfers, mobility, etc.

Does this child wear braces? ___ Yes ___ No If so, what type? _____
___ full time ___ part time ___ night braces

Has this child ever been evaluated for Occupational Therapy? ___ Yes ___ No

Is this child presently receiving Occupational Therapy? ___ Yes ___ No

If so, how many times a week _____ Length of time per session _____

What areas and/or concerns are being addressed?

Please give a brief description of therapy the child is presently receiving or areas being addressed:

PLEASE NOTE: Please include the most recent occupational therapy evaluation and reports concerning this child. If you do not have access to this information, please indicate where we could write to obtain this information. Information concerning materials and/or programs being used with this child will be very helpful. Also areas/concerns being addressed with this child would be very helpful to know about. If there is any indication of tactile defensiveness with this child, please let us know.

PLEASE INDICATE specific areas of concentration you would like addressed or certain skills you would like us to work on while this child is attending camp.

Please include/attach any other information that you think would be helpful to our OT staff while working with this child.

PHYSICAL THERAPY INFORMATION

Is this child presently receiving Physical Therapy? Yes No

If so, how many times a week? _____ For what length of time _____

What is his/her diagnosis? _____

Name of child's Physical Therapist _____ Work phone # _____

READING REPORT FOR ELKS CAMP GRASSICK

(TO BE COMPLETED IF THIS CHILD COULD BENEFIT FROM REMEDIAL READING)

PLEASE NOTE: Although most children would benefit from some type of reading instruction while at Camp Grassick, only so many are selected to receive individual help in reading because of the number of instructors that we have available. Even if this child is not selected to receive individualized reading instruction, they will still benefit from reading activities promoted within their cabin and cabin group.

IDENTIFYING INFORMATION

Name of Child _____ Age _____

Type of Classroom _____ Grade _____

Present Reading Level _____

Name of Reading Instructor _____ Telephone # _____

Does this child receive special reading instructions or remedial reading? ___ yes ___ no

If so, how many times a week? _____ For what length of time? _____

What is the present reading program or series being used with this child?

READING DIFFICULTIES: Please check if the child is experiencing difficulties in any of these areas: ___ Letter Recognition ___ Word Analysis Skills ___ Word Recognition ___ Comprehension ___ Oral Reading ___ Others, Explain _____

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 or her with this problem. (use other side, if needed)

Please describe or give specific areas/skills you would like this child to work on over the summer, if selected to receive individual reading instructions while at camp.

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, ect. _____

Are they controlled? _____ 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, ect. 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 # _____