

Date of Application: _____ Date Received at ECG: _____

Child is Applying For: 3 Week Camp 2 Week Camp Companion Camp

PERMISSION

I, as parent/guardian of this child, request that my child be considered an applicant to Elks Camp Grassick for a Camping Session. I give permission for Elks Camp Grassick to obtain information from my child's school, teachers, therapists, or other persons/organizations to help determine eligibility for this camping session. I understand that failure to provide honest and accurate information about my child could result in non-acceptance or early dismissal from Camp Grassick.

Parent/Guardian Signature: _____

IDENTIFYING INFORMATION

Name of Child: _____ Gender: Male Female

Nickname or Preferred Name: _____ T-Shirt Size: _____

Date of Birth: _____ Age as of camp start date: _____

Name of Parent(s) or Guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____ Cell: _____

Parent/Guardian Email: _____

Parent/Guardian #1:

Place of Work: _____ Telephone: _____

Parent/Guardian #2:

Place of Work: _____ Telephone: _____

Emergency Contact: (must be someone other than parent or guardian)

Contact Name: _____ Relationship to Child: _____

City/State: _____ Phone: _____

ELKS CAMP GRASSICK FEE AGREEMENT

Please do NOT send payment until your child has been accepted.

Camper's Name: _____

Parent/Guardian Name: _____

Please check which camp the child will attend or has attended:

- Three Week Camping Session: \$700.00
- Two Week Camping Session: \$500.00
- One Week Companion Camping Session – Camper: \$300.00
- One Week Companion Camping Session: - Companion \$100.00

Parent/Guardian: If you are paying for all or part of your child's camp fee, please indicate in the spaces below. Camp fees may be made in payments.

Please check the amount you are able to pay or check if you need full or partial sponsorship for your child to attend Elks Camp Grassick.

- I hereby agree to pay \$_____ for my child to attend Elks Camp Grassick.
- I am requesting a partial sponsorship for my child to attend Elks Camp Grassick.
- I am requesting a full sponsorship for my child to attend Elks Camp Grassick.

Parent/Guardian Signature: _____ Date: _____

If you have any questions, please feel free to call camp at 701-327-4251.

Please send this agreement to: Elks Camp Grassick
PO Box F
Dawson, ND 58428

REFERRAL INFORMATION

Note: Campers may be referred to Camp Grassick by a parent, teacher, therapist, medical professional, etc. The referring agency is for informational purposes and does not affect a child's application process.

Name of School Child is Attending: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Child's Teacher: _____ Summer Telephone #: _____

Type of Classroom: _____ Grade: _____

This Child is Referred to Camp Grassick by: _____

Title/Phone #: _____

This child could benefit from: (if more than one, please rank with number 1 being greatest need)

- Speech/Language Therapy Occupational Therapy
 Remedial Reading General Camping Experience

GENERAL INFORMATION

Child Lives with: Mother Father Both Guardian(s) Other: _____

Number of siblings: _____ Number of children living in home: _____

Child's Diagnosis: _____

Activities of Daily Living:

Please give an evaluation of the child's ability in the area of daily living skills. (How independent is he/she?)

GENERAL INFORMATION CONTINUED

Level of Supervision Needed for Each:

	Total Assist	Minimal Assist	Supervision	Independent
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this child have any issues with bowel/bladder control? _____

Does he/she wear an incontinence product at any time? _____

Does this child have any special dietary needs? _____

Describe this child's swimming abilities: non-swimmer Beginner

Intermediate Advanced

Does he/she need to wear lifejacket earplugs

(All children will wear lifejackets on boats and in deep water)

SOCIAL STUDY

1. Personal Traits: Please describe this child's maturity level, self-esteem, and level of independence in the home environment.

2. Social Adjustment: How does this child get along in the home? (Relationship to parents, siblings?)

SOCIAL STUDY CONTINUED

3. How does the child get along at school and with peers?
4. 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 yes, please explain.
5. Does this child have any repetitive behaviors, stims or tics? If yes, please describe.

Does this child have any behaviors or physical outbursts? If yes, please answer the following questions.

- a. What sets off his or her behavior? Is there anything that escalates the behavior?
- b. What does the behavior look like?
- c. How long does a behavior typically last?
- d. How often does the child exhibit these behaviors?
- e. Is there anything that deescalates the behavior? What calms him or her down?

SOCIAL STUDY CONTINUED

6. Are there any behavior plans or therapeutic practices that work with the child that we should continue at camp? If a behavior plan is in place, please attach.

7. Please list a few interests or hobbies of this child.

8. Is your child afraid of anything? Does your child have nightmares? Please describe. Is there anything that comforts him or her?

9. Has this child ever attended a summer camp before? Yes No
 Has attended Elks Camp Grassick Has attended _____
If not, how do you feel that this child would adjust to being away from home and in a camp environment?

Please attach any additional, pertinent information about this child.