



*Anne Carlsen*  
 CENTER  
 Nurturing abilities. Changing lives.

TechnoCamp  
 June 26-July 1, 2022  
 Camp Grassick

APPLICATION DEADLINE MAY 1st, 2022

Attention: Campers are strongly encouraged to be vaccinated prior to attending camp and testing may be required.

Cost \$200

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Consultants:  
 \_\_\_\_\_

Medical History

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_ Asthma \_\_\_ Chickenpox

\_\_\_ Sinus \_\_\_ Encephalitis

\_\_\_ Heart Disease \_\_\_ Incontinence

\_\_\_ Ear infections \_\_\_ Pneumonia

\_\_\_ Bed-wetting \_\_\_ Diabetes

\_\_\_ Sleep walking \_\_\_ Fainting

\_\_\_ Hay fever \_\_\_ Measles

\_\_\_ Nightmares \_\_\_ Respiratory infections

\_\_\_ Mumps

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus/ Diphtheria immunization \_\_\_\_\_

Does your child have any history of seizures? Yes/No

If so, please describe seizure activity,  
etc. \_\_\_\_\_

\_\_\_\_\_

Are the seizures controlled? Yes/No

Seizure medications: \_\_\_\_\_

\_\_\_\_\_

Medications: (include times, route, etc)

\_\_\_\_\_  
\_\_\_\_\_

Medications: How are medications given? \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other allergies/ intolerances: \_\_\_\_\_

\_\_\_\_\_

Procedures to avoid: \_\_\_\_\_

\_\_\_\_\_

Diet/Special considerations/special utensils:

\_\_\_\_\_  
\_\_\_\_\_

Foods to avoid and why:

\_\_\_\_\_  
\_\_\_\_\_

Special Technology/Devices (ie, gastronomy tube/button, Baclofen pump, VP shunt, VNS stimulator):

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Any other pertinent information:

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Disability Information

Complete this section if the applicant has a physical disability or is blind/low vision.

List all type(s) of physical disability: \_\_\_\_\_

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List any other disorders:

(Communication disorders, mental disabilities, emotional disorders, learning disabilities, etc.) \_\_\_\_\_

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The applicant walks

Alone

With help

Does not walk

The applicant uses (please check)

Electric Wheelchair

Manual wheelchair

Needs assistance pushing wheelchair

Walker  Other(explain) \_\_\_\_\_

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Does the applicant have any splints or braces that will be used during the camp? Please give type and usage.

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Does the applicant use a water safety device? Yes/No

If yes, please

describe. \_\_\_\_\_

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Please describe the applicant's swimming abilities. \_\_\_\_\_

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\_\_\_\_ My child may participate in boating activities. Parent/Guardian Initial \_\_\_\_\_

### Activities of Daily Living

In order for us to meet needs for assistance, the following information is requested.

Please check appropriate level of care required in each of the following categories:

	No Assistance	Supervision	Partial Assist	Total Assist
Dressing				
Hygiene/grooming				
Bowel routine				
Bladder routine				
Eating				
Bathing				
Night turns				
Bed transfers				
Toilet transfers				

Does this child need bed rails? Yes/No

How much time is taken daily for personal care needs (hours and minutes)? \_\_\_\_\_

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Describe any additional assistance needs:

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### CABIN ROOMMATE REQUESTS

All applicants fill out this section.

\_\_\_\_ No roommate preference

\_\_\_\_ The applicant would like to room with: \_\_\_\_\_

*Please have requested roommate list you in return or we will not be able to honor request. Note: We reserve the right for final placement based on capacity.*

Behavior Information

All applicants must complete this section.

Are you or your child part of a behavior management program? Yes/No

If yes, please list name and phone number of Specialist below:

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SOCIAL STUDY

1. Personal traits: If possible, please give some evaluation of this child's maturity level, self-esteem, and attention span and fatigue level.

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

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3. Discipline: Does this child exhibit any unusual discipline problems in his/her home environment? Yes/

No

If yes, please explain.

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4. Please list a few interests or hobbies of the child.

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5. Do you feel this child can adjust being away from home and in a camp environment?

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Communication

Please indicate method(s) of communication used by the applicant:

Yes No

\_\_\_ \_\_\_ Is he/she able to talk?

\_\_\_ \_\_\_ Do he/she use a communication device?

Type of device: \_\_\_\_\_

Access method: \_\_\_\_\_

Describe use of device:

\_\_\_ Answers questions with device

\_\_\_ Makes requests with device

\_\_\_ Generates own ideas on device

\_\_\_ Needs pre-programmed displays for the device

\_\_\_ \_\_\_ Can this device be brought to camp?

\_\_\_ \_\_\_ Is he/she able to understand what is said?

\_\_\_ \_\_\_ Is his or her speech understandable?

Speech and Language

Complete this section if the applicant has a speech or language impairment.

Briefly describe the applicant's communication disorder. (State in your own words.)

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Is the applicant now receiving speech/language help? Yes/No

How long? \_\_\_\_\_

Speech: Check any of the following statements that apply to the applicant:

\_\_\_ Cannot be understood

\_\_\_ Has voice problems

\_\_\_ Cannot say some sounds clearly

\_\_\_ Has a cleft palate

\_\_\_ Stutters

Language: Check any of the following that apply to the applicant:

\_\_\_ Listening: has difficulty understanding the communication of other people

\_\_\_ Speaking: has difficulty expressing ideas vocally

\_\_\_ Grammar: has difficulty understanding and putting sentences together

\_\_\_ Writing: has difficulty expressing thoughts in written form

\_\_\_ Vocabulary: has difficulty using and understanding new words

\_\_\_ Reading: has difficulty comprehending written messages

\_\_\_ Receptive language: has difficulty comprehending both spoken and written language

\_\_\_ Expressive language: has difficulty in using both spoken and written language to communicate with others.

HEARING IMPAIRMENT

Check all the following statements that apply to the applicant:

\_\_\_ Uses hearing aid part time/full time (circle one)

\_\_\_ Uses sign language

\_\_\_ Can hear telephone conversations

Amount of hearing loss

\_\_\_ Total (no usable hearing)

\_\_\_ Severe (little usable hearing)

\_\_\_ Hearing impaired (some hearing with hearing aid)

How long has the applicant had the hearing loss?

\_\_\_\_\_

VISUAL IMPAIRMENT

Does the child have a vision impairment? Yes/ No

If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

T-shirt size \_\_\_\_\_

How did you hear about the Camp?

\_\_\_ Newspaper

\_\_\_ Child's teacher

\_\_\_ Child's caseworker

\_\_\_ Child's physician

\_\_\_ Anne Carlsen's website

\_\_\_ Other (Please indicate) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Forms to be sent along with this application:**

1. *Current Individualized Education Plan (IEP) or Person-Centered Plan (PCP) if you have not attended TechnoCamp before.*
2. *Behavior Plan (if applicable)*

PLEASE SEND COMPLETED APPLICATION TO:

Anne Carlsen Center  
Attn: Theresa Hanson  
701 3<sup>rd</sup> ST NW  
Jamestown, ND 58401

Or email to:

Theresa.hanson@annecenter.org

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