



THIS FORM MUST BE RETURNED WITH YOUR REGISTRATION

CAMP WARWICK AT THE WARWICK CONFERENCE CENTER
 ATTN: CAMP REGISTRAR
 P.O. Box 349, Warwick, New York 10990

Please print or type all information

IDENTIFYING INFORMATION

Camper's Full Name _____

Sex _____ Height _____ Weight _____ Date of Birth ____/____/____ Age _____

Parent/Guardian Name(s) _____

Parent/Guardian Address _____

City _____ State _____ Zip _____ County _____

Parent/Guardian Phone (____) _____ Work Phone (____) _____

Parent/Guardian Cell Phone (____) _____

ADDITIONAL EMERGENCY PHONE NUMBERS:

(____) _____ / Relationship _____

(____) _____ / Relationship _____

Agency / Facility Serving Camper _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____ County _____

Has camper previously attended Camp Sunrise? ____ yes ____ no List year(s) _____

Has the camper ever been away from home? ____ yes ____ no

Medicaid # _____ Medicare # _____

Camper's Insurance Company _____

Insurance Policy # _____

CAMPERS DISABILITY AND PRESENT CONDITION

What is the camper's disability? _____

Cause and onset of disability:

_____ at birth _____ illness (year: _____) _____ accident (year _____)

Please fully describe the extent and degree of disability: _____

MOBILITY (Please check all that apply)

- | | | |
|-----------------------------------------------------------|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Normal Walking | <input type="checkbox"/> Cane(s) | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Slow Walking | <input type="checkbox"/> Crutches | <input type="checkbox"/> Legs Bear Weight |
| <input type="checkbox"/> Unsteady Walking | <input type="checkbox"/> Wheelchair / Manual | <input type="checkbox"/> Wheelchair / Electric |
| <input type="checkbox"/> No Walking | <input type="checkbox"/> Stretch | <input type="checkbox"/> Sit On Floor |
| <input type="checkbox"/> Braces When are they worn? _____ | | |
| <input type="checkbox"/> Run | <input type="checkbox"/> Jump | <input type="checkbox"/> Swim |
| <input type="checkbox"/> Crawl | <input type="checkbox"/> Can Navigate Stairs | |

Describe the best way to transfer camper from wheelchair: _____

Does the camper need assistance walking? _____

PLEASE NOTE: Camp Sunrise at Camp Warwick does not provide wheelchairs. All wheelchairs must have a safety belt to protect the camper. Always check wheelchairs before an event to assure safe working order.

MOTOR SKILLS (please check all that apply)

- | | |
|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Throw a ball | <input type="checkbox"/> Able to do Arts and Crafts activities |
| <input type="checkbox"/> Catch | <input type="checkbox"/> Is able to cut with scissors |

COMMUNICATION (please check all that apply)

- | | | |
|------------------------------------------|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Normal Speech | <input type="checkbox"/> No Speech | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Impaired Speech | <input type="checkbox"/> Communication Board | <input type="checkbox"/> Hearing Aids |

Please identify any word substitutes or special sounds used by camper: _____

SLEEPING ARRANGEMENTS (please check all that apply)

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Sleeps through night | <input type="checkbox"/> Sleeps with side rails | <input type="checkbox"/> Prone to bad dreams |
| <input type="checkbox"/> Nap: <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently | | |
| <input type="checkbox"/> Wets Bed: <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently | | <input type="checkbox"/> Afraid of the dark |

Please explain how bedwetting is handled: _____

Other information regarding sleeping arrangements that would be helpful: _____

EATING (please check all that apply)

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Eats independently | <input type="checkbox"/> Needs help eating | <input type="checkbox"/> Needs food cut up |
| <input type="checkbox"/> Has trouble swallowing: <input type="checkbox"/> Solid foods <input type="checkbox"/> Liquids | | <input type="checkbox"/> Uses straw for liquids |
| <input type="checkbox"/> Needs to be fed: <input type="checkbox"/> Some foods <input type="checkbox"/> All foods | <input type="checkbox"/> Needs to eat: <input type="checkbox"/> Chopped foods <input type="checkbox"/> Pureed foods | |
| <input type="checkbox"/> Describe appetite: <input type="checkbox"/> Normal <input type="checkbox"/> Poor <input type="checkbox"/> Overeats | | |

Is camper diabetic? _____ yes _____ no If yes, specify diet restrictions _____

Specify medications taken for Diabetes: _____

If the diabetic condition requires a blood sugar or urinalysis, please specify the procedure: _____

NOTE: Please send the necessary supplies for testing.

Please describe any food allergies: _____

Other helpful information regarding camper's eating habits: _____

PLEASE NOTE: Camp Warwick will modify diets if there is a specific medical need to do so. Every effort is made to monitor amounts served to the camper, but we may not be able to adhere to general weight restricting diets.

CAMPER PERSONAL CARE AND HYGIENE (please check all that apply)

	Independent	Needs Help	Total Care	Comments
Dressing	_____	_____	_____	_____
Showering	_____	_____	_____	_____
Washing hands and face	_____	_____	_____	_____
Brushing teeth	_____	_____	_____	_____
Shaving	_____	_____	_____	_____
Washing hair	_____	_____	_____	_____
Tying shoes	_____	_____	_____	_____
Using toilet	_____	_____	_____	_____
Menstruation	_____	_____	_____	_____

Other helpful information regarding personal care: _____

TOILETING NEEDS (please check all that apply) Campers **MUST BE** toilet-trained. Please answer truthfully.

Uses diapers Uses plastic pants Uses liners

When? Night only Occasionally Always

If camper has occasional constipation, how is it managed? _____

Other helpful information regarding toileting needs: _____

PERSONALITY AND BEHAVIORAL INFORMATION (please check all that apply)

- | | | | |
|---------------------------------------|----------------------------------------------|--------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sociable | <input type="checkbox"/> Friendly | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Helpful |
| <input type="checkbox"/> Complains | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Self-Abusive | <input type="checkbox"/> Suicidal tendencies | <input type="checkbox"/> Temper outbursts | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Plays with fire | <input type="checkbox"/> Afraid of thunder | <input type="checkbox"/> Other _____ |

Has the camper ever displayed aggressive behavior (ie., hitting, biting, kicking)? ___ Yes ___ No ___ Occasionally

Please explain any of the above. Describe other unusual behaviors our staff should watch for, and detail any behavior modification techniques you recommend for specific behaviors:

IF THE CAMPER TENDS TO WANDER, please describe the behavior and detail any recommended techniques for controlling their wandering:

Does the camper attend school? ___ Yes / Grade level _____ ___ No

DEMENTIA

Does the camper exhibit signs of early-onset dementia? ___ Yes ___ No

Please describe _____

INTERESTS AND ACTIVITIES (please check all that apply)

Activities Appropriate for Camper Participation

- Arts & Crafts
- Sports
- Swimming
- Low Ropes Elements
- Climbing Tower
- Canoeing/Kayaking
- Nature & Science
- Dancing
- Karaoke
- Movies
- Animal Interactions
- Wilderness Camping
- Other

Activities **NOT** Appropriate for Camper Participation

- Arts & Crafts
- Sports
- Swimming
- Low Ropes Elements
- Climbing Tower
- Canoeing/Kayaking
- Nature & Science
- Dancing
- Karaoke
- Movies
- Animal Interactions
- Wilderness Camping
- Other

Other likes: _____

Other dislikes: _____

SWIMMING (Please check all that apply)

- Is able to swim
- Enjoys water, but cannot swim
- Fears water
- Wears life jacket
- Seizure prone in water
- Not allowed in pool
- Wears earplugs

PLEASE NOTE: If camper has toileting accidents or uses diapers, please send cloth diapers with elastic pants for use in the pool. Disposable products may not be used in the pool.

SPIRITUAL PROGRAMMING

Camper's religious preference: _____

NOTE: Camp Sunrise at Camp Warwick is a Christian ministry.

SEIZURES AND CONVULSIONS

Does the camper have a history of seizures? ____ Yes? ____ No? If yes, how often? _____

Please describe a typical seizure, medication used, and precautions for reducing onset of seizures: _____

ALLERGIES AND RESTRICTIONS

List medication camper is allergic to: _____

Please describe any other medication restrictions or sensitivities: _____

Does the camper sunburn easily? ____ Yes ____ No If yes, list restrictions that apply: _____

Is camper allergic to bee stings or other insect bites? ____ Yes ____ No If yes, please describe the reaction and how it should be treated: _____

Should camper avoid exertion due to heart or other health concerns? _____

Please describe other allergies, health concerns or sensitivities that may hinder the camper's participation: _____

CAMPER GOALS

Considering the camper's educational, social and living skills accomplishments, please list four goals you would like our staff to continue working on with the camper while at Camp Sunrise.

- 1. _____
- 2. _____
- 3. _____
- 4. _____