

# 2023 Camper Registration Form

If registration is received after July 15 we may not be able to provide a buddy or have a t-shirt for your child.

## **2023 Christian Disciple Farm Day Camp July 31-Aug. 4**

One form must be filled out for each child in your family who will be attending camp

Camp is \$40 per person with a \$160 maximum per family

To ensure a spot, register as early as possible

## **Registration deadline is July 15, 2023**

Child's Name \_\_\_\_\_ Parent's Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone number (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_  
Other Phone (\_\_\_\_) \_\_\_\_\_ e-mail(if good way to reach you) \_\_\_\_\_  
Name & City of Home Church (if have one) \_\_\_\_\_  
Child's age as of 8/1/23: \_\_\_\_ Date of birth: \_\_\_\_\_ Approximate weight: \_\_\_\_\_ Gender: \_\_\_\_  
Child's Diagnosis (no abbreviations): \_\_\_\_\_

### **Allergies? Please circle all that apply and list specific allergen, reaction & treatment**

Medications: \_\_\_\_\_  
Foods: \_\_\_\_\_  
Environmental: \_\_\_\_\_  
Animals: \_\_\_\_\_  
Other: \_\_\_\_\_  
No known allergies

**Do medications need to be administered at camp?** \_\_\_\_ Yes \_\_\_\_ No (Nurse is available to do this)

If yes, please fill out the medication form you will find at [www.disciplefarm.com](http://www.disciplefarm.com) and send it in with your payment, &/or release, &/or registration. You may also wait and fill it out the first day of camp. We do need it on file for the nurse to be able to administer medication.

### **Dietary Considerations: Please circle all that apply at camp:**

G-tube (Nurse can do this)	Pureed/Soft Foods	Uses straw for liquids
Will bring lunch from home	Uses special cup/utensils	Thickened liquids
Environmental considerations	Special diet	Parent will feed
Requires Assistance Feeding – Min Mod Max	Won't eat at camp	Other

Special positioning for feeding

Please describe all circled dietary considerations. Explain how your child's Buddy should be involved.

\_\_\_\_ **No problems with feeding**

### **Communication: Please circle all that apply at camp.**

Spoken language is: _____	Non-Verbal	Sign Language
Speech Delays – Min Mod Max	Picture board	Gestures
Augmentative Communication Device	Other: _____	

Please describe use of all circled language supplements and/or delays as they would involve communication between your child and his/her Buddy at camp. \_\_\_\_\_

\_\_\_\_ **No communication issues**

**Respiratory Issues: Please circle all that apply at camp**

Asthma \_\_\_\_\_ Tracheotomy \_\_\_\_\_ Other: \_\_\_\_\_

Please describe how these issues may affect your child at camp and the role the buddy or nurse will need to take in dealing with them. \_\_\_\_\_

\_\_\_ **No respiratory issues**

**Physical Issues: Please circle all that apply at camp.**

Assistance walking – Min Mod Max	Assistance w/Fine Motor Skills – Min Mod Max
Walker	Wheelchair/Stroller/Scooter
Assistance w/transfers – Min Mod Max	Stander
Non-Ambulatory	Orthotics (type: _____)
Hand Splints	Braces (type: _____)
Needs someone near while walking	Cane/crutches
Other: _____	

Please describe all circled items and expected involvement of Buddy. \_\_\_\_\_

\_\_\_ **No physical issues**

**Medical issues: Please circle all that apply**

Seizures	Diabetes	Bleeding Disorder
Heart	Shunted	Hydrocephalus
Other: _____		

Please describe how these medical issues will affect your child at camp and what involvement will be needed from the buddy or nurse. \_\_\_\_\_

\_\_\_ **No medical issues**

**Toilet Routine: Please circle all that apply at camp.**

Requires Supervision in Toilet	Help with clothing	Diaper Changes
Goes on a schedule (Give schedule below)	Needs reminders to go	Help with wiping
Need to wait outside door	Remind to wash hands	Needs help with sitting or standing
Please describe type of assistance required and the child’s usual routine: _____		

\_\_\_ **No issues with toileting**

**Sensory Issues/Behavior Characteristics: Please check all that apply at camp and describe.**

Include recommended response of buddy, warning signs, trigger issues, rewards/incentives

\_\_\_ Visual Impairment \_\_\_\_\_

\_\_\_ Auditory Impairment \_\_\_\_\_

\_\_\_ Sensitive to Touch \_\_\_\_\_

\_\_\_ Sensitive to certain/loud noises \_\_\_\_\_

\_\_\_ Unusual Fears \_\_\_\_\_

\_\_\_ Doesn’t always follow directions \_\_\_\_\_

\_\_\_ Poor safety awareness \_\_\_\_\_

\_\_\_ Needs foreshadowing \_\_\_\_\_

\_\_\_ Very active \_\_\_\_\_

\_\_\_ Short Attention Span \_\_\_\_\_

\_\_\_ Runs away \_\_\_\_\_

\_\_\_ Tends to Wander \_\_\_\_\_

\_\_\_ Aggressive/dangerous to self or others \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

\_\_\_ **No Sensory or Behavior issues**

Child's T-shirt size \_\_\_Small(6-8) \_\_\_Med(10-12) \_\_\_Large(14-16) \_\_\_Adult Small  
\_\_\_Adult Med \_\_\_Adult Lrg \_\_\_Adult X-Lrg \_\_\_Adult XX-Lrg \_\_\_Adult XXX-Lrg

Days child will attend camp: \_\_\_Mon 7/31 \_\_\_Tue 8/1 \_\_\_Wed 8/2 \_\_\_Th 8/3 \_\_\_Fri 8/4

**Notes for buddy matching.** These notes will be confidential.

How important is the gender of your child's buddy? \_\_\_\_\_

List a few characteristics that would be helpful if your child's buddy had: \_\_\_\_\_

If your child attended camp last year, did they do well with their buddy: \_\_\_yes \_\_\_no

Would they like the same buddy again? \_\_\_yes \_\_\_no If yes, give name of buddy: \_\_\_\_\_

Is there any child who should not be in your child's group: \_\_\_\_\_

Your child will be placed in a group of children in the same age range. Does this work and if not please explain.  
\_\_\_\_\_

**Assistance:** Will there be any adults at camp who are familiar with your child and could be contacted should any assistance be needed? **Adult's Name** \_\_\_\_\_

Child's Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Will you be camping at Jefferson County Fair Park? \_\_\_Yes \_\_\_No \_\_\_Not sure

If yes, give names of who is staying \_\_\_\_\_

(If you need an RV spot with hook-ups you need to call us to reserve one. If your RV doesn't need hook-ups then you don't need to reserve it.)

**Parents' participation in camp** (you only need to fill this out on one of your children's forms)

Will Mom be a participant in camp also? \_\_\_Yes \_\_\_No

Days Mom will attend camp: \_\_\_Mon 7/31 \_\_\_Tue 8/1 \_\_\_Wed 8/2 \_\_\_Th 8/3 \_\_\_Fri 8/4 (cost: \$7/day)

(If you are planning on attending the picnic on Friday from 12:00 till 2, that does not mean you are a participant in camp)

If Mom is participating, give T-shirt size: \_\_\_S \_\_\_M \_\_\_Lrg \_\_\_X-Lrg \_\_\_XXL \_\_\_XXXL

Will Dad be a participant in camp also? \_\_\_Yes \_\_\_No

Dad will attend camp: \_\_\_Mon7/31 \_\_\_Tue 8/1 \_\_\_Wed 8/2 \_\_\_Th 8/3 \_\_\_Fri 8/4 (cost: \$7/day)

(If you are planning on attending the picnic on Friday from 12:00 till 2, that does not mean you are a participant in camp)

If Dad is participating, give T-shirt size: \_\_\_S \_\_\_M \_\_\_Lrg \_\_\_XLrg \_\_\_XXLrg \_\_\_XXXLrg

If Mom or Dad **is participating in camp**, will you have a child under the age of 3 that you would like us to provide childcare for? \_\_\_Yes \_\_\_No Days you would like childcare: \_\_\_\_\_

List names and ages at time of camp: \_\_\_\_\_

Please fill out a **childcare registration form** for each of these children (it will be sent to you). There is no fee.

I give my permission for this form to be shared with whomever the directors deem necessary in order for my child to be safe at camp.

**Parent's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_