

**ASFC Camp Imagine
Application Form**

Please type or print legibly- Use additional paper if needed.

Camper's Full Name _____						
Name You Call Your Camper _____			Date of Birth _____			
Age _____	Grade _____	Male _____	Female _____	Height _____	Weight _____	

Parent/Guardian Name _____		
Address _____		
City _____	State _____	Zip _____
Mother's Home (____) _____	Work (____) _____	Cell (____) _____
Mother's Email Address _____		
Father's Home (____) _____	Work (____) _____	Cell (____) _____
Father's Email Address _____		

If your camper does NOT live with the person(s) listed above, please complete:		
Name of Program, if any _____		
Name of Staff Contact _____		
Address _____		
City _____	State _____	Zip _____
Phone (____) _____	Email _____	

Please list the school, day program, workshop, or other program the camper attends.		
Name of School _____		Phone (____) _____
Address _____		
City _____	State _____	Zip _____
Teacher/contact Name _____		Email _____

Camper's Primary Diagnosis (Must have at least one to be eligible for camp):
_____ Autism Spectrum Disorder _____ Asperger's Syndrome _____ Communication Disorder

Additional Conditions – Please check all that apply to the camper:
_____ Mental Retardation _____ Seizure Disorder
_____ Visual Impairment _____ currently managed with medication
_____ Hearing Impairment _____ past history with no current seizures
_____ Cerebral Palsy _____ Other: _____

Please describe any conditions you have indicated _____

Given your camper's skills and behaviors, what level of supervision does he/she require most of the day? In answering this question, please keep in mind how your camper responds to new situations and new people and other qualities of the camp setting. Please check only one:

- _____ Camper can function totally independently in all or almost all settings with only occasional supervision.
- _____ Camper can function independently for short periods of time and can be supervised in a group with 1 staff and several other campers the rest of the time.
- _____ Camper generally can function in a group with a supervisor and 2-3 other campers. Camper needs one-to-one supervision only during specific activities.
- _____ Camper generally needs one-to-one supervision, but can function in group situations for some activities.
- _____ Camper needs one-to-one supervision throughout the day.
- _____ Camper needs more than one staff with him/her all day or when agitated or upset.

Male/Female Counselor Preference

_____ Camper will do better with a MALE counselor. (Male campers will have both male and female counselors)
If so, please explain why: _____

_____ Camper will do better with a FEMALE counselor. (All female campers will have female counselors)
If so, please explain why: _____

_____ Camper will do equally well with either a MALE or FEMALE counselor.

In the following sections, please check all statements that describe your camper.
Please answer thoroughly and provide examples. Use additional paper if necessary.

COMMUNICATION

1. How does your camper get his/her message across?

- _____ uses complete sentences _____
- _____ uses 2-3 word phrases _____
- _____ uses single words _____
- _____ uses vocalizations, sounds, etc. _____
- _____ uses sign language _____
- _____ uses gestures, points, etc. _____
- _____ uses objects to communicate _____
- _____ takes you to things he/she wants _____
- _____ cries or whines _____
- _____ uses pictures _____
- _____ uses word cards _____
- _____ uses special system such as a communication board _____
- _____ writes to communicate _____

Additional Information

2. How does your camper understand what is said to him/her?

- _____ uses complete sentences _____
- _____ uses 2-3 word phrases _____
- _____ uses single words _____
- _____ uses gestures or point _____
- _____ uses pictures _____
- _____ uses sign language _____
- _____ uses objects _____
- _____ reads _____ complete sentences _____ 2-3 word phrases _____ single words

Additional Information

3. Please indicate and explain whether the camper can express the following concepts:

- Can your camper ask for help? Yes / No _____
- Does your camper communicate an illness or pain? Yes/No _____
- Does your camper communicate a dislike? Yes/No _____

SELF-HELP SKILLS

1. Mealtimes

- _____ can use all utensils
- _____ **CANNOT** use: _____ fork, _____ spoon, _____ knife
- _____ drinks from a cup unassisted
- _____ chews and swallows with no problems
- _____ has good table manners
- _____ has inappropriate table manners (throws food, grabs food...please describe in additional info)
- _____ has a poor appetite
- _____ has an excessive appetite

What are your camper's favorite foods and drinks? _____

What foods will your camper not eat? What foods would you prefer your camper not eat? _____

Describe food or drink allergies. _____

Describe other special dietary needs (no sugar, no pork, only 1 serving, etc.) _____

Additional Information _____

2. Toileting

- _____ is completely toilet-trained--uses toilet independently
- _____ is partially toilet-trained--needs to be reminded to go
- _____ needs some assistance using the toilet
- _____ will use too much toilet paper or clog toilet
- _____ needs complete assistance/total supervision in the restroom
- _____ is not toilet-trained at all (wears diaper/training pants)

How often does your camper need to be taken to the restroom? _____

How does your camper let you know that he/she needs to go to the restroom? _____

If your camper is not toilet-trained at night, what precautions do you take (wears diapers, wake at certain times...)

Additional Information _____

3. Dressing and Undressing

- _____ has no dressing problems
- _____ can choose weather-appropriate clothing
- _____ can dress independently
- _____ needs help putting on: _____ shirt, _____ pants, _____ socks, _____ underwear
- _____ can fasten: _____ buttons, _____ snaps, _____ zippers
- _____ can: _____ put on shoes, _____ tie shoelaces
- _____ can undress completely
- _____ can undress partially
- _____ needs a lot of assistance undressing

Please describe what assistance your camper needs in dressing and/or undressing: _____

4. Grooming

- _____ is independent with grooming needs
- _____ needs assistance brushing teeth
- _____ needs assistance combing/brushing hair
- _____ needs assistance shaving
- _____ needs assistance with feminine hygiene

Please describe any assistance your camper needs with grooming: _____

5. Bathing

- _____ willingly takes showers
- _____ needs assistance washing hair
- _____ is completely independent bathing
- _____ needs assistance drying hair
- _____ resists showering
- _____ needs assistance showering

How long does your camper's bathing/showering routine typically take? _____

Please describe your camper's usual bathing routine or any special assistance he/she may need: _____

6. Bedtime

- _____ goes to sleep with no problems
- _____ sleeps with light on
- _____ sleeps soundly until morning
- _____ makes lots of noise at night
- _____ sleeps little, wakes up easily during the night
- _____ gets out of bed frequently during the night

Does your camper need to be taken to the restroom during the night? _____ Yes _____ No. If yes, how often?

What do you do if your camper wets the bed? _____

What is your camper's normal bedtime routine? _____

BEHAVIORS

Please indicate how often, if ever, your camper does the following behaviors and the consequences. We must have accurate information about your camper's behaviors and how to respond to them.

Behavior	Never	Seldom	Often	What you do when this occurs
Camper scratches, pinches, bites, or hits self				
Camper bangs own head				
Camper scratches, pinches, bites, or hits others				
Camper grabs other people				
Camper touches others inappropriately				
Camper throws things				
Camper gets into personal belongings				
Camper runs away				
Camper climbs on furniture				
Camper uses inappropriate language				
Camper spits on others				
Camper dumps liquids				
Camper strips own clothing				
Camper exposes self in public				
Camper masturbates inappropriately				

Please describe in more detail these behaviors or any other behaviors that you do not want your camper to do and explain how you want the camp staff to deal with them:

Behavior	Consequences
Example: Camper throws objects	Must pick up object and return to proper place
_____	_____
_____	_____
_____	_____

EMOTIONAL RESPONSES

- | | |
|---|--|
| <input type="checkbox"/> Camper prefers to be by self
<input type="checkbox"/> Camper does not like to be touched
<input type="checkbox"/> Camper cries for no apparent reasons
<input type="checkbox"/> Camper is bothered by excessive noise | <input type="checkbox"/> Camper clings to other people
<input type="checkbox"/> Camper gets upset if the routine changes
<input type="checkbox"/> Camper laughs for no apparent reason |
|---|--|

Please list things that scare or upset your camper: _____

Please describe what helps to calm your camper when he/she is sad, hurt, afraid, or otherwise upset: _____

SENSORY RESPONSES

Please indicate your camper's reaction to the following if the response is unusual:

	Over reacts	Under reacts	Comments
Visual stimulation			
Lights			
Sunlight			
Heat			
Touch			
Thunderstorms			
Pain			
Animals			
Sounds			
Voices			

Describe other sensitivities or additional information _____

<p>Reinforcers:</p> <p>_____ Edibles (food or drink)</p> <p>_____ Music</p> <p>_____ Tokens</p> <p>_____ Particular object</p> <p>_____ Preferred activity</p> <p>Please describe manner of reinforcement: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">REINFORCEMENT</p> <p>Schedule of Reinforcement:</p> <p>_____ Fixed time interval (i.e., every 2 min)</p> <p>_____ Completion of task or activity</p> <p>_____ End of day</p> <p>_____ End of time period</p> <p>_____ Other: _____</p>
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ACTIVITY LEVELS

- _____ Camper has typical attention span and level of activity for his/her age
- _____ Camper has a very short attention span
- _____ Camper is less active/needs motivation to participate
- _____ Camper is overactive
- _____ Camper is easily distracted by sights, sounds, people, etc.

Describe how you manage camper's activity level; motivate to participate, etc. _____

INDOOR ACTIVITIES

Please check all indoor games/activities below that your camper particularly enjoys.

- | | | | |
|----------------|------------------------|---------------------------------|---------------------|
| ___ Books | ___ Listening to music | ___ Painting | ___ Video games |
| ___ Computer | ___ Magazines | ___ Playing musical instruments | ___ Watching videos |
| ___ Crosswords | ___ Making crafts | ___ Puzzles | ___ Word searches |
| ___ Drawing | | | ___ Writing letters |

___ Board games (favorites) _____

___ Card games (favorites) _____

- ___ Camper will do fine working at a table with several others.
- ___ Camper needs to have his/her own personal work area separate from others to be successful.

OUTDOOR ACTIVITIES

Please **check** (✓) all activities that are appropriate for your camper's abilities and interests.
Please **circle** all activities that you would particularly like your camper to try.

Ball Activities

- Ball sort
- Ball toss
- Basketball
- Bowling
- Kicking a ball

Water Activities

- Slip & slide
- Swimming – free play
- Water balloon toss
- Water relays

Rides

- Golf cart rides
- Scooter rides
- Wheelbarrow rides

Sensory

- Bubbles
- Sensory activities (lights, sounds, textures, smells)
- Balance activities (on a beam or Occupational Therapy balls)

Exercising

- Exercise stations (sit-ups, push-ups, etc.)
- Hikes in woods
- Jumping rope
- Riding bike
- Stretching
- Trampoline
- Walking

Group Activities

- Camping in tents
- Dodge ball
- Duck-Duck Goose
- Kickball
- Musical Chairs
- Parachute games
- Relay races
- Singing
- Soccer/kicking into goals
- T-ball
- Volleyball

Individual Activities in Group Setting

- Aerobics
- Animals (petting, walking, holding, etc.)
- Boating
- Building things
- Dancing

Individual Activities

- Bean bag toss
- Swinging
- Fishing
- Frisbee
- Horseshoes/ring toss
- Hopscotch
- Playground
- Putt-putt
- Stacking cones

Please list any additional activities your camper enjoys doing outside or recreationally: _____

Swimming

- I am unsure of how the camper does in the pool
- Camper swims well
- Camper cannot swim and must remain in the shallow end of the pool
- Camper fears water and will not get in the water willingly
- Camper drinks pool water
- Camper has bowel movements in the pool
- Camper needs to wear a lifejacket in the pool at all times (required if the camper has a history of seizures)
- Camper has very sensitive skin

MEDICAL CONCERNS

Describe any health problems: _____

List all allergies and the reaction (include food, allergies, etc.): _____

IMPORTANT MEDICAL REMINDERS

- All camper medication must be written on the medical form. If medications are changed or added after the medical form is completed, WRITTEN notification is required from camper's PHYSICIAN.
- ALL medications (including vitamins) must be sent to camp in their ORIGINAL CONTAINERS.

MISCELLANEOUS

What are your camper's favorite activities? _____

What are your camper's strengths? _____

What do you most like about your camper? _____

What would you like your camper to get out of his/her camp experience? _____

What else should we know about your camper to make his/her camping experience a great one? Please use as much additional paper as you need. The more we know about your camper's likes, dislikes, skills and needs, the better we can serve them.

Do you give ASFC permission to speak with your child's teacher circle
re: his or her classroom behavior & special needs? **yes** **NO**
ASFC understands that your child's information is personal and private. ASFC is committed to protecting the privacy of your child's information. Information in this application is required to allow us to best meet the needs of your child.

Parent/Guardian Signature _____ Date _____

Return this form by **MAY 28, 2010** to:
Autism Society of Forsyth County
P.O. Box 273
1959 North Peacehaven Road
Winston-Salem, NC 27106
Attn: Camp Imagine

Application Checklist:
___ Complete & sign application
___ Include \$50 check to ASFC

A separate Application for Camp Hanes must also be completed and sent with required deposit directly to Camp Hanes. Visit www.camphanes.org