



EMPIRE STATE SPECIAL NEEDS EXPERIENCE
AT LIONS CAMP BADGER
 725 LaRue Rd, Spencer, NY 14883
 (607) 589-4800 Fax (607) 589-6181

For Office use only:
Date received _____
Session(s) _____
Deposit received _____
Check# _____ \$ _____
Balance due \$ _____

Camper Application

Applications will be processed until the sessions are full. Please complete and submit all parts of this application. Please PRINT NEATLY. Incomplete/illegible forms may be returned.

Camper's Name: (First) _____ (Last) _____ (Nickname) _____

Address _____

City _____ State _____ Zip _____ County _____

Phone () _____ Date of Birth _____ Age _____ Sex ____M____F

Camper lives: ___with family___with foster family___Group home___independently

Name of residential facility _____

FAMILY / GUARDIAN INFORMATION

Parent/Legal Guardian _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell() _____

Parent/Guardian Employer Name/Address _____

Current Email Address _____

Where should camp confirmation be sent? ___Camper address___Parents address___Email

EMERGENCY CONTACT INFORMATION (Must be other than those listed above)

Contact #1 _____

Contact #2 _____

Relationship _____

Relationship _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

CAMPER INFORMATION

***Please answer thoroughly, giving examples as needed. Please attach additional sheets if necessary.
Check all that apply.***

Has the camper ever been to camp before? Yes No Was it overnight camp? Yes No
 Are you anticipating any problems with homesickness? Yes No

If so, what can we do to help your camper? _____

Does the camper read? Yes No Does the camper write? Yes No

Does the camper get along with other people his/her age? Yes No

Does the camper want to share a cabin with a friend? _____ Who? _____

(We will make every effort to accommodate your camper's wishes, but there are no guarantees)

HYGIENE/PERSONAL CARE: (Camper must be toilet-trained and mostly independent in personal care skills.)

	Independently	With Verbal Cues	With some Assistance	Needs total assistance
Uses Toilet				
Shampoos Hair				
Soaps up/Rinses body				
Regulates water temperature				
Brushes/Combs Hair				
Brushes Teeth				
Dresses self				
Menstrual Care (Females only)				

Additional comments: _____

MOBILITY:

Walks /Runs Independently		Needs assistance on steps/uneven ground		Uses a walker	
Needs assistance walking/running				Uses a wheelchair	

Additional Comments: _____

ACTIVITIES:

Swims Well		Does not know how to swim but likes water		Is afraid of the water	
Has good fine motor skills		Has poor fine motor skills			

Activities Camper does NOT like: _____

Additional Comments: _____

PARTICIPATION:

Has typical attention span for age		Stays with group		Is under-active (needs motivation)	
Has short attention span		Tends to wander		Is over-active	

Additional Comments: _____

NUTRITION/EATING:

Can use utensils independently		Eats well		Overeats	
Uses special utensils		Has poor appetite		Serves food to self	
Needs assistance serving food to self		Needs food cut		Needs help eating	

Additional comments/instruction: _____

COMMUNICATION:

Verbal		Non-Verbal		Sign Language		Gestures	
Reads Lips		Language Device		Understands/Responds to questions		Can communicate needs/wants	

Comments/Instruction: _____

BEHAVIOR/SOCIAL INTERACTION: *(Please check all that apply)*

Outgoing	Sleeps well (all night)	Gets Upset Easily	Destructive
Able to accept responsibility	Eager to learn new things	Unsure of new situations	Physically aggressive
Enjoys social activities	Needs direction	Verbally aggressive/curses	Demanding
Initiates conversation	Uses appropriate touch	Self-abusive	Bites
Shy/withdrawn		Hits/slaps	

****We cannot accommodate campers with complex emotional and/or behavioral disabilities****

Describe in detail these or any other challenging behaviors we should be aware of: _____

Do you have specific ways of handling these behaviors? (time-outs, key-phrases, etc.) _____

What usually triggers challenging behaviors? _____

What are two or three effective rewards? _____

Does the camper have an emotional health concern? Yes No If yes, please specify with detail: _____

During the past year, has the camper seen or is currently seeing a professional to address mental/emotional health concerns? Yes No If yes, please give brief plan of care camper is following: _____

Has the camper had a significant life event (death of a loved one, family change, trauma, etc.) that continues to affect his/her life? Yes No If yes, please specify and give additional detail as needed: _____

OTHER HEALTH CONCERNS: *please check all that apply to this camper and provide any additional information that you feel will be necessary for optimum care of camper while at camp. Please include any current health issues.*

ADD/ADHD/LD	Depression	Down Syndrome
Allergy that requires Epi-pen	Diabetes	Autistic behaviors
Asthma	Heart Condition	Cerebral Palsy
Deaf/Hard of hearing	Visual Impairment	Seizure Disorder
Emotionally Disturbed	Chronic Communicable Disease (please specify)	Mental Health Condition (please specify)

Other (please specify): _____

Please provide additional information on any condition as indicated: _____

MEDICATION

Camper takes NO medications Camper takes daily medications as follows:

Medication	Dosage	Reason for use

The Healthcare Supervisor will review these medications to ensure that we are able to meet the camper's medical needs at camp, and may call to verify or check the information listed.

(more detailed medical forms and physician's statements will be sent to you upon acceptance)

2012 Camping Programs/Sessions

- **Leadership Experience "Community Connections" – Ages 18-26 - \$1400**
 - **One two-week session Sunday, June 17 – Saturday, June 30**

- **Overnight Camp – Ages 8-21, Sunday 3pm to Saturday 1pm - \$1000/week**
 - **Week #1: July 8 – July 14**
 - **Week #2: July 15 – July 21**
 - **Week #3: July 22 – July 28**
 - **Week #4: July 29 – Aug 4**

- **Day Camp – Ages 12-21, Monday-Friday 9am to 4pm daily - \$500/week**
 - **Week #1 July 9 – July 13**
 - **Week #2 July 16 – July 20**
 - **Week #3 July 23 – July 27**
 - **Week #4 July 30 – Aug 3**

Choice of Program: _____

Choice of Week(s): _____ **First Choice**
(may attend more than one) _____ **Second Choice**

~Check-in time for residential camp is Sunday at 3:00 p.m. A parent/caregiver or other authorized person will be required to assist the camper during the entire check-in process. During the check-in process, for security purposes, a person will be designated to pick-up the camper on Saturday.

~Check-out time is Saturday at 1:00 p.m. for all campers. Parents/caregivers are encouraged to attend the Closing Ceremony and Luncheon beginning at 12:00 p.m. All early pick-ups must be pre-arranged. The designated pick-up person must bring a valid picture I.D. or the camp will not release the camper to that person. No other party will be allowed to pick-up the campers.

A \$100 Deposit is required at time of application. This deposit is not refundable after June 1st. Please make checks payable to Empire State Special Needs Experience, Inc. and submit with completed application to Lions Camp Badger, 725 La Rue Rd, Spencer, NY 14883

Privacy Statement: The Empire State Special Needs Experience, Inc. requests camper birth-dates and ages to determine eligibility, for the purpose of grouping campers in the appropriate age cabin group and to ensure that campers with similar names have correct files. All forms and documents relating to campers are kept under lock and key and limited employee access. If age cannot be provided, we cannot accept camper application.

Please read and sign below:

To the best of my knowledge, the information included herein is accurate and true. I may be required to provide supporting documentation. I hereby authorize employees of Empire State Special Needs Experience, Inc. at Lions Camp Badger to review this application and the information contain herein for the purpose of determining eligibility for camp and to ensure that the ESSNE at Lions Camp Badger can meet the applicant's needs in order to provide a safe and successful camping experience.

Name of Parent or Guardian (please print) _____

Parent or Guardian signature: _____ Date: _____