

# 2010 FRIENDSHIP CAMP REGISTRATION FORM

Only complete forms will be considered for processing

Camper's Full Name: \_\_\_\_\_ Sex:  Male  Female Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

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

Group Home (if applicable): \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Send confirmation to Parent/Guardian Address **OR**  Send confirmation to Group Home Address. (check only one please)

Has this camper attended Friendship Camp at Cran-Hill in the past?  Yes  No

If not, has the camper ever been away from home overnight?  Yes  No

Does the camper attend school?  No  Yes: Grade Level: \_\_\_\_\_ Does the camper work outside the home?  No  Yes

## Please Register Camper for:

**1st Choice:**  June 14-18, 2010  
 June 28-July 2, 2010  
 August 9-13, 2010

**2nd Choice:**  June 14-18, 2010  
 June 28-July 2, 2010  
 August 9-13, 2010

If your choices are full, do you want to go on a waiting list?  Yes  No

## Financial Section

Camp Fee: **\$375**

Would you like to donate \$10 for financial assistance scholarships?

No  Yes  Other amount +\$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

Less Deposit (\$100 min. required): -\$ \_\_\_\_\_

**BALANCE DUE:** \$ \_\_\_\_\_

Balance will be due 1 month prior to the start of your camp week

This camper will receive Medicaid Respite care funding. (Complete below)

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Method of Payment:

Check/Money Order \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

**OR** Please bill my credit card for the full amount due:

Visa  MasterCard

Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_ CVC#: \_\_\_\_\_

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

## Disability and Present Condition:

What is the nature of the camper's impairment/special needs? \_\_\_\_\_

## Mobility (please check all that apply)

- Normal Walking  Cane(s)  Runs  Has previous Horseback riding experience  
 Slow Walking  Walker  Jumps  not allowed to Horseback ride  
 Unsteady Walking  Wheelchair  Able to sit on floor  
 Needs assistance walking (If yes, explain) \_\_\_\_\_

## Motor Skills (please check all that apply)

- Able to throw a ball  Able to do Arts & Crafts activities  
 Able to catch a ball  Able to cut with scissors

## Communication (please check all that apply)

- Normal Speech  Hearing Aids  
 Impaired Speech  Sign Language  
 No Speech  Communication Board

## Sleeping Arrangements (please check all that apply)

- Sleeps through the night  Wets Bed -  Frequently  Occasionally  Never  
 Prone to bad dreams  
 Afraid of the dark

Is physically able to get into a Top bunk bed:  Yes  No  Unknown

Please explain how bedwetting is handled?: \_\_\_\_\_

Other helpful information regarding sleeping arrangements: \_\_\_\_\_

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CAMPER NAME: \_\_\_\_\_

Eating (please check all that apply)

- Eats independently
- Needs help eating
- Has trouble swallowing
- Needs food cut up
- Needs to be fed
- Solid foods
- Liquids
- Needs straw for liquids
- Some foods
- All foods

Describe appetite:  Normal  Low  Overeats

List any food allergies: \_\_\_\_\_

Other helpful information regarding eating habits: \_\_\_\_\_

Personal Care And Hygiene (please check all that apply)

	Independent	Needs Help	Total Care	Comments
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing Hands & Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brushing Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing Hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tying Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Menstruation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Toileting Needs (please check all that apply)

- Uses Diapers:  Always  Occasionally  Night Only  Never

Other helpful information regarding toileting needs: \_\_\_\_\_

Personality and Behavioral Information (please check all that apply)

- Sociable
- Friendly
- Cooperative
- Helpful
- Complains
- Sensitive
- Aggressive
- Withdrawn
- Self-Abusive
- Temper Outbursts
- Depressed
- Homesickness
- Wanders Off
- Gets involved in activity

Has the camper displayed aggressive behavior (e.g. hitting, biting, kicking)?  Never  Seldom  Often

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

Swimming (please check all that apply)

- Is able to swim
- Enjoys water but cannot swim
- Fears Water
- Not allowed in water
- Requires a life jacket
- Seizure prone in water
- Wears ear plugs
- Reason: \_\_\_\_\_

Allergies and Restrictions

List any medication allergies: \_\_\_\_\_

Describe any medication restrictions: \_\_\_\_\_

List any non-medication allergies: \_\_\_\_\_

Describe any activity restrictions: \_\_\_\_\_

Does the camper sunburn easily:  Yes  No

Camper Goals

Considering the campers educational, social and living skills accomplishments, please list up to four goals you would like our staff to continue working on with your camper while at Friendship Camp

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Mail Completed Registration Form and payment to: Cran-Hill Ranch  
14444 17 Mile Rd  
Rodney, MI 49342

For those making payment via a credit card, registrations may be faxed to 231-796-4550  
A confirmation letter will be sent to indicate placement in the Friendship Camp program.  
Confirmations will be emailed to the provided address unless otherwise requested.