



Christmount

222 Fern Way, Black Mountain, NC 28711
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Please attach a current picture of your camper.

Camp Lakey Gap 2011 Spring Family Weekend Application and Camper Information Form

Camper Requirements

- A diagnosis of autism spectrum disorder or a related communication disorder
- Manageable behaviors and health care needs, to the level of the staffs training
- To come to summer camp guardians must either live, be vacationing, or have an emergency contact within an 8 hour driving distance of Black Mountain, North Carolina

Application Steps

- Fill out this packet and mail to the address above by February 1, 2011.
- Families will be accepted on a first come first serve basis, so the sooner the better! We will limit the weekend to 10 families.
- You will then receive an email stating that your application was accepted.
- Next you will send a deposit of \$100, or the full fee with the permission forms, medical form, and teacher form.

Payment Information

- The cost to attend will depend on your family's size
- Lodging will be in Christmount's guest house, which has hotel-like rooms that sleeps 4-5 people, full bathroom, television, and nice mountain views
- Meals will be in our camp cafeteria. Families will join the campers for some meals, and some will be on your own. See the schedule on the following page for details.
- Calculate your families fee below

Camper & 1 st adult total:	\$385.00	Camper Name _____	Age ____	\$385.00
Each additional adult/room:	\$68.00	1 st adult _____		
Each child ages 12-21:	\$46.50	2 nd adult _____		\$
Each child ages 7-11:	\$34.50	Child _____	Age ____	\$
Each child ages 3-6:	\$23.25	Child _____	Age ____	\$
		Child _____	Age ____	\$
		Total		\$

Behavior Plans

Camp Lakey Gap asks that if you camper has a behavior plan in place, to please send it with this application. Please do not send an IEP. After the plan is reviewed Camp Lakey Gap may deny admission to campers that we feel has needs that we can not fulfill according to our policies procedures, and level of our staff's training.

- I included a current behavior plan
- My camper does not have a behavior plan

Privacy Christmount's Summer Camp Program is committed to protecting the privacy of you/your child's personal and medical information in accordance with our privacy policy.

I acknowledge that I have been informed of this.

Signature of Parent/Legal Guardian: _____ Date: _____

Spring Weekend Schedule

<u>Friday April 15</u>		
Time	Camper Activity	Families
3:30-5:30	Check in meet counselor, review medical form, get settled in your room	
5:30	Tour of camp in small groups	
6:00-6:30	Dinner with everyone	
6:45-7:45	Camp Activity	Free time
7:45	Come meet up with your camper	

<u>Saturday April 16</u>		
Time	Camper Activity	Families
8:00	Breakfast with everyone	
8:30-12:00	Camper Activities	Free time <i>You can go to town if you want, or stay around camp but the campers will have separate activities during this time. Lunch will be on your own.</i>
12:00	Camper Lunch	
12:30-1:30	Quiet Time	
1:30-5:30	Camper Activities	
5:30-6:00	Camper Dinner	Family Dinner
6:00-8:00	Camper Special Event	Family social time <i>Live "Old Time" string band on rocking chair porch, local parent advocate available to talk with families</i>
8:00	Pick up your camper, see you in the morning!	

<u>Sunday April 17</u>		
Time	Camper Activity	Families
8:00	Breakfast with everyone	
8:30-11:00	Camper Activities	Free time
11:00-11:30	Talent Show	
11:30	Pack and get ready to leave	
12:00	Lunch and good-byes!	

Camper Information Form

Camper's Full Name _____
Name You Call Your Camper _____ Date of Birth _____
Age on 6/12/11 _____ Sex: Male ___ Female ___ Height _____ Weight _____
Parents'/Guardians' Name _____
Address _____
City _____ County _____ State _____ Zip _____
Mother's Home (____) _____ Work (____) _____ Cell (____) _____
Mother's Email Address _____
Father's Home (____) _____ Work (____) _____ Cell (____) _____
Father's Email Address _____

(If you are considering sending your camper this summer please fill out this section)

Camp Lakey Gap requires that if you don't live within an 8 hour driving distance, that you will be vacationing, or provide an emergency contact person within an 8 hour driving distance of Black Mountain. Check the option that applies:

Live in 8 hr. distance Vacationing in 8 hr. distance Emergency contact in 8 hr. distance

Emergency Contact's Name _____
Address _____ City _____ State _____ Zip _____
Emergency Home (____) _____ Work (____) _____ Cell (____) _____
Relationship to the camper _____

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 _____
Telephone (____) _____ Email _____

If your camper currently attends a school, day program, or other program provide its information:

Name of Program _____ Contact Name _____
Address _____ City _____ State _____ Zip _____
Telephone (____) _____ Email _____

Camper's Main Diagnosis

- Autism Spectrum Disorder
- Asperger's Syndrome
- Communication Disorder
- Other _____

Additional Conditions

- Mental Retardation
- Visual Impairment
- Hearing Impairment
- Cerebral Palsy
- Seizure Disorder
 - Currently managed with medications
 - Past history with no current seizures
- Other _____

Describe checked conditions _____

Is this your camper's first time attending an overnight summer camp?

- Yes
 - No
- What camp program have they attended, and how did it go? _____

Level of supervision (Remember that camp is a new situation with new people)

Check only one:

<input type="checkbox"/>	Functions independently in most settings
<input type="checkbox"/>	Will be able to function in a situation with one counselor supervising two campers
<input type="checkbox"/>	Needs one-to-one supervision throughout the day
<input type="checkbox"/>	Needs more than one staff with him/her throughout the day or when agitated

Male/Female Counselor Preference

- Will interact best with a male counselor. (Male campers will have both male and female counselors)
Why: _____
- Will interact best with a female counselor. (All female campers will have female counselors)
Why: _____
- Will do fine with either a male or female counselor.

We use visual schedules with our campers daily. Even if your camper doesn't use these at home, they can be helpful in the new environment. Which type of schedule would work best with your camper?

A:

- Written
- Line Drawing
- Photograph
- Object

B:

- Full day
- 1/2 day
- 2-3 Events at a time
- 1 Event at a time

Additional Information: _____

Communication (check all that apply)

How does your camper communicate with you? <i>Please describe all checked skills</i>	
<input type="checkbox"/>	Complete sentences
<input type="checkbox"/>	Short phrases
<input type="checkbox"/>	One word
<input type="checkbox"/>	Sounds
<input type="checkbox"/>	Sign language
<input type="checkbox"/>	Gestures, points
<input type="checkbox"/>	Objects
<input type="checkbox"/>	Takes you to things
<input type="checkbox"/>	Pictures
<input type="checkbox"/>	Word cards
<input type="checkbox"/>	Special communication system
<input type="checkbox"/>	Writes to communicate
Additional Information:	

How do you communicate with your camper? <i>Please describe all checked skills</i>	
<input type="checkbox"/>	Complete sentences
<input type="checkbox"/>	Short phrases
<input type="checkbox"/>	One word
<input type="checkbox"/>	Writing
<input type="checkbox"/>	Sign language
<input type="checkbox"/>	Gestures, points
<input type="checkbox"/>	Objects
<input type="checkbox"/>	Pictures
Additional Information:	

Can your camper read?			
Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	One word	
<input type="checkbox"/>	<input type="checkbox"/>	Phrases	
<input type="checkbox"/>	<input type="checkbox"/>	Sentences	

Can your camper communicate these needs?			
Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	Ask for help	
<input type="checkbox"/>	<input type="checkbox"/>	Communicate illness or pain	
<input type="checkbox"/>	<input type="checkbox"/>	Communicate dislike	

Self-help skills

Mealtimes

- uses utensils
- drinks from a cup
- chews and swallows easily
- disruptive table manners (i.e., throws or grabs food, describe below)
- poor appetite
- excessive appetite
- would eat better in a separate dining area away from the large group

Favorite foods and drinks _____

Any foods camper will not eat or foods you prefer your camper not eat _____

Allergies and special dietary needs (no sugar, only 1 serving, GF/CF etc.) _____

Additional information: _____

Toileting

- toilet-trained
- partially toilet-trained, needs reminders
- some assistance needed using the toilet
- uses too much toilet paper, may clog the toilet
- complete assistance needed in the restroom
- not toilet-trained (wears pull-ups/briefs)

How often do you take your camper to the restroom? _____

How does your camper let you know that they need to go to the restroom? _____

If your camper is not toilet-trained at night, how do you help them (wears pull-ups, wake throughout night, etc.) _____

Additional Information: _____

Showering (If you are considering sending your camper this summer please fill out this section)

- takes showers independently
- resists showering
- needs assistance showering
- needs assistance washing hair
- needs assistance drying hair

Describe camper's usual showering routine or any assistance needed: _____

Grooming

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

Additional Information: _____

Clothing

- dresses independently
- help needed with: _____ shirt, _____ pants, _____ socks, _____ underwear
- can fasten: _____ buttons, _____ snaps, _____ zippers
- can: _____ put on shoes, _____ tie shoelaces
- undresses independently
- assistance needed with undressing

Additional Information: _____

Bedtime (If you are considering sending your camper this summer please fill out this section)

- goes to sleep easily
- sleeps until morning
- wakes up throughout the night
- gets out of bed throughout the night
- night light needed
- noisy at night
- take to the restroom at night, how often _____

If your camper wets the bed during the night, what do you do? _____

Describe the normal bedtime routine: _____

Behaviors

Behavior	Never	Seldom	Often	Comments (describe all checked seldom or often)
Injures self (i.e., bite, hit)				
Bangs head				
Injures others (i.e., bite, hit)				
Grabs others				
Throws things				
Runs away				
Inappropriate language				
Spits on others				
Strips own clothing				
Exposes self in public				
Masturbates inappropriately				

Reinforcement

Would you like us to use any form of reinforcement at camp? If so, what would work best for your camper?

- Edibles (food or drink)
- Tokens
- Music
- Stickers
- Particular object
- Preferred activity

How should we use them?

Sensory Responses

Stimulus	Over reacts	Under reacts	Comments
Visual stimulation			
Sunlight			
Lights			
Sounds			
Voices			
Thunderstorms			
Animals			
Heat			
Touch			
Pain			
Other sensitivities, comments:			

Emotional Responses

- prefers to be by self
- clings to other people
- dislikes being touched
- routine changes are upsetting
- cries for no apparent reason
- laughs for no apparent reason
- excessive noise is agitating

What upsets your camper? _____

What can we do to calm your camper? _____

Routines

Does your camper have any specific routines that we will need to be aware of at camp? If so please describe.

Social Interaction

How does your camper respond to new social situations with similar aged peers? Please describe.

Swimming

- I don't know my camper's swimming capabilities
- swims well
- cannot swim, must remain in the shallow end of the pool
- fears water/will not get in the water
- drinks pool water
- has bowel movements in the pool
- needs to wear a lifejacket in the pool (if camper has a history of seizures, lifejacket required by camp)
- sensitive skin

Indoor Activities

What does your camper enjoy while inside?

- | | |
|--|--|
| <input type="checkbox"/> books | <input type="checkbox"/> puzzles |
| <input type="checkbox"/> magazines | <input type="checkbox"/> watching videos |
| <input type="checkbox"/> drawing | <input type="checkbox"/> word searches |
| <input type="checkbox"/> painting | <input type="checkbox"/> writing letters |
| <input type="checkbox"/> crafts | <input type="checkbox"/> board games _____ |
| <input type="checkbox"/> crosswords | <input type="checkbox"/> card games _____ |
| <input type="checkbox"/> music | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> musical instruments | |

What kind of school-related skills would you like to see your camper strengthen while at camp? Keep in mind that at camp we are not trying to frustrate them with difficult school work, but maintain skills that they have.

Outdoor Activities

Check activities that your camper will enjoy and mark activities that you would like your camper to try.

- | | |
|---|---|
| <input type="checkbox"/> ball sort | <input type="checkbox"/> trampoline |
| <input type="checkbox"/> ball toss | <input type="checkbox"/> walking |
| <input type="checkbox"/> basketball | <input type="checkbox"/> yoga |
| <input type="checkbox"/> soccer | <input type="checkbox"/> Duck-Duck Goose |
| <input type="checkbox"/> volleyball | <input type="checkbox"/> kickball |
| <input type="checkbox"/> t-ball | <input type="checkbox"/> Musical Chairs |
| <input type="checkbox"/> bowling | <input type="checkbox"/> parachute games |
| <input type="checkbox"/> kicking a ball | <input type="checkbox"/> relay races |
| <input type="checkbox"/> slip & slide | <input type="checkbox"/> aerobics |
| <input type="checkbox"/> swimming - free play | <input type="checkbox"/> canoeing |
| <input type="checkbox"/> water balloon toss | <input type="checkbox"/> building things |
| <input type="checkbox"/> water relays | <input type="checkbox"/> dancing |
| <input type="checkbox"/> golf cart rides | <input type="checkbox"/> bean bag toss |
| <input type="checkbox"/> scooter rides | <input type="checkbox"/> swinging |
| <input type="checkbox"/> wheelbarrow rides | <input type="checkbox"/> Frisbee |
| <input type="checkbox"/> bubbles | <input type="checkbox"/> scooters |
| <input type="checkbox"/> sensory activities (lights, textures, etc) | <input type="checkbox"/> horseshoes/ring toss |
| <input type="checkbox"/> balance activities (beam or balls) | <input type="checkbox"/> hopscotch |
| <input type="checkbox"/> hikes in woods | <input type="checkbox"/> playground |
| <input type="checkbox"/> creek play | <input type="checkbox"/> putt-putt |
| <input type="checkbox"/> canoeing | <input type="checkbox"/> singing |
| <input type="checkbox"/> stretching | |

What else does your camper enjoy doing outside: _____

Activity level

- typical attention span and level of activity for age
- short attention span
- needs motivation to participate
- overactive
- distracted by surroundings

Please describe any of the checked options: _____

Medical concerns

Describe health problems the camper has: _____

List any allergies the camper has: _____

Medical Reminders

1. Have the medical form **REVIEWED AND SIGNED** by camper's attending medical professional
2. Prescription and over-the-counter medications must be in their **ORIGINAL CONTAINERS**
3. Prescription and over-the-counter medication's **CONTAINERS MUST MATCH WHAT IS ON FORM**
4. If there are changes to medications after you have submitted the form, you must **HAVE A DOCTOR'S NOTE SENT TO CAMP IF THERE ARE ANY CHANGES TO THE DOSAGES.**

Miscellaneous

Camper's interests: _____

Camper's favorite activities: _____

Camper's strengths: _____

What about your camper makes you smile: _____

Goals for your camper while at camp: _____

You may attach additional paper to describe more aspects of your camper, this is always appreciated!

Return this form to:
 Christmount Assembly
 Camp Lakey Gap
 222 Fern Way
 Black Mountain, NC
 28711
 fax: 828-669-6301