



# Barber National Institute

## CAMP CONNECTIONS 2016 Application

Name of Camper		
Date of Birth/Age as of 6/29/16	DOB:	Age as of 6/29/16:
Parent/Guardian		
Address		
City, State, Zip		
Home Phone/Work or Cell Phone	Home:	Work/Cell:
School Name		
Does your child have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is your child's current educational placement?	Please check all that apply: <input type="checkbox"/> Regular Education <input type="checkbox"/> Emotional Support <input type="checkbox"/> Autistic Support <input type="checkbox"/> Learning Support <input type="checkbox"/> Other: _____	

Emergency Contact Name		Phone Number	
Relationship to Child			

Does your child have any medical or dietary concerns?	<input type="checkbox"/> Yes – please note below: <input type="checkbox"/> No
Does your child need to take medications during camp hours?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please note medication, dosage, and time below:

Does your child have a current diagnosis of Autism?	<input type="checkbox"/> If Yes – Include a copy of the report from your physician, psychiatrist, or education report with the application <input type="checkbox"/> If No – Please call 878-5903
Does your child have any behavior concerns (such as physical aggression or running away) that might compromise their safety or the safety of others?	<input type="checkbox"/> Yes – please note below: <input type="checkbox"/> No

Does your child receive any of the following services?				
	Yes	No	Agency/Contact Person	Phone Number
BHRS				
Blended Case Management				
Family Based Mental Health				
Outpatient Therapy				
Psychiatry				

Please check any of the following if the description applies to your child:			
<input type="checkbox"/>	Difficulty meeting and making friends	<input type="checkbox"/>	Difficulty with anger management
<input type="checkbox"/>	Difficulty keeping friends	<input type="checkbox"/>	Difficulty initiating appropriate conversation
<input type="checkbox"/>	Difficulty being assertive	<input type="checkbox"/>	Difficulty maintaining appropriate conversation
<input type="checkbox"/>	Difficulty entering into a play situation	<input type="checkbox"/>	Difficulty switching topics in conversation
<input type="checkbox"/>	Difficulty in reciprocal play - leading play	<input type="checkbox"/>	Difficulty using and understanding humor
<input type="checkbox"/>	Difficulty in reciprocal play - letting a peer lead play	<input type="checkbox"/>	Difficulty using language socially in a flexible way
<input type="checkbox"/>	Difficulty with sportsmanship – winning and losing	<input type="checkbox"/>	Difficulty with picking up nonverbal social cues
<input type="checkbox"/>	Poor self esteem	<input type="checkbox"/>	Exhibits socially inappropriate behavior
<input type="checkbox"/>	Difficulty with stress management	<input type="checkbox"/>	Difficulty understanding the needs of others

<i><b>In your words...</b></i>	
What are your child's strengths?	
What will your child do when he/she is upset or angry?	
What helps to calm your child when he/she is upset or angry?	
Does your child have any sensitivity to light, sound, textures, etc?	

<b><u>Transportation must be arranged by parent/guardian:</u></b>	Person who will be transporting: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other - _____
	Phone (if not above): _____

Will your child be absent from camp due to a planned absence or vacation?	<input type="checkbox"/> Yes – please note dates below: <input type="checkbox"/> No
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