



CONNECTIONS CAMP

2021 Application

Name		Age as of 6/26/21	
Date of Birth		SSN	
Parent/Guardian		Home Phone	
Address		Work Phone	
City, State, Zip		Cell Phone	

Emergency Contact Name		Phone Number	
Relationship to Child			

MA/Access Number		Card Issue Number	
Funding	<input type="checkbox"/> CCBH <input type="checkbox"/> HIPP		
Private Insurance Company		Name of Insured	
Relationship to Child		Insured DOB	
Insured Employer		Work Phone	
Individual ID		Group ID	

T-Shirt Size

☐ Y-S ☐ Y-M ☐ Y-L ☐ Y-XL
☐ A-S ☐ A-M ☐ A-L ☐ A-XL

Does your child have any medical concerns?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, Note	
Does your child need to take medications during camp hours?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, Medication and Time	

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"/> No <input type="checkbox"/> Yes – Please Note:

CAMPERs MUST BE POTTY TRAINED

Child's Current Behavioral Health Diagnosis	
Does your child have a current psychological evaluation?	<input type="checkbox"/> No – BNI will contact you to schedule <input type="checkbox"/> Yes – Include a copy of the evaluation with the application

Does your child receive any of the following services?				
	No	Yes	Agency/Provider Name	
IBHS				
Blended Case Management				
Family Based Mental Health				
Outpatient Therapy				
Psychiatry				

Please check if of these apply to your child:			
<input type="checkbox"/>	Difficulty meeting and making friends	<input type="checkbox"/>	Trouble 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"/>	Trouble with stress management	<input type="checkbox"/>	Difficulty understanding the needs of others

Will your child be attending before care?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, select days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Will your child be attending after care?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, select days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

Will your child be absent from camp due to a planned absence or vacation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, Note Dates		

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