

2010 Perry County Board of DD
Youth Summer Camp Enrollment Form
Camp Dates: June 14 – July 8 and July 19 – August 12

KID 902

CHILD'S NAME: _____ AGE: _____ DOB: _____

Address: _____ City: _____ Zip code: _____

Parent/Guardian Name: _____

Address (if different than child's): _____

Email: _____ Home Phone: _____ Cell: _____

T-shirt: **Child-size: S M L Adult-size: S M L XL XXL**

Has child attended PCBDD Summer Camps before? ()YES ()NO

PLEASE INCLUDE A COPY OF YOUR CHILD'S IEP WITH THIS APPLICATION to help us plan for your child's needs.

HEALTH, HYGIENE and BEHAVIOR INFORMATION

()Autism/PDD ()Downs ()Cerebral Palsy ()Developmental Delay ()ADHD/ADD

()Other: _____

Please describe the nature of the disability: _____

Other Medical issues: _____

Current treatment for any medical problems: _____

Does child burn easily in sun? ()No ()Yes(restrictions): _____

ALLERGIES: _____

Is child allergic to beestings or insect bites? ()No ()Yes(describe reaction and treatment): _____

Should child avoid exertion due to heart or other health concerns? _____

SEIZURES: ()No ()Yes (type): _____ # per month: _____ Last seizure: _____ Length: _____

VISION problems: ()No ()Yes (describe): _____ Wears glasses? ()Yes ()No

HEARING problems: ()No ()Yes (describe): _____ Wears hearing aids? ()Yes ()No

MOBILITY: ()No problems ()Unsteady; needs some help ()Uses walker/cane ()Slow walking

()Legs can bear weight ()Uses wheelchair: manual() electric()

Describe best way to transfer child from/to wheelchair: _____

Please note: PCBDD cannot provide wheelchairs. All wheelchairs must have a safety belt for safe transportation and be in good working order.

DRESSING: ()Independent ()Needs some help(describe): _____ ()Needs total assistance

Tying shoes: ()Independent ()Needs help ()Needs total assistance

COMMUNICATION: ()Average for age ()Delayed ()Impaired ()No speech ()Reads words

()Uses pictures to communicate ()Uses sign language: own() standard() ()Uses sounds, gestures

()Uses device/communication board

Please identify any substitutes or special sounds/signs used by child: _____

-over-

EATING: ()Independent ()Needs help eating(describe): _____ ()Uses straw for liquids
()Need food cut up (describe): _____ ()Uses G/J Tube ()Has trouble swallowing
()Needs total assistance

Describe appetite: ()Poor ()Normal ()Overeats Any adaptive equipment? ()No ()Yes

Please describe diet restrictions and/or food allergies: _____
Please note: PCBDD is unable to modify lunches to meet specific medical need as an outside program provides them, if your child has a specific diet, please send lunch with them. Every effort is made to monitor portions, but we may not be able to adhere to general weight restricting diets.

TOILETING: ()Independent ()Needs some help(describe): _____ ()Needs total assistance
()Needs reminders ()Wears diapers/pull-ups ()Catheter(type): _____
()Can clean self after a bowel movement ()Can **not** clean self after a bowel movement

How does your child let others know they need to use the restroom? _____

Instructions/Toileting program? _____

Washing hands and face: ()Independent ()Needs Help ()Needs total assistance

SWIMMING: Describe safety devices used in water (wings, floats, etc): _____

()Knows how to swim, does not usually wear a floatation device ()Unable to Swim ()Wears earplugs

()Needs extra attention in water settings

SAFETY/BEHAVIOR:

What to do when your child is getting upset (describe): _____

Rewards/Reinforcers: _____

Words that help your child feel good or help them through situations: _____

SENSORY LIKES: _____ DISLIKES: _____

Personality: ()Sociable ()Complains ()Friendly ()Sensitive ()Cooperative ()Helpful

Behavior Concerns:

- | | |
|--|--|
| ()Leaves room without asking/telling | ()Aggressive toward others; throws things |
| ()Bites/scratches self or others | ()Hits/slaps self or others |
| ()Crying/screaming at times for unknown reasons | ()Spits |
| ()Withdraws from group activities | ()Climbs on tables, chairs, etc |
| ()Difficulty transitioning from one activity to another | ()Takes off clothing inappropriately |
| ()Temper tantrums | ()Self-stimulating sexual behavior |
| ()PICA | ()Other concerns (describe): _____ |

PROGRAMMING INFORMATION and CAMPERS INTERESTS

FINE MOTOR (involving hands):

()Crafts ()Drawing ()Painting ()Puzzles ()Board Games ()Cars ()Dolls ()Blocks

OTHER LIKES: _____ DISLIKES: _____

SENSORY (touching, sounds, visual):

()Play Doh ()Shaving Cream ()Music ()Weighted activities ()Vibration ()Singing ()Lights

OTHER LIKES: _____ DISLIKES: _____

LARGE MOTOR (whole body):

()Taking Walks ()Running ()Outdoor Play ()Swinging ()Dancing ()Balls ()Swimming ()Sports

()Other: _____

Activities to be encouraged: _____

Activities to be restricted: _____

Signature of Parent/Guardian: _____ **Date:** _____