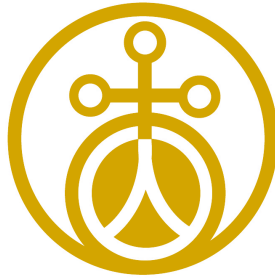


CAMP HOPE

2010 Camper Registration Packet



Session One:
July 25-30, 2010

Session Two:
August 1-6, 2010

P.O. Box 687
Lake Forest, IL 60045
(312) 401-HOPE
camphopeillinois@aol.com
www.camphopeillinois.org

**Camp Hope 2010
Application Instructions**



-
1. Choose your preferred camp session (Please check ONLY one box)
 I would like to attend Session One (July 25-30, 2010)
 I would like to attend Session Two (August 1-6, 2010)
 Either session is fine. Please place me as you see fit.
If you have a significant conflict with one session of camp, please explain here:
-

2. Complete Pages 2 through 13 and **make 3 copies of these pages**
Be sure to have page 13 notarized. Upon completion, please make 3 full copies of your application (pages 2-13). Keep one copy for yourself, and mail the other 3 copies, along with payment (page 16), to the following address:

**Camp Hope
P.O. Box 687
Lake Forest, IL 60045**

Note: We will accept applicants on a first-come, first-served basis, provided that we are able to meet the needs of the applicant and that the applicant meets the mission of Camp Hope (at the discretion of the Camp Hope Board of Directors). Given this, please return your completed application as soon as possible.

3. Give Page 14 (*Camp Hope Physician's Statement*) to your son or daughter's primary physician. Physician may include additional pages, or submit additional records, if necessary. (Note: The Physician's Statement does not have to be submitted with the rest of the application. We must receive the Physician's Statement at least 6 weeks prior to your camp session.)
4. Give Page 15 (*Camp Hope Teacher Input Form*) to your son or daughter's teacher, if applicable. (If your child is no longer in school, a respite provider who knows your child well can fill out this form.) Please also include a stamped envelope, addressed to Camp Hope, so the teacher can mail it back to us directly. Please notice that you must first sign the top of the Teacher Input Form, under the heading, "Parental Consent to Release Information." This allows the teacher to provide us with this information directly. If you choose not to grant this consent, you may collect this form from the teacher and mail it back to us yourself.
5. Please contact us if you have any questions:
Telephone: (312) 401-HOPE Email: camphopeillinois@aol.com

We look forward to meeting you (or seeing you again) this summer!

Section I :: Personal Information

A. Camper's Personal Information

Name of Camper _____ Nickname _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Alternate Phone _____

Date of Birth _____ Age _____ Sex _____

Disability _____

Height _____ Weight _____ T-Shirt Size _____

Family Email Address: _____

B. Parent Information

Camper Resides With

Mother Father Both Foster Parent Group Home Other _____

Father's Information

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Cell Phone _____

Work Phone _____

Mother's Information

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Cell Phone _____

Work Phone _____

C. Emergency Contact Information (Please list 2)

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Cell Phone _____

Work Phone _____

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Cell Phone _____

Work Phone _____

Section II :: Disability, Impairment, Challenge, or Condition

Please use the space provided to answer questions.
Please elaborate as much as possible, and feel free to use extra pages if necessary.

A. Age

_____ Camper's chronological age
_____ Camper's maturational/cognitive age

B. Disability, Impairment, Challenge, or Condition (Please Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Attention Deficit Hyperactivity Disorder |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Prader/Willi Syndrome | <input type="checkbox"/> Emotional Disorder (Bipolar, Depression, etc.) |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Chromosome Abnormality (Explain) _____ | |
| <input type="checkbox"/> Mental Retardation (Explain) _____ | |
| <input type="checkbox"/> Deaf/Hearing Impaired (Explain) _____ | |
| <input type="checkbox"/> Speech Disorder (Explain) _____ | |
| <input type="checkbox"/> Blind/Visually Impaired _____ | |
| <input type="checkbox"/> Other _____ | |

Camper's disability, impairment, challenge, or condition is considered:

- Mild Moderate Severe

Please Describe: _____

C. Seizures

Does the camper have seizures? Yes No

Type _____ Duration _____

Frequency _____ Date of last seizure _____

Behavior before seizure _____

Behavior during seizure _____

Behavior after seizure _____

Are seizures controlled with medications? Yes No

What Medication? _____

Section III :: Special Equipment

A. Please check all special equipment that will be brought to Camp Hope

- Wheelchair Walker Braces Crutches
 Eyeglasses Prosthesis Hearing Aid Roll Aid
 Adaptive Utensils (Explain) _____
 Communication Device (Explain) _____
 Other _____

B. Wheelchair Details

- Electric Wheelchair Non-Electric Wheelchair
Type of Wheelchair _____
Special controls or peripherals _____

C. Camper's Ability in Wheelchair (Please check all applicable phrases)

- Camper can move independently, without being pushed
 Camper requires being pushed at all times
 Camper needs assistance during certain times, such as when going uphill
 Camper is independent in electric wheelchair
 Camper needs assistance with electric wheelchair

Does camper need assistance during toileting? Yes No

If so, please explain type of assistance needed:

What is your at-home treatment for constipation?

E. Hygiene

- Washing Hands Independent Needs Help (Explain) _____
- Teeth Independent Needs Help (Explain) _____
- Dressing Independent Needs Help (Explain) _____
- Shower/Shampoo Independent Needs Help (Explain) _____
- Shaving Independent Needs Help (Explain) _____
- Menstruation Independent Needs Help (Explain) _____

F. Sleep Habits

- Does camper sleep through the night? Yes No How many hours? _____
- Does camper require turning throughout the night? Yes No How often? _____
- Does camper need bed rails? Yes No If yes, what type? _____
- Does camper sleep in a standard bed? Yes No If no, what type? _____
- Does camper wet bed? Yes No
- Does camper have any fears? Yes No If yes, please check all that apply:
- Dark Insects Noises New Surroundings Water
- Crowds Clowns Animals Foods Heights
- Fireworks Other (Explain) _____
- How do you deal with these fears at home? _____

G. Swimming Ability

Please check all that apply regarding camper's swimming ability.

- Swims underwater Floats Needs Swim Ring or Arm Wings
- Dog Paddles Earplugs Deep end diver from side
- Swims without assistance Does not swim
- Needs Assistance (Explain) _____

Section V :: Routines, Interests, and Temperament

A. Routines

Please be as specific as possible in detailing the camper's typical morning, meal, and bedtime routine.

Typical morning routine:

Typical meal routine:

Typical bedtime routine:

B. Interests

Favorite:

TV Shows _____

Sports _____

Cartoons _____

Animals _____

Games _____

Other _____

What kinds of activities does the camper enjoy on rainy days?

C. Temperament

How would you describe the camper's approach to new situations?

Slow to warm up to people Jumps into activities immediately Somewhere in between

How would you transition the camper to new activities (i.e. Five-minute warning, no warning, etc.)?

Section VI :: Medical Data

A. General Information

Medical Diagnosis _____

Food Allergies _____

Drug Allergies _____

Other Allergies _____

B. Medications

Prescriptive Medications

1. _____ Dosage _____ Frequency/Time _____

2. _____ Dosage _____ Frequency/Time _____

3. _____ Dosage _____ Frequency/Time _____

4. _____ Dosage _____ Frequency/Time _____

Non-Prescriptive (over-the-counter) Medications:

1. _____ Dosage _____ Frequency/Time _____

2. _____ Dosage _____ Frequency/Time _____

3. _____ Dosage _____ Frequency/Time _____

4. _____ Dosage _____ Frequency/Time _____

NOTE: ALL medications, prescription and non-prescription, MUST be in their ORIGINAL containers. Pharmacy labels must be affixed to and clearly printed on prescription medication.

Medications that do not match these criteria will NOT be accepted.

What non-prescriptive medication may be given to the camper for sinus and allergy symptoms?

May we administer the following drugs to the camper, as Camp Medical Staff deem necessary?

Acetaminophen (Tylenol) Yes No

Ibuprofen (Advil, Motrin) Yes No

Pepto-Bismol Yes No

Ear Drops (after swimming) Yes No

How do you administer medication to the camper? _____

C. Treatments (i.e. catheterization, colonostomy care, breathing treatments, etc.)

1. _____
2. _____
3. _____
4. _____

D. Special Equipment/Supplies

1. _____
2. _____
3. _____
4. _____

E. Physician and Insurance Information

Physician's Name _____
Medical Group _____ Telephone Number _____
Insurance Company _____
Policy Number _____ Policy Holder _____

F. Persons to contact in case of emergency

Name _____ Telephone _____ Relationship _____
Name _____ Telephone _____ Relationship _____

NOTES:

- **Medications listed on this form MUST match information provided in the "Physician's Statement." All discrepancies must be taken care of before reporting to camp.**
- **Written verification from physician is required if medication orders change before reporting to camp.**

I hereby swear and testify that the above information is true and correct to the best of my knowledge.

Signature of Parent or Legal Guardian Date

Section VII :: Behavior

Please assist us in making this camp experience enjoyable by indicating which of the following behaviors may pertain to the camper. Also, please provide an explanation of what circumstances may cause the behavior and what you typically do to remedy the situation when a behavior arises.

Behavior	Circumstances	Remedy
Biting:		
Spitting:		
Frequent Crying:		
Screaming:		
Pushing:		
Kicking:		
Pinching:		
Hitting:		
Withdrawing:		
Running Away:		
Self Abuse:		
Throwing Objects:		

Camp Hope
2010 Parental Authorization and Affidavit



I, _____, as the legal guardian of _____,
Name of Parent or Legal Guardian Name of Camper

hereby authorize the above-mentioned child/ward to attend Camp Hope during the dates of _____ at Camp Algonquin in Algonquin, Illinois. I hereby

Please Write the Dates of Your Requested Camp Session Above

release and indemnify Camp Algonquin; its staff; the staff and volunteers of Camp Hope and Anchored In Hope, Inc., a 501(c)(3) non-profit corporation; from any and all liability arising from claims of any kind or nature whatsoever from my child's/ward's participation in this program. In the event that I cannot be reached, or our authorized physician cannot be reached, and if in the judgment of the Camp Hope medical staff, there is a necessity for immediate examination and/or treatment of my child/ward, I hereby authorize any of the aforesaid personnel to obtain for my child/ward such medical services as are deemed necessary.

I hereby further give my consent for the above-mentioned camper to take part in all camp activities including, but not limited to, athletic competition, crafts, swimming, music, movies, hay ride, etc. I understand that the camper's stay at camp is conditional upon his/her adjustment to daily life and routine at camp. If the camp staff decides that the camper is not adjusting well to camp, the parent will be notified to take the camper home.

Signature of Parent or Guardian _____ **Date** _____

MEDIA CONSENT

I also grant permission to Camp Hope to photograph and film the above-mentioned camper and to use, publish and release for publication such photos and film relating to Camp Hope. The name of such person may be used in connection with the above, with the understanding that there will be no exploitation and that any photographs or film used will conform to standards of good taste.

Signature of Parent or Guardian _____ **Date** _____

Print Name _____ Telephone Number (____) _____

SWORN NOTARIZATION

Subscribed and sworn (affirmed) before me _____
this _____ day of _____, 2010.

Notary Public

Camp Hope Physician's Statement



Please use additional pages, or submit additional information, if necessary.

Camper Name _____ Parent Name _____

Date of Birth _____ Height _____ Weight _____

All Medical Diagnoses:

Primary: _____

Secondary: _____

Allergies: _____

Do you feel this camper is capable of participating in this camp?

Physically Yes No Any limitations? _____

Mentally Yes No Any Limitations? _____

Is this camper free from communicable disease? Yes No

If no, please explain: _____

Medications:

Prescriptive Medications

1. Name _____ Dosage _____ Frequency _____

2. Name _____ Dosage _____ Frequency _____

3. Name _____ Dosage _____ Frequency _____

4. Name _____ Dosage _____ Frequency _____

Treatments

1. Type _____ Frequency _____

2. Type _____ Frequency _____

May we contact you if we have any questions about this "Physician's Statement?" Yes No

May we contact you if this camper has an emergency while at camp? Yes No

If yes to either of above, please provide phone number _____

Physician's Signature Date

Physician's Name Name of Practice

Camp Hope Teacher Input Form



PARENTS: Please enclose a stamped envelope, addressed to:
Camp Hope
P.O. Box 687
Lake Forest, IL 60045

Parental Consent to Release Information (Teacher: Please keep this section for your records)

Student's Name _____

I hereby grant permission for my child's teacher, _____, to release information, diagnosis, description and recommendations regarding my child's disability.

Signature of Parent or Legal Guardian _____

Date _____

----- cut here -----

Teacher Input

Camper's Name _____ Parent's Name _____

The mission of Camp Hope is to provide a five-day, residential summer camp experience for children, teenagers, and young adults who are challenged by developmental disabilities. The camp is located in Algonquin, Illinois at a facility called Camp Algonquin. Each camper voluntarily participates in activities with guidance from a Junior or Senior in high school or a college student, who is the camper's primary caregiver for the week. Additional information can be found on our website at www.camphopeillinois.org.

1. Describe the student's personality: _____

2. Is this student a behavioral problem at school? _____

3. Does this student have tantrums, scream, or anger easily? If yes, what are the triggers? _____

4. What techniques do you find most effective when dealing with this student? _____

5. How would this student respond to guidance from a teenager rather than from an adult? _____

6. How does this student react to change in routine? _____

7. In what type of setting does this student function best? Individual Small Group Large Group
Examples: _____
8. How long does this student typically attend to a task? _____
9. Do you feel this student would be successful at Camp Hope? Yes No
Why or why not? _____

Teacher's Name _____ School _____

Signature of Teacher _____

Date _____

Please return this form to Camp Hope as soon as possible, in the enclosed envelope. Thank You!

Camp Hope 2010



Please return this form with your completed Camper Application.

The cost for Camp Hope is \$300 per camper per week.

(Please check all that apply)

- I have enclosed a check for \$300 to cover the cost of my child/ward for the week.
- I would like to sponsor an additional camper for the week at \$300.
- I would like to sponsor ____ campers for the week at \$300 each, and have included a check in the amount of _____.
- I would like information regarding a full or partial scholarship. Please contact me at _____.

All checks should be made payable to “Camp Hope”.