

# AVANTI . . . CAMP ST. CROIX

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## DAY CAMPER APPLICATION

\_\_\_\_ New Avanti Camper      \_\_\_\_ Returning Camper

**Camp Dates:** Sunday, June 13 to Friday, June 18, 2010

**Application Deadline:** February 26, 2010

Intake interviews will be June 11th or 13th, and exit interviews will be June 18th or 19th.

\*\*\*Please complete this entire application. Respond to the questions carefully as this information will help us determine what support is needed for success at Camp Avanti. If they have not had one, a sensory integrative evaluation by a qualified occupational therapist may be requested prior to acceptance. We are not able to accept all applicants. \*\*\*

Child's name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_F \_\_\_ M

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Parent or Guardian name \_\_\_\_\_ Relation to camper \_\_\_\_\_ Work phone \_\_\_\_\_ Email \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL:

Medical /Psychological Diagnoses \_\_\_\_\_

Current medications and what they are treating \_\_\_\_\_

Does the camper require a special diet? If yes, describe in detail. \_\_\_\_\_

Allergies (especially insect bites or poison oak) \_\_\_\_\_

Significant physical injuries in the past (describe and give dates) \_\_\_\_\_

Does your child have vision or hearing problems? \_\_\_\_\_

Activity or swimming limitations? \_\_\_\_\_

Any communication problems? \_\_\_\_\_

## CAMP

Has the camper ever slept away from home? (Day campers often have the opportunity to sleep over on Thursday night of camp) \_\_\_\_\_

Person who referred you to camp and why \_\_\_\_\_

What do you hope will result from this camp experience? \_\_\_\_\_

Does the camper require assistance to stay with a group? \_\_\_\_\_

When might the camper require assistance to stay safe? \_\_\_\_\_

Please describe your child's leisure activities \_\_\_\_\_

Does the camper like group activities? \_\_\_\_\_

What camp activities do you think he/she will enjoy? \_\_\_\_\_

Does the camper tend to be afraid? If so, of what? \_\_\_\_\_

What type of help does your child need for using the bathroom or changing into their swim suit? \_\_\_\_\_

What type of help does your child need to participate successfully in a group of kids? \_\_\_\_\_

**\*\*\*For Returnees only\*\*\*** Our grants require us to report feedback from parents. Please check the areas where you saw progress after the last session of camp. Then give brief descriptions.

\_\_\_ independence                      \_\_\_ initiation                      \_\_\_ motor skills  
\_\_\_ calm focus/attention              \_\_\_ self care                      \_\_\_ social                      \_\_\_ self control

Comments \_\_\_\_\_

## THERAPY

Has this child received previous occupational therapy? Evaluation and/or treatment? Please give facility, dates, and therapist \_\_\_\_\_

Please check the OT/ sensory processing problem areas that apply to your child:

\_\_\_ motor planning                      \_\_\_ oral motor                      \_\_\_ fine motor                      \_\_\_ gross motor  
\_\_\_ sensory defensive                      \_\_\_ arousal/alert control                      \_\_\_ self awareness  
\_\_\_ social awareness                      \_\_\_ emotional self control                      \_\_\_ transitions

**EDUCATION**

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Does your child receive special education services? \_\_\_ Yes \_\_\_ No

What services? \_\_\_ reading \_\_\_ math \_\_\_ behavior \_\_\_ speech/lang \_\_\_ OT \_\_\_ PT  
(Check all that apply)

What support does your child need to function in a group in the classroom, phys Ed, and/or playground? \_\_\_ none /cues from main teacher \_\_\_ Para/aide part time \_\_\_ Para/aide 1 to 1

**STRESS MANAGEMENT/ COPING**

When there are times or situations in which your child has more difficulty... how does he/she respond? (Circle) withdrawing, fleeing or becoming verbally or physically aggressive.

What are the most successful strategies for helping your child cope with stress—before/ during/ and after incidents?

\_\_\_\_\_  
\_\_\_\_\_

Has your child become verbally or physically aggressive in the past 6 months? (Circle which) yelling, swearing, name calling, scratching, pushing, hitting, kicking, or other: how often? \_\_\_\_\_, describe: \_\_\_\_\_

What adult approach appears to help them switch to more appropriate behavior?

\_\_\_\_\_

**Please attach additional information concerning your child if we failed to ask something you feel is important!!**

- Camp Dates:** Sunday, June 13 to Friday, June 18, 2010
- Application Deadline:** February 26, 2010
- Fee:** \$490 The **\$100 deposit** should be mailed with the application, and will be held until notification of acceptance in March, when the balance is due
- Checks payable to:** Research and Development in Pediatric Therapy, Inc. or RDPT, Inc. **\*\* Please write camper’s name and “Avanti” in the memo \*\***
- Mail to:** CAMP AVANTI, RDPT, 2705 Enloe St, Hudson, WI 54016

Scholarship Suggestions and Request Form and Financial Form are on our website [www.specialchildrencenter.com](http://www.specialchildrencenter.com) If needed, print and fill out Request Form and Financial Form and send with camper application. If you’d like to talk to someone about scholarships, send your request to the camp email and indicate the days and times to call you

**Please use email for communication as much as possible – most staff are volunteers.**

**For more information:** Olin Morrison, Camp Director  
[olin-campavanti@hotmail.com](mailto:olin-campavanti@hotmail.com) or call 715-386-2128

\_\_\_\_\_  
Signature Relationship to child Date

\*\*\*\* I hereby give permission for Camp Avanti administrative staff to contact a professional at my child's school who is familiar with him/her. I understand that the information obtained will be used for the sole purpose of determining the level and type of support needed for a successful camp experience for my child.

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Person to contact

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Phone number

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Job/Role

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Signature

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Relationship

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Date