

AVANTI . . . CAMP ST. CROIX

OVERNIGHT CAMPER APPLICATION

New Avanti Camper Previous Day Camper Returning Overnight Camper

Camp Dates: Sunday, June 13 to Saturday, June 19, 2010

Application Deadline: February 26, 2010

***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 to complete self cares such as changing clothes, grooming, showering, and keeping personal items organized? Please describe: _____

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!!

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Fee: \$660 The **\$100 deposit** should be mailed with the application, and will be held until notification of acceptance in March, when the balance is due

There will be an additional charge of \$50 for campers requesting a modified diet such as GF/CF
This does not apply to life threatening allergies to foods.
The additional charge is used for a staff person and to purchase the necessary food

Make 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 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.

