



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

RECESS TEEN CAMP

<u>Session Preference:</u>	
<u>JUNE</u>	<u>JULY</u>
<input type="checkbox"/> June 8-12	<input type="checkbox"/> July 6-10
<input type="checkbox"/> June 15-19	<input type="checkbox"/> July 20-24

Applicant's Name: _____

Gender: MALE FEMALE Age: _____ DOB: _____

Address: _____ City _____ Zip _____

Application submitted by: _____

Relation to applicant: _____

Contact #1: Name: _____

Phone: _____ Email: _____ Preferred Method: _____

Contact #2: Name: _____

Phone: _____ Email: _____ Preferred Method: _____

Does the applicant currently have a Behavior Intervention Plan through the school? YES NO If yes, please explain the behavior(s) of concern:

Please provide at least two additional references (close friend, supervisor, teacher, close relative). If the applicant has a Behavior Intervention Plan, a teacher reference must be provided.

Reference #1:

Name: _____ Relation to Applicant: _____

Contact Phone #1: _____ Email: _____

Reference #2

Name: _____ Relation to Applicant: _____

Contact Phone #1: _____ Email: _____

SPECIAL NEEDS

Primary Diagnosis: _____

Mild Moderate Severe Profound Requires close (one-on-one) supervision: YES NO

Other Diagnoses: _____

Interacts with others in a group setting YES NO

Verbal: YES NO

Communicates needs to others: YES NO

Swimming Ability: Strong Swimmer Needs Assistance Non-Swimmer Wears Flotation Aids

Food Allergies: _____

Drug Allergies: _____



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Seizures: YES NO If yes, type? _____

Seizure Frequency: Daily Weekly Other: _____

Describe: _____

Please provide staff any instructions that will aid in caring for your family member if a seizure occurs.

LIFE SKILLS

Requires assistance at mealtime.	YES	NO	If yes, please describe
Requires assistance in dressing.	YES	NO	If yes, please describe
Requires assistance with bathroom	YES	NO	If yes, please describe
Requires assistance with hands on projects.	YES	NO	If yes, please describe
Requires assistance with sport activities: (Example: Basketball)	YES	NO	If yes, please describe

CIRCLE ALL ACTIVITIES THAT THE APPLICANT ENJOYS:

Using Fitness & Wellness Equipment
Listening to Music
Watching Movies
Water & Pool Activities

Playing Sports
Nature Walks
Art & Crafts
Exercise Classes

Singing
Dancing
Socializing

List any fears or preoccupations that may interfere with RECESS programming: _____

