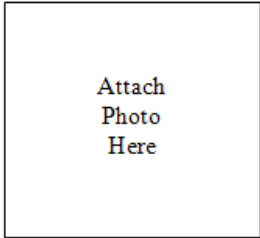




Camp Caglewood
 5182 Glen Forrest Dr
 Flowery Branch GA 30542



Application Form 2010

All trips are \$200 unless marked otherwise

- | | |
|---|---|
| <input type="checkbox"/> February 19-21 Lake Lanier (<i>Cabin</i>) | <input type="checkbox"/> April 9-11 Okefenokee Swamp |
| <input type="checkbox"/> April 22 Golf Tournament (<i>Drop in, FREE, Social</i>) | <input type="checkbox"/> May 21-23 Stone Mountain |
| <input type="checkbox"/> June 25-27 Unicoi State Park | <input type="checkbox"/> August 6-8 White Water Rafting |
| <input type="checkbox"/> September 25-26 Appalachian Trail | <input type="checkbox"/> November 5-7 Brass Town Bald (<i>Cabin</i>) |
| <input type="checkbox"/> December 3-6 Disney World (\$250) | |

Camper Name _____ Age _____ Birthday _____

Address _____ T-Shirt Size _____

City _____ State _____ Zip _____

Height _____ Weight _____ Male Female

Application Submitted by _____

Relation to Camper _____

Address _____

City _____ State _____ Zip _____

Phone# _____ E-mail _____

Camper Lives with (if different from above) _____

Relation to Camper _____

Emergency Contact _____ Phone _____

Has the Camper Ever been Camping? _____ attended a summer Camp? _____

If Yes where? _____ How Many times? _____

Where did you hear about Camp Caglewood? _____

If the Camper is being Sponsored, Who is the Sponsor? _____



Medical Information

Please fill out this page and send it in with your application. Fill out the second copy and bring it with you on the day of trip departure.

Current Doctor _____

Address _____

City _____ State _____ Zip _____

Phone# _____ E-mail _____

Diagnosis _____

Mild Moderate Severe Profound

Current Medications: _____ Qty _____ Time Taken _____

_____ Qty _____ Time Taken _____

_____ Qty _____ Time Taken _____

_____ Qty _____ Time Taken _____

_____ Qty _____ Time Taken _____

Special Instructions for Medication and/or Diet:

Does the Camper have any major Physical Limitations? If so what?

Please attach a COPY of your insurance or Medicaid Card and or Information.

Medical Information (turn in at departure)

Please fill out this page the week of Departure and bring it with your medications.

Current Doctor _____

Address _____

City _____ State _____ Zip _____

Phone# _____ E-mail _____

Diagnosis _____

Mild Moderate Severe Profound

Current Medications: _____ Qty _____ Time Taken _____

_____ Qty _____ Time Taken _____

_____ Qty _____ Time Taken _____

_____ Qty _____ Time Taken _____

_____ Qty _____ Time Taken _____

Special Instructions for Medication and/or Diet:

Does the Camper have any major Physical Limitations? If so what?

Please attach a COPY of your insurance or Medicaid Card and or Information.



Please complete the following by checking all boxes that apply to the camper's skills without help from others and enter any notes in the right margin.

Section	Behavior	Yes	No
<u>Meal Time</u>			
	Can Drink from a cup or glass	<input type="checkbox"/>	<input type="checkbox"/>
	Can Eat With Spoon or Fork	<input type="checkbox"/>	<input type="checkbox"/>
	Can Cut food with Knife	<input type="checkbox"/>	<input type="checkbox"/>
	Will Use a Napkin	<input type="checkbox"/>	<input type="checkbox"/>
	Can Pour Liquids into a cup	<input type="checkbox"/>	<input type="checkbox"/>
	Will Eat neatly and slowly	<input type="checkbox"/>	<input type="checkbox"/>
	Can Open snack food bag	<input type="checkbox"/>	<input type="checkbox"/>
	Has Basic Table manners	<input type="checkbox"/>	<input type="checkbox"/>
<u>Dressing</u>			
	Can Put on pants	<input type="checkbox"/>	<input type="checkbox"/>
	Can Put on shirt	<input type="checkbox"/>	<input type="checkbox"/>
	Can Button up shirt/pants	<input type="checkbox"/>	<input type="checkbox"/>
	Can Tie shoe laces	<input type="checkbox"/>	<input type="checkbox"/>
	Can Put on underwear	<input type="checkbox"/>	<input type="checkbox"/>
	Can Put on socks	<input type="checkbox"/>	<input type="checkbox"/>
	Can Put on belt	<input type="checkbox"/>	<input type="checkbox"/>
<u>Hygiene</u>			
	Can Wash Hands	<input type="checkbox"/>	<input type="checkbox"/>
	Can Shower Entire Body	<input type="checkbox"/>	<input type="checkbox"/>
	Can Wash and rinse hair	<input type="checkbox"/>	<input type="checkbox"/>
	Uses toilet paper	<input type="checkbox"/>	<input type="checkbox"/>
	Flushes toilet when through	<input type="checkbox"/>	<input type="checkbox"/>

- Goes to bathroom without prompting
- Uses Deodorant
- Brushes Teeth

Social

- Can name (discuss) various Emotions
- Demonstrates Humor
- Aware of others needs
- May be hurtful to self
- May be hurtful to others
- May be destructive to property
- May display disruptive behavior
- Cooperative
- Will take turns
- Can Play card games
- Will play sports
- Can Swim
- Afraid of Water
- May wander off

What type of class room placement is the camper in at school: (i.e. self contained)

Please Share an overview of IEP Goals:

Please describe any behavior problems that may occur, and what the best way to control them:

Please describe a typical day in the camper's life at home:

What are the camper's favorite (HEALTHY) Foods:

Breakfast:

Lunch:

Dinner:

Snack:

Please give us any other information below that you believe helpful: