

Camp BASIC - 2017

Brothers And Sisters In Christ

Dear Camper and Parents/Guardians,

Hello from Camp BASIC. Camp BASIC 2017 looks like it will be an exciting week – we hope you can join us for the fun and fellowship.

The dates for Camp BASIC 2017 are:

Week I, MONDAY - June 12th - SATURDAY - June 17th

Week II, SUNDAY - June 18th - FRIDAY - June 23rd

You have your choice of which week you would like, on a first come, first serve basis, so get your Camper Registration Packet in early! **Returning Campers** have an early registration deadline. Please have your Camper Registration Packet returned to Camp BASIC by **March 15, 2017**. New Campers may register starting March 16, 2017. Please have your Camper Registration Packet returned to Camp BASIC by **April 15, 2017**.

Camp BASIC is held at Wyalusing State Park near Prairie du Chien, WI. Please keep in mind that Camp BASIC is staffed with volunteers and designed for persons with a moderate developmental disability. The facility we use is also designed for persons with a moderate physical disability, who are 10 years or older. Please consider that camp activities require some strength and stamina. Campers need to participate in activities. Campers should be able to walk independently and have independent toileting and feeding skills. Our camp counselors are volunteers, primarily teenagers, who may not be experienced in giving personal care such as when a camper has toileting accidents on a regular basis. Our camp also has no laundry facilities. Campers that require wheelchairs or assistance with toileting may apply, but will be accepted dependent on available volunteers to help with those needs. If a camper is requiring more assistance at camp than indicated on the application, the caregiver will be notified and may be asked to pick up the camper. Camp BASIC reserves the right not to accept any camper if the camp staff feels they will not be able to satisfactorily meet the camper's needs.

The fee for this year will be **\$300.00**. Everyone is responsible for a **\$100.00** deposit fee. **The balance of the fee is due on the first day of Camp, unless there has been a request for a scholarship.** Scholarship funds are available for the remaining \$200.00 for those who may need them. **A scholarship request must accompany the registration form.**

Please make sure all pages of the forms are filled out completely and signed. Please mark the week you wish to attend and return the Registration Form, with the \$100.00 deposit

(Payable to Camp BASIC) to: **Betty Pries, Treasurer**
2151 N. Connies Ct.
Appleton, WI 54914

Campers will be notified by letter or email about their status of acceptance.

We are looking forward to seeing you at Camp BASIC. Please keep Camp BASIC in your prayers. Camp BASIC will always appreciate donations from individuals or organizations. They may be sent to, **Betty Pries**, at the above address.

If you have any questions, please don't hesitate to call Betty Pries, Treasurer at 920-285-1727, or one of the Camp Directors:

Week 1: Director: Aaron Punke – 414-305-5026 / pepper3038@msn.com

Week 2: Director: David Schlei – 507-648-3335 / amschlei@hotmail.com

We pray that God continues to bless you and we hope to see you at Camp BASIC 2017.

Camp BASIC Board of Directors

**A Note For All Returning Campers: A few changes have been made to this form.
Please read and follow the instructions carefully.**

For additional forms and information, check out the Camp BASIC website at www.campbasic.com.

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CAMPER REGISTRATION PACKET

General Packet Information

Please fill out the Camper Registration Packet completely. Every blank must be filled in. If the information is not applicable to the camper, write N/A in the space provided. We would encourage you to attach any extra information you feel may assist us in providing the best care possible. Sending a photograph of your camper with this registration is encouraged, but optional.

After you have completed all questions and gathered all required signatures, please mail the packet to Camp BASIC. **We request that the Camper Registration Packet be returned by March 15 for returning campers, and by April 15 for new campers.** CAMPERS MUST HAVE COMPLETED, SIGNED FORMS IN ORDER TO ATTEND CAMP. No exceptions will be made.

Medical and Medication Information

The Medical and Medication Information must be filled out completely. Please be aware that Camp BASIC may not have trained medical professionals on staff. In the absence of a licensed nurse, Camp Directors will pass out medications and PRNs. For this reason it is very important that all medical information is complete and instructions for medication are clear. **If a significant medication change, health condition or surgery occurs in the month prior to Camp, please call the Director prior to Camp to discuss how the change may impact the camper's experience at Camp. The director will notify the camp nurse of these changes before camp.**

In the event of medical emergencies or an illness, the Camper will be taken to Prairie du Chien Memorial Hospital. Some members of Camp staff will be certified in Basic First Aid and CPR.

Medications should be brought to camp properly labeled to speed along the process of checking them in. They should be in **bubble packs or original containers** from the pharmacy so that the staff can identify the medications. **Be advised that Camp staff cannot give out unidentified medication.**

Please complete and return the camper information packet as soon as possible.

Thank you and we look forward to seeing you soon!

Please select your Week:	_____ Week 1 – June 12-17, 2017
	_____ Week 2 – June 18-23, 2017
	_____ Either Week

CAMPER REGISTRATION PACKET 2017

Camper Name: _____ Nickname: _____

Please Check One: - Returning Camper from (last camp year _____) - New Camper

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_) _____

T-shirt size (please circle size): **Small / Medium / Large / XL / XXL / 3XL / Childs** _____

Camper Age: _____ Date of Birth: ___/___/_____ Gender: M F

RESIDENCE: Private: _____ Name of Group/Foster Home: _____

Parent/Caregivers Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_) _____

Email: _____

For emergency purposes, ALL Campers MUST complete this section. Include INSURANCE CARRIER and POLICY NUMBER or MEDICAL ASSISTANCE NUMBER.

Medical Assistance Number: _____

Insurance Carrier: _____

Policy Number: _____

EMERGENCY CONTACT: (Person to contact if parent/caregiver cannot be reached)

1. NAME: _____ Relationship to Camper: _____

Day Phone: (__ _) _____ Evening Phone: (_____) _____

2. NAME: _____ Relationship to Camper: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Is the camper his/her own guardian? (Circle one) Yes No

If no, name of guardian: _____

RELIGIOUS BACKGROUND:

Church Affiliation: ___ WELS ___ ELS ___ Other: _____

Name of Church: _____ Pastor's Name: _____

Is Camper Baptized: Yes No Is Camper Confirmed: Yes No

Does Camper attend Church serves regularly? Yes No

Does/has Camper attend religious instruction class? Yes No

If yes, please describe type (Sunday School, Confirmation Class, Bible Study, etc.) _____

LEASURE TIME ACTIVITIES:

Hobbies: _____

Special Interests: _____

Likes/Dislikes (can include likes/dislikes concerning work, housekeeping, activities, etc.): _____

DISABILITY: (name & describe)

Developmental Disability: _____

Secondary Disability (if any): _____

COGNITIVE ABILITY/DEVELOPMENTAL DELAY: (check one)

Mild Moderate Severe developmental delay

MOBILITY:

Can the camper walk: Unassisted With Assistance Uses cane/walker

Walking speed: Slow Medium Fast

Wheelchair needed for long distances? Yes No (If Yes, please bring wheelchair to Camp)

Any additional information: _____

Height: _____ Weight: _____

SPEECH & COMMUNICATION:

Verbal Non-verbal

Able to read? Yes No Able to write? Yes No Able to talk? Yes No

If speech is severely limited, what Language Device (sign language, picture book, etc) is used?
(Please bring) _____

Please list any commonly used signs or gestures: _____

PERSONAL HYGIENE & GROOMING: (Check appropriate areas)

Total Assistance Needed: Yes No Other (if "other", please explain)

Shaving	_____	_____	_____
Brushing teeth	_____	_____	_____
Brushing hair	_____	_____	_____
Menstrual care (women)	_____	_____	_____
Shower	_____	_____	_____
Shower Chair:	_____	_____	
Hand Held Shower:	_____	_____	

DRESSING:

Does the camper need assistance with dressing? None Some assist Full assist

If "some", please explain: _____

SLEEP SCHEDULE: (Explain): _____

BLADDER & BOWEL CONTROL:

Uses toilet independently? Yes No If "no", explain assistance needed: _____

Incontinent: Often Seldom Rarely Never

Bladder: Communicates need Needs a reminder On a schedule

Bowel: Communicates need Needs a reminder On a schedule

If on a schedule please describe: _____

Does Camper wear Depends? Yes ____ No ____

If yes: Morning Afternoon Overnight

If the camper requires menstrual pads or Depends, please provide an adequate supply, labeled with their name, for the time they will be at Camp.

BEHAVIOR

Please check all that apply:

- Generally easy-going/happy
- Shy/withdrawn
- Unsure of new situations
- Verbally aggressive/demanding
- Helpful
- Physically aggressive
- Wanders/need continuous direction
- Other: _____

If the camper is prone to wander, please describe their behavior and give suggestions for managing it:

Describe approaches to be used with difficult behavior. (Camp staff volunteers their time and are not specifically trained to deal with challenging behaviors. If this is an area of concern for an individual, please contact the Director of the week you are requesting, with any behavioral concerns.): _____

PLEASE note additional information that may assist our staff to be fully prepared to serve the camper during his/her stay this summer: _____

ACTIVITIES

Swimming: Independent Uses life vest Use waterslide Cannot swim Fears water

Please list any activities the camper should not participate in, or may fear (swimming, nature center, parties, etc): _____

DIET

Regular Restrictions (explain): _____

Special (explain) _____

Is the camper diabetic? Yes No Normal blood sugar range: _____

Any **food allergies**? Yes No

May Camper have seconds? Yes No

May the camper deviate from their diet, or portions of it, during camp? Yes No

If yes, specify: _____

Staff will make every effort to adhere to diets. However, they may not be able to keep strict reducing diets.

EATING:

Does the camper need assistance eating? None Some assistance

Explain if "some" _____

ALLERGIES:

None Drug Environmental Other List & describe reaction:

SEIZURE DISORDERS:

No seizures Seizures, type: _____

Seizure frequency: _____

Date of last seizure: _____

During a seizure, what precautions should the camp staff be aware of? _____

MEDICAL CARE:

If needed, which medications may the camper take?

Acetaminophen/Tylenol Cough Syrup/Drops

Antacid Decongestant

Antidiarrheal Ibuprofen

Antihistamine Laxatives

If the camper/camper's family prefers a brand name, you should bring it with you to camp.

If the camper frequently experiences any of the following, please check the box and describe how these are treated at home.

Nausea _____ Nightmares

Diarrhea _____ Stomach aches _____

Dizziness _____ Headaches

Over fatigue _____ Earaches

Constipation

Any additional information: _____

Please include any additional information you feel will aid us in caring for your camper.
RELEASES TO BE SIGNED BY THE CAMPER'S GUARDIAN

Releases **must be signed** by the camper's guardian (or the camper if they are their own guardian).
If the releases are not signed, the camper will not be permitted to attend camp.

PERMISSION TO ATTEND CAMP BASIC

Camper name: _____

I grant permission for my son/daughter/ward to attend Camp BASIC. I also give permission for Camp staff to dispense medication to my Camper as detailed in the Camper Registration Packet or communicated to them at the time of the Camper's arrival at Camp BASIC. I understand that there may not be licensed and trained medical professionals on staff at Camp BASIC.

Signature (parent or guardian): _____

Printed: _____ Date: _____

AUTHORIZATION FOR TREATMENT

Camper name: _____

To the best of my knowledge, the health information is correct and complete. The person herein described has permission to engage in all camp activities, unless noted otherwise.
Authorization for Treatment: I hereby give permission to the medical personnel selected by Camp BASIC to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me or the camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp BASIC to secure and administer treatment, including hospitalization, for the person named above.

Signature (parent or guardian): _____

Printed: _____ Date: _____

PHOTO / PUBLIC RELATIONS CONSENT AND RELEASE

I understand that Camp BASIC may wish to use my/my camper's name, photograph and/or stories with its work and that it needs appropriate consent to do so. Pictures may be taken for the purpose of sharing with the group, for sharing with area churches, the community and on the Camp BASIC web page. I hereby give my permission to Camp BASIC to use for volunteer recruitment, fundraising and other communications purposes, photographs, films or audio recordings concerning myself/my camper.

I authorize Camp BASIC to release the following information to other volunteers, staff and campers who have also attended Camp BASIC:

Phone #: Yes No / Address: Yes No

I hereby warrant that I have the full power to give this consent to sign this release.

Camper name: _____

Signature (parent or guardian): _____