



FirstShine 2009

CAMPER APPLICATION

Camper's Name _____ Phone _____

Home Address _____

Weight ____ Height ____ Sex ____ Grade in Fall ____ DOB _____ T-shirt Size ____

****Please include a recent photograph of your child!****

Parent's Name or
Guardian's Name _____ Email _____

Where will parent(s) be during camp? _____

Daytime Phone _____ Nighttime Phone _____

Contact Other than Parent _____ Phone _____

Doctor _____ Phone _____

Insurance Company _____ Policy # _____

Activities Child Enjoys _____

Nighttime Routine and Sleeping Habits _____

This application does not ensure your child will attend FirstShine 2009

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NAME _____

Diagnosis: _____

How does your child's disability impact him/her? _____

School _____ Date of Last Tetanus Shot: _____

Has your child attended FirstShine camp before? Yes No

Does your child have any drug, food, latex or other allergies (e.g. bee stings) Yes No

If yes, please explain _____

Does your child use/have any of the following (check all that apply)

Wheelchair Crutches Walker Braces Communication Device

Instructions your child's counselor will need about any assistive technology devices:

How does your child make his/her needs known? If your child is non-verbal, how do you communicate with him/her? _____

Has your child ever been suspended or expelled from a school or child care facility due to physical or behaviors challenges (e.g. hitting, kicking, biting, bullying, etc) Yes No

If yes, please explain _____

Bowel and Bladder Habits:

Please list a non-family contact person for additional information (teacher, therapist, case manager)

Name

Title

Phone

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NAME _____

Medication my child will take during camp:

Medication-Type	When Taken	Why?

Personal Care Needs:

Food Allergies and Mealtime Comments:

Other Information we should know about your child (Please feel free to attach an additional sheet, if needed.):

_____ has my permission to attend FirstShine at Warren Wilson College from July 14-17, 2009.

If a medical problem should arise while my child is at camp and I cannot be contacted, I hereby give the hospital and physician permission to treat, give injections, administer anesthesia, and/or perform surgery for my child named herein. In the event of accident or injury, I do not hold the church or any employee or counselor responsible.

I give permission to the FirstShine Council to contact school staff about my child's needs so that the FirstShine Council will be able to match my child with a counselor.

I understand it costs \$50 (cash or check made out to "F.I.R.S.T.") to attend Firstshine as a camper. This fee is not due unless my child is accepted as a camper at FirstShine. Scholarships applications are available for families who need them.

I ____ do ____ do not give permission for my child to be photographed by media.

Parent/Guardian Signature

Date