

Camper First Name: _____ Last: _____

Use the below space to provide any additional information about your child's behavior or physical, emotional, or mental health which the camp should know about. (i.e. bedwetting, recent move, divorce, recent death, serious fears.)

Health and Personal Health History Information

Please circle either Y (yes) or N (no)

- Y N WILL THIS BE THE FIRST TIME YOU CHILD IS AWAY FROM HOME FOR A LONG TIME?
- Y N DOES YOUR CHILD HAVE A PROBLEM WITH BED WETTING?
- Y N HAS YOUR CHILD EXHIBITED SIGNS OF HOMESICKNESS WHEN AWAY FROM HOME?
- Y N IS YOUR CHILD PARTICIPATING IN A PHYSICAL EDUCATION PROGRAM?
- Y N CAN YOUR CHILD WALK UP AND DOWN A FLIGHT OF STEPS UNASSISTED?
- Y N DOES YOUR CHILD HAVE AT LEAST ONE CLOSE FRIEND?
- Y N DOES YOUR CHILD KNOW HOW TO SWIM? IF YES, PLEASE CIRCLE ONE: WELL / GOOD / FAIR / POOR
- Y N HAS YOUR CHILD HAD PREVIOUS GROUP EXPERIENCES?
- Y N DOES YOUR CHILD HAVE ANY SPECIAL DIETARY NEEDS? PLEASE EXPLAIN: _____

OUR ABILITY TO PROVIDE SPECIAL DIETS IS LIMITED. WE WILL ATTEMPT TO ACCOMMODATE SPECIAL NEEDS.

Indicate last date which illness occurred. If illness is a frequent occurrence, please attach comments.

Frequent ear/cold infections		Chicken Pox		Asthma		Poison ivy	
Frequent fever		Mononucleosis		Diabetes		Seizures	
Frequent bowel/bladder prob.		Hypertension		Mumps		Sinus infection	
Bleeding/clotting disorders		German Measles		Measles		Stomach aches	
Stroke/paralysis		Endocarditis		Strep throat		Bee sting	
Fainting episodes		Rheumatic Fever		Hepatitis		Hay fever	
How many times in the past year has camper had strep throat							

Does your child have any allergies?

Food: _____

Medical: _____

Environmental: _____

Immunization History

Fill in approximate dates: **Tetanus Booster must be up to date.**

Tetanus Booster		TB Test or chest x-ray		Polio Series	
Measles		Mumps		MMR	
DPT Series		Pneumo-vac		H Flu	

Has camper been exposed to chicken pox or any other communicable disease in the past 1-3 months? If so, please explain.

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Activity Participation

The following activities are available at Camp del Corazon, which may be offered to your child: tennis; swimming; light running; walking on a nature trail; horseback riding; tubing; paddling a kayak; archery; active games; assisted wall climbing and snorkeling. Participation is not mandatory, but encouraged. Please state any activity in which your child may not participate. Please explain.

Is camper able to walk 150 yards unassisted without extreme fatigue? _____

CAMP DEL CORAZON ENCOURAGES PARTICIPATION IN ALL ACTIVITIES. 50% OF THE ACTIVITIES ARE PHYSICALLY ACTIVE. WE REQUEST THAT WHEN A CAMPER GETS TIRED, HE OR SHE ASKS TO SIT OUT TO REST.

Does camper participate in a School Physical Education program? Yes / No

Please **circle** the letter below describing the level of activity in which the applicant is able to participate.

- A) FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE**
Participates in non-competitive games, which may involve running short distances.
- B) PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE**
Participates in limited activities. Camper rests occasionally.
- C) LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE**
Must rest frequently and often. Participates in sedentary activities only.
*If your child fits **category C**, please reconsider his/her suitability.
However, if you perceive that your child can benefit from actively participating in the programs, please submit a written explanation.*

Please share information with the counselors that will help make your child's adjustment to camp smoother. (i.e. camper's way of handling anger and frustration, etc.)

THIS PORTION WILL BE SEPARATED FROM YOUR APPLICATION AND WILL BE USED ONLY FOR PURPOSES UNRELATED TO THE SELECTION DECISION

You are not required to answer the below questions they have no bearing on your child's eligibility to attend Camp and will be used only for demographic, and funding purposes. Please do not put any personal identifying information on this sheet

Please Help Us!

In order for us to continue to provide free of charge camping session to our campers, we ask that you answer the following questions. This information is to be used for our **funding purposes only** and will not determine your child's ability to attend Camp del Corazon.

Family Ethnicity: African-American Asian White Hispanic Middle Eastern
 Pacific-Islander Other American Indian and Alaska Native

Number of People in Household: ____

Range of Family Income:

- \$25,000 and below
- \$25,000 - \$35,000
- \$35,000 - \$50,000
- \$50,000 - \$75,000
- \$75,000 and above

Thank you for your assistance will help us obtain crucial funding to support Camp del Corazon.