



# 2018 Coulee Kids Summer Camp Registration Form

Single Week: \$165

Multiple Weeks/LWC Members/Past Campers: \$155/week

Multiple Campers 2+: \$150/week

Monday-Friday 8:30am-3:30pm

Early Drop Off - Beginning at 7:30am: \$5/child/hour

Because this camp is open to children of ALL abilities we reserve the right to accept or deny applications for safety of staff and campers. **Applications must be submitted to La Crosse Wellness Center by May 1, 2018. Parents will be notified via email within 10 days if their child is accepted.**

- The Camper must meet all of the following general and specific eligibility guidelines.
- Ages 6-16 at camp time, who meet all the following requirements listed within application
- Can be managed socially and behaviorally in a group with a ratio of one staff person to eight campers
- Fully toilet trained and independent in their self-care skills.

Child's Name \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Entering Grade (Fall 2018) \_\_\_\_\_ Child's T-shirt size: YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_  
 Father/Guardian Name \_\_\_\_\_ Mother/Guardian Name \_\_\_\_\_  
 Father/Guardian Phone \_\_\_\_\_ Mother/Guardian Phone \_\_\_\_\_  
 Best E-mail address for receiving Summer Camp Info \_\_\_\_\_

**Emergency Contact Information (other than guardian information above):**

Emergency Contact #1 Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Emergency Contact #2 Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your Family currently receive assistance from the county waiver program? Circle One: Yes No

**Camper Information:**

**In the following sections, please check off any statements that apply. You may check off as many as are needed, unless otherwise specified. Please answer thoroughly; giving examples as needed. Use and attach any additional paper if necessary.**

Has your child ever attended a day camp before? \_\_\_Yes \_\_\_No  
 Does your child get along well with persons his/her age \_\_\_Yes \_\_\_No  
 What is your child's interests? \_\_\_\_\_  
 \_\_\_\_\_

**Activities:**

**Check all that apply:**

- Swims Well
- Will not get into water willingly
- Cannot swim, but will go into water
- Fears Water
- Good fine motor skills
- Poor fine motor skills

Favorite outdoor activities are: \_\_\_\_\_

Favorite indoor activities/games are: \_\_\_\_\_

**Participation Level:**

- Has typical attention span for his/her age
- Is under active (needs motivation to participate)
- Stays with group
- Has a short attention span
- Is overactive
- Tends to wander

Please describe how you manage his/her activity level and you motivate their participation level \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If wanders, what are some way to redirect his/her attention: \_\_\_\_\_

**Mobility**

- Run/Walks independently
- Uses a walker
- Needs assistance walking/running
- Wear AFO's or braces on legs
- Uses a wheelchair
- Other? \_\_\_\_\_

**Communication**

- Verbal
- Non-Verbal
- Sign Language
- Gestures
- Language Device
- Other? \_\_\_\_\_

Does the camper understand/respond to questions?  Yes  No

Can the camper communicate his/her needs and wants?  Yes  No

**Behavior/Social Interaction (Please check all that apply)**

- Outgoing  Happy  Helpful  Shy/withdrawn  Gets upset easily  Eager to learn new things
- Enjoys social gatherings  Needs continuous direction  Verbally aggressive/demanding  Is a leader
- Physically aggressive  Uses appropriate touch Other: \_\_\_\_\_

Please describe any specific ways/tips in handling any behaviors described above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What usually would trigger any challenging behaviors? \_\_\_\_\_

\_\_\_\_\_

**Health Concerns (Please check all current concerns)**

ADHD/ADD  Allergy that requires Epinephrine  Asthma  Autism Spectrum Disorder  Behavior Disorders  
 Cerebral Palsy  Deaf or hard of hearing  Depression  Diabetes or hypoglycemia  Down Syndrome  
 Heart Condition  Mental health condition (anxiety, OCD, etc.)  Seizure disorder  Visual Impairment  
 Other (please specify) \_\_\_\_\_

Please provide additional information on any condition indicated: \_\_\_\_\_

**Medication: Please provide complete information on all medications, including prescription and nonprescription medications, supplements, and homeopathic remedies (please check one of the following)**

Camper takes NO medication  Camper takes daily medications as listed below. Please complete the chart with accurate and current medications, vitamins, and supplements information. If camper cannot adhere to these times, please indicate alternate time and why medication must be given at that time. Please indicate the number of tablets, capsules, amount of liquid, or puffs of inhalers, etc. in the box below the time medicated is to be given. Attach any additional information you feel would be helpful. A healthcare supervisor will review these medications to ensure that we are able to meet the campers medical needs and may have to call to verify or check with information listed.

Medication	Dosage	Reason for Use	Breakfast 8am?	12pm Lunch	Other?

Comments: \_\_\_\_\_

**Nutrition:**

- Can use utensils independently
- Eats well
- Uses special utensils (please label and send with to camp)
- Needs assistance in serving food to self
- Has a poor appetite
- Needs food cut
- Overeats
- Serves food to self
- Needs help eating

Please indicate any special diets, food sensitivities child may have (Gluten free, nut free, dairy, etc.) \_\_\_\_\_

Campers are required to bring own sack lunch and water bottle to camp each day. If you are interested in having lunch provided for your child for an additional \$6 per meal, Cabin Coffee will provide a wrap or sandwich, chips, fruit and drink. Please indicate on registration form if you are interested.

**Please read and sign below:**

To the best of my knowledge, the medical, and behavioral information included is accurate. I hereby authorize employees of Coulee Kids Summer Camp to review this application for the purpose to determine eligibility for camp and to ensure Coulee Kids Summer Camp can meet the applicant's needs in order to provide a safe and successful camp experience. I give permission for my son/daughter to participate in this La Crosse Wellness Center activity. I, the undersigned parent, or legal

guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Wisconsin Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/ her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section Wis. Admin. Code 94.01(22). *By signing this permission form any photographs taken at or during these events are the property of La Crosse Wellness Center and may be used in future publications as deemed appropriate.*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parent or Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DATES	WEEKLY THEMES	-Camp: Monday-Friday 8:30am-3:30pm -Early Drop Off: starting at 7:30am	COSTS \$165/Week \$155/Multiple weeks \$150/Multiple Kids
June 11-15	Fun and Fitness		
June 18-22	Sports Extravaganza		
June 25-29	Amazing Race		
July 9-13	Servant Leadership		
July 16-20	Superhero Adventures		
July 23-27	Nature Unleashed		
July 30-3	Hawiiian Hullabaloo		
August 6-10	Summer Olympics		
Aug. 13 – 17	Water World		
Aug. 20- 24	Mad Science		
	<b>Total # Of Weeks Attending _____</b>	<b>\$_____/week</b>	<b>\$</b>
	<b>Early Drop off @7:30</b>	<b>\$5/per child/hour</b>	<b>\$</b>
	<b>Registration Fee:</b>	<b>\$25.00</b>	<b>\$</b>
	<b>Lunch Plan (\$6/meal – please circle days needed)</b>	<b>M T W TH F</b>	<b>\$</b>
	<b>Pay In Full</b>	<b>Total Owed</b>	<b>\$</b>

**\*Payment Plan Information Form will be emailed when child(ren) have been accepted to Summer Camp. Form will be due back to the La Crosse Wellness Center within 7 days of acceptance to reserve your spot. If you have any questions, please call 608-781-7627. Thank you!**

I, \_\_\_\_\_ understand that all camp registrations are final when camper has been officially accepted. There will be no refunds after this point. I, \_\_\_\_\_ also agree that no refunds will be issued if camper is asked to leave by camp staff.

