

2019 Coulee Kids Summer Camp

Registration Form

Single Week: \$170

Multiple Weeks/LWC Members/Past Campers: \$160/week

Multiple Campers 2+: \$150/week

Monday-Friday 8:30am-3:30pm (Early drop-off & late pick-up is extra)



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, 2019. Families will be notified by May 10th if their child was selected to attend. **The following items are mandatory to qualify for Coulee Kids Summer Camp. Should any of the following guidelines not be true, your camper unfortunately will not be able to attend.** (please reach out if there are questions or if your camper does not meet one of these criteria, but you have a solution!?)

- **The Camper does not need 1:1 support. We are not able to provide services for kids at this level**
- **Ages 5-11 at camp time, who meet all the following requirements listed within application**
 - (Ask about camper assistants for kids older than 11 who may want to be a "helper")
- **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**
- **If your camper meets these guidelines, please proceed with the application, and turn in by May 1st, 2019.**

Child's Name _____ Boy ___ Girl ___ Age _____ Birth Date _____

Entering Grade (Fall 2019) _____ Child's T-shirt size: ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL

Guardian Name _____ Guardian Name _____ Email: _____

Guardian Phone _____ Guardian Phone _____ Email: _____

Emergency Contact Information (other than guardian information above):

Emergency Contact #1 Name _____ Contact Phone _____ Relationship: _____

Emergency Contact #1 Name _____ Contact Phone _____ Relationship: _____

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 ___ Yes, Has attended CKSC before

Does your child get along well with persons his/her age ___ Yes ___ No

Would you say their abilities for their age are typical? ___ Yes ___ No Please Explain: _____

What are 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

- 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 Physically aggressive Is a leader Is moody
- Uses appropriate touch Other: _____
- Behavioral tendencies (Please Explain): _____

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.) _____

Items to Mention:

- Campers are required to bring own sack lunch and water bottle to camp each day, as well as sunscreen/bug spray/meds as needed. We'll have a few backup items in emergency cases.
- We'll always be focusing on servant leadership even during our other themed weeks. This will be tied in to as many lessons as possible!
- Campers older than 11 are possibly eligible to apply for a "camp assistant" role. This would require that kiddo to be a sort of staff helper and would have a reduced camp rate by 50%. Due to the nature of this role, we have the right to refuse the camp assistant at any point if they are not fulfilling guidelines.
- We'll be very active and will venture off-site regularly! If this doesn't sound like a scenario your camper will thrive in, please do not proceed.
- This form is considered an application. You'll receive notice from camp staff if your campers' application was accepted or denied.
- We unfortunately are not able to accept campers with needs higher than a 2:5 ratio (2 staff per 5 campers). If you camper has higher needs than this and you're able to provide qualified support staff, please let us know and we'll assess the scenario!
- We're open to suggestions! Please reach out with questions & comments

Please read and sign Waiver Statement 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: _____

Weekly Camp Preference:

Childs Name: _____
 Address: _____ Guardian Name: _____
 Email: _____ Phone Number: _____

*No camp offered the week of July 1st - 5th

**Early drop-off begins at 7:30am daily and late pick-up runs from 3:30pm-5:30pm. Pricing per child each day is \$5/hour/kid. An additional waiver, Alternate pick-up form and registration must be completed for your camper to be included. There will be a limited amount of spaces available!

DATES	WEEKLY THEMES <i>(Please indicate in the next column which weeks you're registering for)</i>	CAMP Monday-Friday 8:30am-3:30pm	Early Drop-off or Late Pick-up \$5/hour/kid each time Must register to utilize	COSTS \$170/Week \$160/Multiple weeks \$150/Multiple Kids
June 10-24	Aloha Summer			
June 17-21	Sports Extravaganza			
June 24-28	Amazing Nature			
July 8-12	Servant Leadership			
July 15-19	Around the World			
July 22-26	Challenge Week			
July 29-Aug 9	Best of the Best			
August 5-9	Summer Olympics			
August 12-16	Creative Campers			
August 19-23	Where the Wild Things Are			
Total # Of Weeks Attending _____		\$ _____/week + Early/Late	\$	\$
Registration Fee: \$25.00/child			\$	\$
I'd like to make a donation to help another family with camp or support staff costs			____ Yes ____ No Thanks	\$
Grand Total:				

Below area is for CKSC Staff Use Only **Early/Late Total:** **Camp Total:**

Payment Method: ___ Cash ___ Check # _____ ___ CC: _____ Exp: _____	Total Owed	\$	
	Payments received:	\$	\$
	Payment Notes:		

