



Christmount

222 Fern Way, Black Mountain, NC 28711
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Please attach a current picture of your camper.

Camp Lakey Gap 2011 Application and Camper Information Form

Camper Requirements

- A diagnosis of autism spectrum disorder or a related communication disorder
- Manageable behaviors and health care needs, to the level of the staffs training
- Guardians must either live, be vacationing, or have an emergency contact within an 8 hour driving distance of Black Mountain, North Carolina

Application Steps

- Fill out this packet and mail to the address above. Campers will be accepted on a rolling admission, so the sooner the better!
- You will then receive a letter and/or email stating that your camper was accepted and what week they will attend
- Next you will send a deposit of \$200 with the permission forms, medical form, and teacher form
- Last you will receive a camper handbook about a month before camp starts

Payment Information

- The cost to attend one week of camp is \$1500
- A \$200 deposit is required upon acceptance to the program
- Payment options, including paying in full and installment options, may be arranged with Elsa Berndt. Payment is due in full when you bring your camper to the first day of camp.
- **Financial Assistance** at this time is pending our fundraising efforts in progress. Scholarship availability will be announced via email and on our website as it becomes available. You can download the scholarship application on our website, www.christmount.org/camplakeygap

Special Situations

- If you have more than one child who is going to attend Camp Lakey Gap your first child's fee will be \$1500, and each additional child will be \$1400
- If you are interested in Day Camp options please make a note of that at the top of the form, the fee is \$1400

2011 Registration Timeline *(Mark your calendar!)*

Camper Application postmarked by	First come first serve
Assignments, camper forms, payment plan mailed from Christmount	Rolling as accepted
All camper forms mailed to Christmount	One month before your camper arrives
Final mailing from Christmount (camper handbook, directions, what to bring)	May 13 th
Deadline for all payments	Registration day for your camper

Camp Contact
Elsa Berndt, Camp Lakey Gap Director, 828-669-8977, elsa.berndt@yahoo.com

Keep this page for your records and mail us the following pages.

Camper Name _____

App # _____

Date _____

Scholarship

Request Y / N

Choose your camper's top three weeks by putting 1, 2, and 3, in the left column

Top 3 Weeks	Week	Date	Ages
	1	June 12 – June 17	8-13 years of age
	2	June 19 – June 24	11-17 years of age
	3	June 26 – July 1	*HF children 4-10 years of age
	4	July 3 – July 8	8-13 years of age
	5	July 10 – July 15	Adults 18 & up
	6	July 17 – July 22	4-10 years of age
	7	July 24 – July 29	*HF Adolescents 11-17 years of age

***Requirements for the *** weeks**

- Language should be easy to understand and appropriate to age level
- Should not engage in disruptive behavior
- Should be able to be paired with another camper (1:2)
- Able to participate in group activities that require conversation skills, and follow verbal directions
- Adolescents (age 11-17) should be independent in all daily living skills (toileting, bathing, dressing)

Please check your preferences below

- You may assign my camper to any week that is available
- Only assign my camper to the weeks I selected because: _____
- If possible put my camper in the same week with: _____
- How did you find out about Camp Lakey Gap? _____

Behavior Plans

Camp Lakey Gap asks that if you camper has a behavior plan in place, to please send it with this application. Please do not send an IEP. After the plan is reviewed Camp Lakey Gap may deny admission to campers that we feel has needs that we can not fulfill according to our policies procedures, and level of our staff's training.

Please check one

- I included a current behavior plan
- My camper does not have a behavior plan

Unique health care needs

- Yes _____
- No

Privacy Christmount's Summer Camp Program is committed to protecting the privacy of you/your child's personal and medical information in accordance with our privacy policy.

I acknowledge that I have been informed of this.

Signature of Parent/Legal Guardian: _____ Date: _____

Camper Information Form

To be filled out by the parent or guardian

Camper's Full Name _____

Name You Call Your Camper _____ Date of Birth _____

Age on 6/12/11 _____ Sex: Male ___ Female ___ Height _____ Weight _____

Parents'/Guardians' Name _____

Address _____

City _____ County _____ State _____ Zip _____

Mother's Home (____) _____ Work (____) _____ Cell (____) _____

Mother's Email Address _____

Father's Home (____) _____ Work (____) _____ Cell (____) _____

Father's Email Address _____

Camp Lakey Gap requires that if you don't live within an 8 hour driving distance, that you will be vacationing, or provide an emergency contact person within an 8 hour driving distance of Black Mountain. Check the option that applies:

Live in 8 hr. distance Vacationing in 8 hr. distance Emergency contact in 8 hr. distance

Emergency Contact's Name _____

Address _____ City _____ State _____ Zip _____

Emergency Home (____) _____ Work (____) _____ Cell (____) _____

Relationship to the camper _____

If your camper does NOT live with the person(s) listed above, please complete:

Name of Program, if any _____

Name of Staff Contact _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Email _____

If your camper currently attends a school, day program, or other program provide its information:

Name of Program _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Email _____

Camper's Main Diagnosis

- Autism Spectrum Disorder
- Asperger's Syndrome
- Communication Disorder
- Other _____

Additional Conditions

- Mental Retardation
- Visual Impairment
- Hearing Impairment
- Cerebral Palsy
- Seizure Disorder
 - Currently managed with medications
 - Past history with no current seizures
- Other _____

Describe checked conditions _____

Is this your camper's first year attending an overnight summer camp?

- Yes
- No

What camp program have they attended, and how did it go? _____

Level of supervision (Remember that camp is a new situation with new people)

Check only one:

<input type="checkbox"/>	Functions independently in most settings
<input type="checkbox"/>	Will be able to function in a situation with one counselor supervising two campers
<input type="checkbox"/>	Needs one-to-one supervision throughout the day
<input type="checkbox"/>	Needs more than one staff with him/her throughout the day or when agitated

Male/Female Counselor Preference

- Will interact best with a male counselor. (Male campers will have both male and female counselors)

Why: _____

- Will interact best with a female counselor. (All female campers will have female counselors)

Why: _____

- Will do fine with either a male or female counselor.

We use visual schedules with our campers daily. Even if your camper doesn't use these at home, they can be helpful in the new environment. Which type of schedule would work best with your camper?

A:

- Written
- Line Drawing
- Photograph
- Object

B:

- Full day
- 1/2 day
- 2-3 Events at a time
- 1 Event at a time

Additional Information: _____

Communication (check all that apply)

How does your camper communicate with you? Please describe all checked skills		
<input type="checkbox"/>	Complete sentences	
<input type="checkbox"/>	Short phrases	
<input type="checkbox"/>	One word	
<input type="checkbox"/>	Sounds	
<input type="checkbox"/>	Sign language	
<input type="checkbox"/>	Gestures, points	
<input type="checkbox"/>	Objects	
<input type="checkbox"/>	Takes you to things	
<input type="checkbox"/>	Pictures	
<input type="checkbox"/>	Word cards	
<input type="checkbox"/>	Special communication system	
<input type="checkbox"/>	Writes to communicate	
Additional Information:		

How do you communicate with your camper? Please describe all checked skills		
<input type="checkbox"/>	Complete sentences	
<input type="checkbox"/>	Short phrases	
<input type="checkbox"/>	One word	
<input type="checkbox"/>	Writing	
<input type="checkbox"/>	Sign language	
<input type="checkbox"/>	Gestures, points	
<input type="checkbox"/>	Objects	
<input type="checkbox"/>	Pictures	
Additional Information:		

Can your camper read?			
Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	One word	
<input type="checkbox"/>	<input type="checkbox"/>	Phrases	
<input type="checkbox"/>	<input type="checkbox"/>	Sentences	

Can your camper communicate these needs?			
Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	Ask for help	
<input type="checkbox"/>	<input type="checkbox"/>	Communicate illness or pain	
<input type="checkbox"/>	<input type="checkbox"/>	Communicate dislike	

Self-help skills

Mealtimes

- uses utensils
- drinks from a cup
- chews and swallows easily
- disruptive table manners (i.e., throws or grabs food, describe below)
- poor appetite
- excessive appetite
- would eat better in a separate dining area away from the large group

Favorite foods and drinks _____

Any foods camper will not eat or foods you prefer your camper not eat _____

Allergies and special dietary needs (no sugar, only 1 serving, GF/CF etc.) _____

Additional information: _____

Toileting

- toilet-trained
- partially toilet-trained, needs reminders
- some assistance needed using the toilet
- uses too much toilet paper, may clog the toilet
- complete assistance needed in the restroom
- not toilet-trained (wears pull-ups/briefs)

How often do you take your camper to the restroom? _____

How does your camper let you know that they need to go to the restroom? _____

If your camper is not toilet-trained at night, how do you help them (wears pull-ups, wake throughout night, etc.)

Additional Information: _____

Showering

- takes showers independently
- resists showering
- needs assistance showering
- needs assistance washing hair
- needs assistance drying hair

Describe camper's usual showering routine or any assistance needed: _____

Grooming

- independent with grooming
- assistance brushing teeth
- assistance combing/brushing hair
- assistance shaving
- assistance with feminine hygiene

Additional Information: _____

Clothing

- dresses independently
- help needed with: _____ shirt, _____ pants, _____ socks, _____ underwear
- can fasten: _____ buttons, _____ snaps, _____ zippers
- can: _____ put on shoes, _____ tie shoelaces
- undresses independently
- assistance needed with undressing

Additional Information: _____

Bedtime (Camper rooms have 4-6 campers, sharing 4 bunk beds)

- goes to sleep easily
- sleeps until morning
- wakes up throughout the night
- gets out of bed throughout the night
- night light needed
- noisy at night
- take to the restroom at night, how often _____

If your camper wets the bed during the night, what do you do? _____

Describe the normal bedtime routine: _____

Behaviors

Behavior	Never	Seldom	Often	Comments (<i>describe all checked seldom or often</i>)
Injures self (i.e., bite, hit)				
Bangs head				
Injures others (bite, hit)				
Grabs others				
Throws things				
Runs away				
Inappropriate language				
Spits on others				
Strips own clothing				
Exposes self in public				
Masturbates inappropriately				

Reinforcement

Would you like us to use any form of reinforcement at camp? If so, what would work best for your camper?

- Edibles (food or drink)
- Tokens
- Music
- Stickers
- Particular object
- Preferred activity

How should we use them?

Sensory Responses

Stimulus	Over reacts	Under reacts	Comments
Visual stimulation			
Sunlight			
Lights			
Sounds			
Voices			
Thunderstorms			
Animals			
Heat			
Touch			
Pain			
Other sensitivities, comments:			

Emotional Responses

- prefers to be by self
- clings to other people
- dislikes being touched
- routine changes are upsetting
- cries for no apparent reason
- laughs for no apparent reason
- excessive noise is agitating

What upsets your camper? _____

What can we do to calm your camper? _____

Routines

Does your camper have any specific routines that we will need to be aware of at camp? If so please describe.

Social Interaction

How does your camper respond to new social situations with similar aged peers? Please describe.

Swimming

- I don't know my camper's swimming capabilities
- swims well
- cannot swim, must remain in the shallow end of the pool
- fears water/will not get in the water
- drinks pool water
- has bowel movements in the pool
- needs to wear a lifejacket in the pool (if camper has a history of seizures, lifejacket required by camp)
- sensitive skin

Indoor Activities

What does your camper enjoy while inside?

- | | |
|--|--|
| <input type="checkbox"/> books | <input type="checkbox"/> puzzles |
| <input type="checkbox"/> magazines | <input type="checkbox"/> watching videos |
| <input type="checkbox"/> drawing | <input type="checkbox"/> word searches |
| <input type="checkbox"/> painting | <input type="checkbox"/> writing letters |
| <input type="checkbox"/> crafts | <input type="checkbox"/> board games _____ |
| <input type="checkbox"/> crosswords | <input type="checkbox"/> card games _____ |
| <input type="checkbox"/> music | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> musical instruments | |

What kind of school-related skills would you like to see your camper strengthen while at camp? Keep in mind that at camp we are not trying to frustrate them with difficult school work, but maintain skills that they have.

Outdoor Activities

Check activities that your camper will enjoy and mark activities that you would like your camper to try.

- | | |
|---|---|
| <input type="checkbox"/> ball sort | <input type="checkbox"/> trampoline |
| <input type="checkbox"/> ball toss | <input type="checkbox"/> walking |
| <input type="checkbox"/> basketball | <input type="checkbox"/> yoga |
| <input type="checkbox"/> soccer | <input type="checkbox"/> Duck-Duck Goose |
| <input type="checkbox"/> volleyball | <input type="checkbox"/> kickball |
| <input type="checkbox"/> t-ball | <input type="checkbox"/> Musical Chairs |
| <input type="checkbox"/> bowling | <input type="checkbox"/> parachute games |
| <input type="checkbox"/> kicking a ball | <input type="checkbox"/> relay races |
| <input type="checkbox"/> slip & slide | <input type="checkbox"/> aerobics |
| <input type="checkbox"/> swimming - free play | <input type="checkbox"/> canoeing |
| <input type="checkbox"/> water balloon toss | <input type="checkbox"/> building things |
| <input type="checkbox"/> water relays | <input type="checkbox"/> dancing |
| <input type="checkbox"/> golf cart rides | <input type="checkbox"/> bean bag toss |
| <input type="checkbox"/> scooter rides | <input type="checkbox"/> swinging |
| <input type="checkbox"/> wheelbarrow rides | <input type="checkbox"/> Frisbee |
| <input type="checkbox"/> bubbles | <input type="checkbox"/> scooters |
| <input type="checkbox"/> sensory activities (lights, textures, etc) | <input type="checkbox"/> horseshoes/ring toss |
| <input type="checkbox"/> balance activities (beam or balls) | <input type="checkbox"/> hopscotch |
| <input type="checkbox"/> hikes in woods | <input type="checkbox"/> playground |
| <input type="checkbox"/> creek play | <input type="checkbox"/> putt-putt |
| <input type="checkbox"/> canoeing | <input type="checkbox"/> singing |
| <input type="checkbox"/> stretching | |

What else does your camper enjoy doing outside: _____

Activity level

- typical attention span and level of activity for age
- short attention span
- needs motivation to participate
- overactive
- distracted by surroundings

Please describe any of the checked options: _____

Medical concerns

Describe health problems the camper has: _____

List any allergies the camper has: _____

Medical Reminders

1. Have the medical form **REVIEWED AND SIGNED** by camper's attending medical professional
2. Prescription and over-the-counter medications must be in their **ORIGINAL CONTAINERS**
3. Prescription and over-the-counter medication's **CONTAINERS MUST MATCH WHAT IS ON FORM**
4. If there are changes to medications after you have submitted the form, you must **HAVE A DOCTOR'S NOTE SENT TO CAMP IF THERE ARE ANY CHANGES TO THE DOSAGES.**

Miscellaneous

Camper's interests: _____

Camper's favorite activities: _____

Camper's strengths: _____

What about your camper makes you smile: _____

Goals for your camper while at camp: _____

You may attach additional paper to describe more aspects of your camper, this is always appreciated!

Return this form to:
Christmount Assembly
Camp Lakey Gap
222 Fern Way
Black Mountain, NC
28711
fax: 828-669-6301