# CAMP APPLICATION

Mail to:
CAMP LITTLE GIANT  
SIUC Mailcode 6888  
Carbondale, IL 62901

Phone: (618) 453-1121 Ext. 231  
Fax: (618) 453-1188  
e-mail: tonec@siu.edu  
www.ton.siu.edu

For internet directions to camp:  
Touch of Nature - 1206 Touch of Nature Rd. - Makanda, IL 62958

<table>
<thead>
<tr>
<th>Date</th>
<th>T-shirt size: Youth/Adult (circle size); S – M – L – XL - XXL (circle size)</th>
</tr>
</thead>
</table>

## 1. Camper’s Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Nickname</th>
</tr>
</thead>
</table>

Address __________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone Number: ( ) _______________ Date of Birth: _____ Sex: M ___ F ___ Weight: _____ Height: _____ Age: _____

County of Residence: _______________ Name of Residential Living Facility: ________________________________

Name of school district (if applicable): ____________________________________________________________

## 2. Party Responsible for Fee Payment:

- camper______
- parent/guardian______
- other_______

Name: ___________________________________________ e-mail: ________________________________

Address: ___________________________________________ Street: _____________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone number: ( ) ___________________________ Cell: ( ) ___________________________

## 3. Person(s) in charge of correspondence:

Name: ___________________________________________ e-mail: ________________________________

Address: ___________________________________________ Street: _____________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone number: ( ) ___________________________ Cell: ( ) ___________________________

## 4. Parent/Guardian

Name: ___________________________________________ e-mail: ________________________________

Address: ___________________________________________ Street: _____________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone number: ( ) ___________________________ Cell: ( ) ___________________________

Where they can be reached during the camp session (i.e. work or cell ph. #, vacation ph. #, etc.):
5. If parent/guardian not available in an emergency, notify:
Name_______________________ Relationship ______________________ Telephone____________________
Address__________________________________________________________ Street
City State Zip

6. Camp Session applying for: 1st Choice: Session name & dates: ________________________________
   2nd Choice: Session name & dates: ________________________________
Does the camper wish to be in the same cabin with a friend?   Yes_____ No_____
   Friend’s Name_________________________________________________
Has camper attended a camp before? Yes__ No__ Camp Name(s) __________________________

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CAMPER/PARENT/GUARDIAN SIGNATURE ________________________________ DATE_______

A $100 nonrefundable deposit is required with this application and must be received at least 2 weeks prior to
the start of camp. This deposit will be applied towards the camper fee.
7. CAMPER ASSESSMENT/DISABILITY INFORMATION. PLEASE CHECK ALL THAT APPLY

Prior to a camper being accepted, the following information is required so we can determine if the camper is best served in residential or day camp and to help us with cabin assignments and to provide the best possible care for the camper. **Please be as accurate and complete as possible with this information.** You may attach additional pages if needed.

**Developmental and Cognitive Disability** (Yes_____ or No_____)  
- __Autism Spectrum Disorder__  
- __Intellectual Disability__  
- __Down Syndrome__  
- __Learning Disability__  
- __Attention Deficit Hyperactivity Disorder__  
- __Dyslexia__  
- __Tourette’s Disorder__  
- __Other__________

Please describe severity of condition:

**Mental Disability** (Yes_____ or No_____)  
- __Obsessive Compulsive Disorder__  
- __Anxiety Disorder__  
- __Bipolar Disorder__  
- __Traumatic Brain Injury__  
- __Dementia__  
- __Schizophrenia__  
- __Depression__  
- __Phobia’s - Please explain__________
- __Other- Please explain_____________________

**Physical Disabilities** (Yes_____ or No_____)  
- __Visual Impairment. Specify:__________________________
- __Hearing Impairment. Specify:________________________
- __Mobility Impairment. Specify:__________________________
- __Arthritis__  
- __Cerebral Palsy__  
- __Multiple Sclerosis__  
- __Muscular Dystrophy__  
- __Paralysis__  
- __Spina Bifida__  
- __Other- please explain:_____________________________

**Chronic Illnesses** (Yes_____ or No_____)  
- __Asthma__  
- __Cancer__  
- __Chronic Fatigue Syndrome__  
- __Diabetes/Type__  
- __Hypoglycemia__  
- __HIV AIDS__  
- __Renal Failure__  
- __Tuberculosis (TB)__  
- __Other- please explain________________________

Please provide specific and detailed information on the type of disability checked as it relates to camper and include level of functioning. Attach additional page if needed. ____________________________________________

8. COMMUNICATION

- ___ Camper Speaks Fluently ___ Understands Speech ___ Reads ___ Writes ___ Gestures ___ Understands Simple Directions ___ Understands Sign Language ___ Uses Sign Language ___ Uses Communication Board (must accompany camper) ___ Uses Other Electronic Communication Devices (BRING AT DISCRETION)

Additional information. ____________________________________________

9. VOCABULARY  

1-10 words_____  10-50 words_____  50-100+ words_____  

Comments on communication ability and suggestions for effective communication: ____________________________________________
10. **PERSONALITY/BEHAVIOR** (Important information. Attach additional page if needed)
Please describe the camper’s general moods and behaviors (i.e. happy, cautious, shy, fearful, etc.):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. As a parent or guardian, what are your most immediate concerns about the camper’s experience attending camp?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. The camper will be involved in small and large groups while at camp. Please list any comments, concerns, or suggestions as to the camper’s ability to function in this setting:
________________________________________________________________________
________________________________________________________________________

13. Please describe specific methods that have been successful in dealing with the camper's behavior problems, if any:
________________________________________________________________________
________________________________________________________________________

14. What does the camper especially enjoy that can be used to reinforce good behavior?
________________________________________________________________________
________________________________________________________________________

15. **SLEEP** (check all that apply)
___ Average number of hours of sleep per night
___ normally sleeps through the night without trouble
___ Camper sleeps better with night light (Please provide night light)
___ Uses medication to help sleep
___ Camper needs rest periods.
___ Other concerns (any sleepwalking or confusion at night)

16. **MOBILITY** (check all that apply)
___ Fully Ambulatory
___ Independent with some balance/coordination problems, tires easily
___ can walk, but uses assistive devices. Specify: ______________________________
___ Walks, but may need wheelchair for hills/long distances
___ Wheelchair for all mobility needs, transfers independently
___ Wheelchair for all mobility needs; needs assistance with transfer
___ Wheelchair for all mobility needs; needs assistance to propel

Type of Wheelchair: Manual_____ Electric_____ Scooter_____  
Please comment on wheelchair, transferring, or mobility assistance and/or procedures: ____________________________________________________________

The Camper’s Walker or Wheelchair (With Battery charger) must accompany The Camper. Camp Does Not Provide Assistive Devices.
17. SAFETY (Check all that apply)
Falls easily__  Wanders__  Self-injurious__  History of physical aggression? ____ (Please explain below)
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
Other safety concerns: __________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

18. DRESSING SKILLS
___ Dresses independently.  ___ Needs minimum assistance.  ___ Needs moderate assistance.  ___ Needs total assistance
___ Independent, but needs verbal prompts.  Comments: __________________________________________________________________________________________
_______________________________________________________________________________________________

19. TOILETING SKILLS (Check all that apply)
___ Continent
___ Needs assistance. Specify: ____________________________________________________________________
___ Needs assistance with transfers. Specify: __________________________________________________________
___ Incontinent occasionally. Specify: ________________________________________________________________
___ Incontinent
*Can the camper indicate if assistance is needed with toileting or hygiene practices? (Yes___ or No___)
*Does the camper wear incontinence pads? (Yes___ or No___) (If Yes, Bring Enough To Last Entire Session.)
*Does camper need to be awakened during the night to void? (Yes___ or No___)
___ Catheter
___ Bowel Program (Explain) _________________________________________________________________
Other Comments: ______________________________________________________________________
_______________________________________________________________________________________________

20. SHOWERING SKILLS
___ Showers independently
___ Independent, but needs verbal prompts
___ needs some assistance,
___ requires maximum assistance
___ Uses shower chair (you may bring or use the ones at camp)
Comments: __________________________________________________________________________
_______________________________________________________________________________________________

21. ORAL HYGIENE SKILLS
Does the camper wear dentures? (Yes_____ or No______)
___ Brushes independently
___ Independent, but needs verbal prompts
___ requires maximum assistance Specify:
Comments: __________________________________________________________________________
_______________________________________________________________________________________________
22. FEMININE HYGIENE (Bring feminine hygiene napkins to meet needs for the entire session.)

___ Provides self-care independently  ___ Needs some assistance  ____ Needs total assistance

Special considerations: ___________________________________________________________

23. MEALTIME SKILLS (Check all that apply)

Is the Camper on a SPECIAL DIET or nutritional supplement? (Yes____ or No____)
If yes, please describe below (i.e., pureed, mechanical soft, etc.) Supplement must be sent.

___ feeds self independently
___ Independent, but needs prompt.
___ needs some assistance,
___ needs maximum assistance with meals

Specify: ________________________________________________________________

*Does the camper use any special utensils? (Yes___ or No__). If yes, please describe: ______________________________________

Be Sure to Send any Special Utensils along with the Camper. All utensils must be marked with Camper’s Name.

Are there any mealtime techniques or preparations you use to assist the camper? (Yes__ or No__) Specify: ________________________________________________________________

Can the camper tell us if he/she is hungry or thirsty? (Yes__ or No__) Size of appetite: Lrg___ Med___ Sml___

List Food Allergies/ concerns with appetite: _____________________________________________________________

24. ACTIVITIES-Campers will be involved in many different types of activities while at Camp. Please check favorite areas.

___ Swimming  ___ Dance  ___ Games  ___ Arts/Crafts  ___ Boating  ___ Campfires
___ Sports  ___ Hayride  ___ Singing  ___ Music  ___ Hiking  ___ Nature Study
___ Drama  ___ Fishing  ___ Special Events  ___ Horseback Riding

Swimming Ability/Experience: No Swim Skills___ Beginner___ Intermediate___ Advanced___

Are there specific activities camper wants to try? ____________________________________________

Are there activities that camper DOES NOT want to try? ________________________________

Please describe the best way to get the camper involved in an activity: ______________________________

Other Comments: ________________________________________________________________