

Wonderland Camp
Camper Application

Office use only

Name _____

Deposit _____

APPLICATIONS ARE DUE BY MAY 1, 2010. No reservations without application. Please return the application to the following address:

Wonderland Camp
18591 Miller Circle
Rocky Mount, MO 65072

I have included the following:

_____ Deposit _____ Current photograph
_____ Physical _____ Immunization

PLEASE NOTE: ALL APPLICATIONS MUST BE RECEIVED AT CAMP PRIOR TO CAMPER ATTENDING. THEY WILL NOT BE ACCEPTED AT CHECK IN AND CAMPER WILL NOT BE ALLOWED TO STAY.

Cost: \$500.00 per week per camper. A non-refundable deposit of \$250.00 is required for reservation for the camper. The remaining \$250.00 will be due upon the arrival of the camper at Wonderland Camp. Transportation is not furnished by Wonderland Camp, nor can we give out names and addresses of campers. You must make your own arrangements.

If you will be receiving funding from other sources, please complete the following information:

Name of organization and person, address & phone number who will be providing funding (*INCLUDING JAYCEES*). *IT IS NECESSARY WE HAVE THIS INFORMATION . FUNDING OR LETTER ADVISING OF FUNDING FORM FROM THESE SOURCES MUST BE IN PRIOR TO CAMP ATTENDANCE, OTHERWISE CAMPER WILL NOT BE ACCEPTED UPON ARRIVAL. **IF PAYMENT IS NOT RECEIVED FROM WHOMEVER YOU DESIGNATE, THE GUARDIAN OR CAMPER IS RESPONSIBLE FOR PAYMENT.***

Phone: _____

Photo: Please include with this application a current photograph of the camper. The photograph will not be returned.

Physical: A current physical and immunizations must be included with the camper application. The physical must be dated within the year that the camper will be attending camp. A physical form is enclosed for your convenience or we will accept a school physical or a special olympics physical.

Health Information Privacy Protection Act: A copy of the HIPPA Act is enclosed, along with an acknowledgement of receipt of this form. Please fill out the acknowledgement and return to Wonderland Camp with your camper application. We must have this on file.

2010 Camping Sessions: Please indicate first and second choices. Applications will be processed on a first come first serve basis.

| | |
|---|-----------------------------|
| _____ May 23 – May 28 (open to all ages) | Theme: It's Your Birthday |
| _____ May 30 – June 4 (open to all ages) | Theme: Fiesta |
| _____ June 6- June 11 (open to all ages) | Theme: Pirates of the Sea |
| _____ June 13 – June 18 (PRADER WILLI ONLY) | Theme: Tropical Luau |
| _____ June 20 – June 25 (open to all ages) | Theme: Mardi Gras |
| _____ June 27 - July 2 (open to all ages) | Theme: Under the Big Top |
| _____ July 5 – July 9 (kids week – 6 to 16) This starts on Monday | Theme: Festival of Holidays |
| _____ July 11 – July16 (open to all ages) | Theme: Start your Engines |
| _____ July 18 - July 23 (All Ages – INCLUDING PRADER WILLI) | Theme: Wonderland Corral |
| _____ July 25 – July 30 (open to all ages) | Theme: Under the Sea |
| _____ August 1- August 6 (open to all ages) | Theme: Invasion from Mars |
| _____ August 8 – August 13 (open to all ages) (LIMITED SPACE) | Theme: Wonderland All Stars |

Name: _____ Nickname: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____ Phone(area code _____) _____

Birthdate: _____ Social Security # _____ Age: _____ Sex: _____ Race: _____

Name of Person Completing Application: _____ Relationship to Camper: _____

Group Home: _____ Phone: _____

In case of Emergency: (Name of individual who will be available during camper's stay at camp)

Name: _____ Phone: _____

Insurance: (Please send a copy of the camper's insurance card)

Name of insurance: _____

Physician: _____ Phone of Physician: _____

Please list all Disabilities, Serious Illness or Limitations:

1. _____ 2. _____
3. _____ 4. _____

The following information will help the staff care for the camper:

- | | | | |
|--|---------------------------------|-----------------------|-------------------------------|
| Does the camper use a wheelchair? | yes or no | Is the wheelchair? | manual or electric |
| Does the camper need assistance with walking? | yes or no | cane(s) crutch(s) | other _____ |
| Does the camper have hearing problems? | yes or no | Wears hearing aids? | yes or no |
| Does the camper have trouble with speech? | yes or no | Uses sign language? | yes or no |
| Does the camper follow directions well? | yes or no | Needs verbal prompts? | yes or no |
| Does the camper need help with restroom? | yes or no | Wears Attends? | no all the time at night only |
| Does the camper need help with bathing? | yes or no | Total assistance? | yes or no |
| Does the camper need to be catheterized? | yes or no | Does it themselves? | yes or no |
| Does the camper need partial or total help eating? | no help some help total | Cutting up food? | yes or no |
| Does the camper wear dentures? | yes or no | | |
| Does the camper use ear plugs? | yes or no (please send to camp) | Nose plugs? | yes or no |
| Does the camper wear glasses? | Yes or no | Contacts? | yes or no |
| Does the camper have behavior problems? | yes or no (please explain) | | |
| Does the camper use special adaptive equipment? | yes or no | Describe: | _____ |

CAMPER NAME: _____

Any additional comments to help the staff: _____

Medications:

1. All medications being sent to camp must be in their original containers and labeled with the prescription. ***NO WEEKLY PLANNERS.***
2. With camper confirmation letter, a Medication Packing Slip will be enclosed. Please bring this to camp, filled out completely along with medication.
3. The medical staff will always attempt to contact the guardian before giving medications for illness.
4. Listed below are the "Over the Counter Medications" that are used at camp for minor illnesses. If you do not approve of these medications, please send other medications with camper.
 1. Headache or Fever-----Tylenol - yes no Ibuprofen - yes no
 2. Cold Symptoms-----Benadryl yes no Robitussin – yes - no
 3. Stomachache/Nausea/Diarrhea-----Pepto Bismol yes no

Medical Information: Please complete the following information:

Allergies: List all allergies, including food, medications, animals, etc.

Camper's Weight: _____ Height: _____

Routine medication times at camp are as follows: 8am 12noon 5pm 8pm Are these times acceptable? yes or no

Blood Sugar: Is the camper a diabetic? yes or no How often does the blood sugar need to be taken? _____ Average _____

Blood Pressure: Does the camper have high blood pressure? yes or no Camper on medication for blood pressure? yes or no

Heart Disease: Does the camper have a present or history of heart disease? yes or no If yes, explain _____

Seizures: Does the camper have present or a history of seizures? yes or no Type of seizure: _____ How often? _____

Description of Seizure: _____

Description of behavior after a seizure:

Last seizure: _____ Length of seizure: _____

Camper last tetanus vaccination? _____

Additional medical concerns: _____

Special Dietary Needs (describe) _____

Thank You for choosing Wonderland Camp. After your application is received at Wonderland Camp you will receive notice about the week your camper will be attending, along with a list of items needed for camp and a map. Wonderland Camp is not responsible for lost or stolen articles.

Permission form for Camper: (Please sign this section)

Camper Name: _____

This information presented in this application is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities, except as specified on this application by me. In the event of an emergency, Wonderland Camp's Director has my permission to seek emergency medical treatment for the described camper on this application. This is to include hospitalization, emergency surgery, anesthesia or any other medical treatment deemed necessary by the emergency physician. This consent will only be used if Wonderland Camp is unable to contact the legal guardian in an emergency situation.

Please note that if the camper is his/her own guardian they must sign for themselves.

Signature: _____ **Relationship:** _____

Print name of legal guardian: _____ **Date:** _____

General Permission form: (Please sign this section)

Camper Name: _____

Wonderland Camp has my permission to photograph and videotape my camper (myself) during my stay at Wonderland Camp. This does also include the cabin pictures taken with my cabin friends and given upon departure from camp. *((due to changes in HIPPA laws, campers are not allowed to bring cameras to take pictures))*. I understand the photographs and videotapes are for promotional purposes only. All campers will be given memory DVDs at the end of the week.

(If the camper is their own legal guardian they must sign for themselves)

Signature: _____ **Relationship:** _____

Print name of legal guardian: _____ **Date:** _____

**Wonderland Camp
18591 Miller Circle
Rocky Mt., MO 65072**