



Fall-Winter-Spring Shepherds Camp 2018-2019 Registration Form

Camper _____ Age _____ M F DOB ___/___/___
 Address _____ Phone () _____ - _____
 City _____ State _____ Zip _____ County _____

Adult T- Shirt Size: (Circle One) 3XL XXL XL L M S Nickname _____

Has the camper attended Arrowhead before? Yes No Last year attended: 2018 _____
If camper attended Summer 2018 (and information has not changed) – Only page 1 of this form is required.

Care Provider _____
 Home Phone () _____ - _____ Cell Phone () _____ - _____
 Address _____ City _____ State _____ Zip _____
 Care Provider E-mail address _____
 Relationship to Camper: (FCP, parent, sibling, House Manager, etc.) _____

Please Check Session(s) Desired:

1 Week Sessions	\$520 / person	2 Week Sessions	\$1,045 / person
Check-In: 10am	Check-out: 1pm	Check-In: 2pm	Check-out: 10am
<input type="checkbox"/> Wednesday October 24 th – Sunday October 28 th	<input type="checkbox"/> Sunday September 16 th - Friday September 28 th	<input type="checkbox"/> Monday October 29 th – Friday November 2 nd	<input type="checkbox"/> Monday November 26 th - Saturday December 8 th
<input type="checkbox"/> Tuesday November 6 th - Saturday November 10 th	<input type="checkbox"/> Monday March 25 th - Saturday April 6 th	<input type="checkbox"/> Monday March 18 th – Friday March 22 nd	
<i>Registration Fee: \$100.00 (non-refundable)</i>	<i>Registration Fee: \$100.00 (non-refundable)</i>	<i>Remaining Balance: \$420.00</i>	<i>Remaining Balance: \$945.00</i>
Due 1 month before selected camp session	Due 1 month before selected camp session		

1 : 1 Care **+\$520 / person / week**

[all sessions listed above are open to campers who require individualized care]

To register for 1:1 care, select desired session dates above and select the box requiring 1:1 care below

Camper requires 1:1 care

Please contact the main office today for information on Camper Scholarships!

Make check or money order payable to: Arrowhead Bible Camp
 Mail to: Shepherds Camp, Arrowhead Bible Camp, 122 Arrowhead Cottage Rd., Brackney, PA 18812
 Questions? Call - (570) 663-2419 Fax- (570) 663-2903 bk.arrowhead@gmail.com www.shepherdscamp.org

Office Use Only

Rec'd: _____ M1: ___ M2: ___ PRN: ___ MA: ___ Amount: _____ Check #: _____ E: ___ C: ___

1. Sleeping Arrangements (Please check all that apply) *Shepherds Camp will do our best to honor these requests.

Camper requests to stay in: Cabin Dorm (dorms are **upstairs** in the main building)

Camper requests to be bunked with _____

2. Toileting and Overnight Care (Please check all that apply)

Wets Bed: Never Occasionally Frequently

Please explain how bed-wetting is handled: _____

Sleeps through the night Has Nightmares Needs to be awakened to use the toilet

Uses Diapers/Depends if yes: At night only Occasionally Always

Uses Portable Urinal at Night

Other information regarding toileting needs: _____

3. Mobility (Please check all that apply)

Normal Walking Cane(s) Braces When are they worn? _____

Slow Walking **NO** stairs Other information concerning mobility: _____

Unsteady Walking Wheelchair _____

No Walking Walker _____

4. Personal Care/Hygiene: (Please check all that apply)

	Independent	Needs Help	Total Care	Please specify assistance required
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brushing Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing Hands and Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tying Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Menstruation (women only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does the individual wear glasses? Yes No

Does the individual wear hearing aids? Yes No

Does the individual wear Dentures? Yes No

Please provide any other necessary information: _____

5. Eating (Please check all that apply) - Please note Shepherds Camp is unable to prepare special diets.

Eats independently Needs help eating Overeats

Needs food cut up (quarter sized) Needs food chopped (dime size) Pureed (strict soft diet)

Needs meats cut up *only* Uses Thick-it for drinks Uses straw for liquids

Please describe any special/adaptive eating equipment (provided by care provider): _____

Please explain any other information regarding eating habits: _____

Please Note: Camp staff will make every effort to monitor the amount of food/liquid served to the camper.

Is the individual diabetic? No Yes; if yes does he/she take insulin shots/medication diet-controlled

Please specify diabetic diet restrictions/modifications: _____

6. Camper Health (Please check all that apply)

Allergies: _____

Frequent UTI Frequent Diarrhea Frequent Constipation Heart Defect/Disease Hypertension Headaches

Bleeding/Clotting Disorders Psychiatric Treatment Mononucleosis Asthma

Diseases- Chicken Pox Measles German Measles Mumps Rubella Hep A Hep B Hep C

Rheumatic Fever Other (Specify) _____

Seizures (Specify) Simple (minor motor skills affected, no loss of awareness) Complex (Loss of awareness)

Camper Profile – Continued

7. Communication (Please check all that apply)

- Normal Speech Impaired Speech Hearing Aids Sign Language No Speech Communication Board/Book

8. Personality and Behavior (Please check all that apply)

(Please feel free to attach any additional paperwork to help serve camper's behavioral needs- ISP, etc)

The Shepherds Camp Program accepts teenagers and adults with developmental disabilities who are without aggressive behavior, can communicate their needs, and are ambulatory and independent in eating and toileting. The camper should be able to participate in the program. Rules for acceptance in the program are equal for everyone without regard to race, color, sex, age, or national origin.

- Active Excitable Behaves Listens Helpful Participates Cooperative
 Inquisitive Passive Quiet Follows Instructions Tantrums Refuses
 Stubborn PICA In Need of Constant Watching

Please describe any fears the individual may have? _____

Please describe camper personality on a typical day: _____

What assistance/prompts do you give the camper on a daily/weekly basis: _____

Is camper prone to wander? Yes No Please detail recommendations for dealing with this in camp environment: _____

Does camper have a history of inappropriate behavior to the opposite sex (peers & Staff)? Please explain: _____

How does camper act when upset or angry? How frequent does this occur: _____

Additional comments that would be helpful for staff to know.

NOTE: Even if the camper has attended before, his/her counselor for the session may be new or unfamiliar with the camper. It is best to be thorough, so staff can better understand the camper's unique needs. Our staff are required to address this section with you upon your arrival. (attach additional pages or Support Plan if necessary):

Is the camper attending school? Yes No If yes, grade level and school _____

Is the camper employed? Yes No If yes, type/location of employment _____

9. Program Information

What activities does the camper enjoy? _____

What goals or objectives is your camper working on? _____

Is the camper allergic to bee stings or other insect bites? Yes No If yes, please describe the reaction and how it should be treated: _____

Does the camper sunburn easily? Yes No If yes, please list restrictions or protocols: _____

Should the camper avoid exertion due to heart or other health concerns? _____

Please describe any other health concerns or allergies that may hinder the camper's participation: _____

10. Swimming: (please check all that apply) Note: A certified lifeguard is on duty at all times.

- Enjoys water Fears water Must wear earplugs Seizure prone in water
 Swims independently Cannot swim Needs 1:1 supervision
 May ride in Paddle Boats (assisted by a staff person in the boat and wearing a life jacket at all times)
 Shallow End swimming (0-4 feet deep) Must wear life jacket in shallow end
 Deep End swimming (over 6 feet deep) Must wear life jacket in deep end

Spiritual Programming: Shepherds camp is an interdenominational Christian ministry.
Camper's religious preference/denomination: _____

Activity Restrictions

Please review the following camp activities and determine whether the camper may participate. Please contact the camp office with any questions. All activities are closely supervised and modified to fit the camper's individual ability level.

Adaptive Archery	Yes	()	No	()	Basketball	Yes	()	No	()
Volleyball	Yes	()	No	()	Nature Walks/Hikes	Yes	()	No	()
Kickball	Yes	()	No	()	Fishing	Yes	()	No	()
Hay Ride	Yes	()	No	()	Bowling	Yes	()	No	()
Mini Golf	Yes	()	No	()	Bocce Ball	Yes	()	No	()
Pedal Carts	Yes	()	No	()	Paddle Boats	Yes	()	No	()

11. Physical / Medical Information

Please enclose a completed medical/physical form with the Application/Registration Form.

NOTE: If you are unable to do so please state why and give *date that the physical is scheduled*.

Reason: _____ Date Scheduled: _____

12. CONTACT INFORMATION- Campers will not be admitted without completed emergency contact ALL INFORMATION BELOW NEEDS TO BE UPDATED AND RELEVANT AT CHECK IN

Emergency Contact Person - 24 hour coverage - *other than* primary care provider which will be contacted first: In the event that the camper needs picked up early from camp please list appropriate person(s) contact info below.

Name: _____ Relationship to Camper: _____ Phone: (____) ____ - _____

Social Worker/Case Worker: _____ Phone: (____) ____ - _____

Other names/numbers: _____

Is the primary care provider planning to be away during the camp sessions?

- No, the primary care provider will be the contact person during the camp session.
- Yes, the primary care provider will be away during the camp session and has informed the 24 hour contact person listed above that they will be on call and responsible

**13. Permission/Medical Release/Authorization for Treatment
(The following must be signed by custodial parent/guardian, care provider, or camper if self-guardian)**

- A.** The camper listed above has my permission to attend and participate in the above-named camp activity.
- B.** I have completed the preceding forms completely and to the best of my knowledge.
- C.** I grant permission for the Camp Nurse to treat minor illnesses and dispense campers' medication. I understand all medication must be given to and dispensed by the Camp Nurse.
- D.** I hereby give my permission to the medical personnel selected by the camp program manager to order x-rays, routine tests, treatment, and necessary transportation for the above-named individual. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the individual as named above.
- E.** I attest to the fact that the above-named individual is free of any communicable disease prior to attending camp.
- F.** I give permission for the camper's picture to be used in camp promotional materials.

Signature: _____

Please print name: _____

Date: _____

After review of the preceding information, the camp program manager will make a decision regarding acceptance into the camp program. If the camper is accepted, you will receive a confirmation letter, medicine administration form, and list of what to bring to camp. The primary care provider will be contacted if the camp program manager has any concerns regarding acceptance. The registration fee will be refunded if the camper is denied acceptance to the program.