



Camper Name: \_\_\_\_\_

### General Application Summer Camp 2019

**Directions:** Complete and return with the registration fee to the Camp Bon Coeur office: 300 Ridge Rd. Suite K, Lafayette, LA 70506

#### Camper Information

\_\_\_\_\_

Last Name	First Name	Date of Birth	Hair Color	Eye Color
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\_\_\_\_\_

Address	City	State	Zip	Home Phone #
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\_\_\_\_\_

Email Address

#### Parent/Legal Guardian Information *Please indicate the Legal Guardian(s) with an \* in front of the name*

\_\_\_\_\_

Mother/Legal Guardian's Name	Best Contact Number
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\_\_\_\_\_

Work Place	Hours/Days of Work	Work Phone Number
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\_\_\_\_\_

Father/Legal Guardian's Name	Best Contact Number
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\_\_\_\_\_

Work Place	Hours/Days of Work	Work Phone Number
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Who has primary/legal custody of camper (mother/father/guardian/other)? \_\_\_\_\_

Who does the camper primarily live with? \_\_\_\_\_

#### Emergency Contact *Please indicate who should be contacted if guardians are unavailable*

\_\_\_\_\_

Name	Best Contact Number
------	---------------------

\_\_\_\_\_

Name	Best Contact Number
------	---------------------

#### Tee Shirt Size *Please check one*

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Youth Small  | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Small   |
| <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large  | <input type="checkbox"/> Adult X-Large |

**Medical Information**

**Pediatric Cardiologist Information**

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Pediatric Cardiologist	Address		
Phone Number	Fax Number	Date of Last Visit	Date of Next Visit

**Primary Care Physician Information**

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Physician	Address		
Phone Number	Fax Number	Date of Last Visit	Date of Next Visit

**General Camper Information** *(please circle yes or no)*

**Does the applicant...**

Have the ability to walk up and down stairs unassisted?	Yes	No
Have the ability to walk 150 yards without extreme fatigue?	Yes	No
Have the ability to bathe, dress and feed himself/herself unassisted?	Yes	No
Participate in a physical education program at school?	Yes	No
Know how to swim? (Excellent__ Good__ Fair__ Poor__)	Yes	No
Experience visits away from home for longer than a week?	Yes	No
Exhibit signs of homesickness when away from home?	Yes	No
Has your daughter started menstruation yet?	Yes	No
Have at least one close friend?	Yes	No
Make friends easily?	Yes	No
Have previous group experience?	Yes	No
Have any special needs? (If yes, please describe below)	Yes	No

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Has the applicant missed more than one week of school? If yes, please explain. \_\_\_\_\_

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Please briefly describe the applicant's heart condition. \_\_\_\_\_

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What does the applicant know about his/her heart condition? \_\_\_\_\_

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What special talents does the applicant possess? \_\_\_\_\_

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Camper Name: \_\_\_\_\_

What are your expectations of sending your child to camp? Please state any fears, concerns or joys.

\_\_\_\_\_

What are your child's expectations or concerns about camp? \_\_\_\_\_

\_\_\_\_\_

### **CAMPER NEEDS**

Please inform us of any needs that your child has so that we can make his/her camping experience as enjoyable and safe as possible. The more information that we know, the better we can determine how best to care for your child. Circle yes or no.

- |   |     |    |
|---|-----|----|
| Has your child ever been classified as having a learning disability?                        | Yes | No |
| Has your child ever been classified as having as having behavior problems?                  | Yes | No |
| Has your child ever been classified as having defiant behavior?                             | Yes | No |
| Is your child now or in the past six months under the care of a mental health professional? | Yes | No |
| Does your child have to keep to a specific bedtime routine?                                 | Yes | No |
| Does your child ever sleep walk?  | Yes | No |
| Does your child often awaken in the middle of the night?                                    | Yes | No |
| Does your child wet the bed?  | Yes | No |

If you answered yes to any of the above questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child often need encouragement?                      Yes      No  
If so, in what way?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When your child needs redirection or acts out, how do you handle the situation?

\_\_\_\_\_  
\_\_\_\_\_

Camper Name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Please describe in detail any physical or mental disability and/or physical limitations that may affect participation in any camp activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Level of Assistance for Your Child** *Please check appropriate column(s)*

	Independent	Some Help	Almost Total Help	Needs Complete Assistance
Daily Care (teeth, hair, dress)				
Medication Taking (Nurses administer all medications at camp)				
Meals				
Bathing/Showering				
Toileting/Bathroom				
Swimming				
Extended Walking				

How did you hear about Camp Bon Coeur? \_\_\_\_\_

**\*\*\* No child will be admitted to Summer Camp 2019 UNTIL their completed paperwork is submitted to the camp office and approval is granted by the Medical Review Committee. \*\*\***

To the best of my knowledge, I have accurately stated all information correctly. I understand that this application form is not the final confirmation for the applicant stated herein to attend camp. I understand that all paperwork furnished by me and my child's physician is due May 19, 2018 and, if this information is not at the camp office by that date, my child will not be allowed to attend camp. I also understand that the camp fees are due by May 19, 2018.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date