



Camper Name: _____

General Application Summer Camp 2022

Directions: Complete and return with the \$35 non-refundable 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

Address City State Zip Home Phone #

Email Address

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

Parent/Legal Guardian's Name Best Contact Number

Work Place Hours/Days of Work Work Phone Number

Parent/Legal Guardian's Name Best Contact Number

Work Place Hours/Days of Work Work Phone Number

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*

- Youth Small Youth Medium Adult Small
- Adult Medium Adult Large Adult X-Large

Medical Information

Pediatric Cardiologist Information

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

Primary Care Physician Information

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

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

Please briefly describe the applicant's heart condition. _____

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

What special talents does the applicant possess? _____

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 2022 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, 2022 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 June 1, 2022.

Parent/Legal Guardian

Date