

# 2011 Day Camp Registration

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_  
Confirmation sent: \_\_\_\_\_  
Deposit Paid: \_\_\_\_\_ Balance Paid: \_\_\_\_\_



ATTACH  
CURRENT  
PHOTO  
HERE

Send application with picture of  
camper and \$40.00 non-refundable

**DEPOSIT to:**

Hope Hollow Ministries  
PO Box 2247  
Madison, MS 39130

EACH DAY CAMP SESSION  
IS \$120.00/session

**\$40.00 Deposit for each session is  
due with registration.  
Remaining \$80.00/each session due  
by 1<sup>st</sup> day of camp session**

(Head & Shoulders)

PARTICIPANT'S NAME \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_  
EMAIL \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ T-SHIRT SIZE(please circle): YS YM YL AS AM AL AXL AXXL

**Two separate Day Camps will take place simultaneously at different  
locations on our campus according to camper's age.**

**My child will be participating with the following age group:**

\_\_\_\_\_ ages 4-11 \_\_\_\_\_ ages 12 & up

Camper is interested in attending the following day-camp sessions:

**DAY CAMP HOURS: 9:00 am - 2:00 pm each session**

\_\_\_\_\_ JUNE 6-9      \_\_\_\_\_ JUNE 13-16      \_\_\_\_\_ JUNE 20-23      \_\_\_\_\_ JUNE 27-30  
\_\_\_\_\_ JULY 5-8\*      \_\_\_\_\_ JULY 11-14      \_\_\_\_\_ JULY 18-21      \_\_\_\_\_ JULY 25-28

**\*July 5-8 is the only session that is Tuesday – Friday, all other sessions run Monday – Thursday.**

# 2011 Day Camp Registration

## EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

## ABOUT MY FAMILY

#1 PARENT/GUARDIAN \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_  
PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

#2 PARENT/GUARDIAN \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_  
PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

I LIVE WITH:  Mom & Dad  Mom  Dad  Grandparents  Guardian  
 Other \_\_\_\_\_

Please list all siblings & ages:

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

## PERSONAL HISTORY

Camper's Disabilities/Medical History (include primary diagnosis/surgeries, etc.)

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

1. EATING:  No Assistance Needed  Partial Assistance  Total Assistance

PLEASE EXPLAIN, IF NEEDED: \_\_\_\_\_  
\_\_\_\_\_

2. DIET:  Normal  Chopped Food  Blended/Pureed  Liquid  Low Salt  
 Low Calorie  Diabetic  GFCF

DOES CAMPER HAVE ANY DIFFICULTY SWALLOWING?  Yes  No

LIST FOOD ALLERGIES: \_\_\_\_\_

LIST ADAPTIVE FEEDING EQUIPMENT USED: \_\_\_\_\_

3. HEARING:  Normal  Mild  Moderate  Severe  Total Loss

4. SPEECH:  Normal  Mildly Affected  Moderately Affected  Nonverbal

# 2011 Day Camp Registration

5. COMMUNICATION:  Normal  Sign Language  Gestures  Communication Board  
OTHER: \_\_\_\_\_

6. MOBILITY:  Walks Independently  Crutches  Cane  Walker  Wheelchair  
Does camper need assistance with transfer from wheelchair?  Yes  No

7. MOBILITY ASSISTANCE:  No assistance needed  Standby  Total  
Can camper negotiate stairs?  YES  No

8. ADAPTIVE DEVICES:  None  Braces  Prosthesis  Helmet  Glasses  
 Hearing Aid  Cochlear implant  Other: \_\_\_\_\_

9. VISION:  Normal  Partial Sight  Legally Blind  Total Loss of Sight

10. DRESSING:  No Assistance Needed  Partial Assistance  Total Assistance  
Type of assistance needed: \_\_\_\_\_

11. TOILETING:  No assistance  Partial Assistance  Total Assist  
Please explain assistance needed: \_\_\_\_\_

BLADDER CONTROL:  Normal  Partial  Incontinent  Needs Reminders

BOWEL CONTROL:  Normal  Partial  Incontinent  Needs Reminders

AIDS USED:  None  Urinal  Catheter Type: \_\_\_\_\_  
 Toilet Chair  Changing Table  Diapers  Other: \_\_\_\_\_

TOILETING SCHEDULE: \_\_\_\_\_

## ALLERGY & MEDICATION INFORMATION

1. Does camper have drug allergies?  Yes  No  
If yes, explain: \_\_\_\_\_

2. Does camper have other allergies? Include reaction and action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does camper take medication?  Yes  No  
Name of Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_  
Purpose: \_\_\_\_\_

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Purpose: \_\_\_\_\_

# 2011 Day Camp Registration

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4. Does camper have seizures?  Yes  No  
Seizure Type: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Date of last Seizure: \_\_\_\_\_  
Are camper's immunizations up to date? \_\_\_\_\_

5. Has camper had any recent illnesses or hospitalizations in the last 5 years?  Yes  No  
If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Date of camper's last tetanus shot: \_\_\_\_\_

7. Can camper take aspirin?  Yes  No

8. Can camper take Tylenol  Yes  No

9. Does camper have a cardiac condition? If yes, list care & limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Does camper have any severe respiratory problems? Special Equipment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does camper fatigue easily?  Yes  No

## BEHAVIOR/COMMUNICATION/SENSORY

1. Does camper have self-injurious behaviors?  Yes  No  
If yes, please explain: \_\_\_\_\_

2. How do you deal with camper's behaviors? \_\_\_\_\_  
\_\_\_\_\_

3. Does camper have dangerous tendencies that could result in harm to self, other campers or staff?  
 Yes  No

4. Here are some ways to communicate with camper so that they will understand: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Here is how camper communicates some needs: \_\_\_\_\_  
\_\_\_\_\_

6. Sometimes camper gets upset because of these things: \_\_\_\_\_  
\_\_\_\_\_

## 2011 Day Camp Registration

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7. Here are some things that make camper feel better: \_\_\_\_\_

\_\_\_\_\_

8. Other helpful suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN WITH \$40.00 DEPOSIT FOR EACH SESSION REGISTERED TO:**

**HOPE HOLLOW MINISTRIES**

**PO BOX 2247**

**MADISON, MS 39130**

**Questions? Contact Rebecca at 601-506-6293 or [rebecca@hopehollowms.org](mailto:rebecca@hopehollowms.org)**