

July 1st-3rd
9:00a.m.-2:00p.m.

CAMPER REGISTRATION 2019

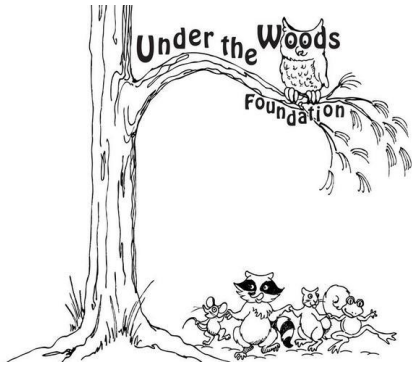
Camp Under the Woods (ages 3-8)

Important Camp Information

Below is a list of important information. Please do not hesitate to e-mail us or call if you have any questions.

- Camp Under the Woods takes place **July 1st-3rd** from **9:00a.m.-2:00p.m.**
- Camp is located at **213 Meadowbrook Road** in Queensbury, New York, 12804.
- Any campers who are put on a waiting list will be eligible for any open spots. **Camp cost is \$80.00 until May 17, 2019. Cost from May 18, 2019 until filled is \$100.00. Camp registration closes June 1st.** We cannot accept late registrations due to preparing camper schedules and organizing appropriate group dynamics.
- **Complete all pages 2-6** of this application thoroughly. A copy of your camper's registration will be emailed to you confirming a successful registration submission. This information helps us provide Campers with the appropriate camp experience.
- **Payment for camp is due upon registration.** If registering on-line you will be required to use our PayPal link for payment after completing the Registration Form. If mailing the Registration Form a check made out to Under the Woods Foundation must accompany the form. Mail to: 13 Locust Street, Glens Falls, NY 12801. An email confirmation will be sent once registration and payment have been submitted.
- If you are requesting a **Scholarship** you must complete page 7 of this Registration Form and submit it with the registration form in order to be eligible for a scholarship.
- **ALL** Campers must provide a copy of current immunizations to attend camp. A copy of immunizations can be faxed to 761-2035 or mailed to 13 Locust Street, Glens Falls, NY 12801.

Any questions contact Isabelle Dickens or Heidi Underwood at 761-2025 or e-mail us at underthewoodsfoundation@gmail.com



Please attach a Camper photo here.

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Please check: New Camper _____ Returning Camper _____

Camper's Name: _____ **Nickname:** _____

Male ___ **Female** ___ **Age:** ___ **Birthdate:** ___/___/___ **Grade:** ___ **Diagnosis:** _____

T-shirt size: Youth: ___XS ___S ___M ___L ___XL **Adult:** ___XS ___S ___M ___L ___XL ___2X

Parents Name: _____ **School Attending:** _____

Mailing Address: _____

Email: _____ **Phone:** _____

Picnic on Friday: _____ # of children attending (including camper) _____ # of adults attending

Transportation

Camp is located on Meadowbrook Road in Queensbury, New York.

Please List all Persons who will be dropping off and picking up your camper:

_____ Phone/Cell _____

_____ Phone/Cell _____

_____ Phone/Cell _____

All campers will need to be signed in and out by one of the above listed persons.

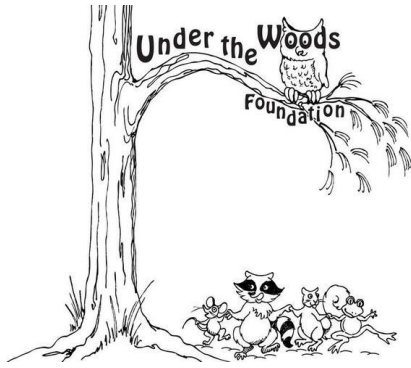
PERMISSION TO PHOTOGRAPH

I _____ am the parent or legal guardian of _____.
(Name, please print) (Name, age)

I understand Under The Woods Foundation may photograph or video the events or activity in which my child is participating. I give my permission for Under the Woods Foundation to use photographs and videos of my child taken for the purpose of promoting Under The Woods Foundation and its' programs.

Parent/Guardian's Signature

Date



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General History

Camper's Name _____

Does Camper have drug allergies? Yes No

If yes, please explain: _____

• Does Camper have any food restrictions, food allergies? Yes No (peanuts, milk, special diet)

If yes, please list restrictions and allergies: _____

• Does Camper have any environmental allergies? Yes No (animals, bee stings)

If yes, please explain: _____

• Does Camper have a life threatening allergy? Yes No

If yes, please explain: _____

• Is Camper toilet trained? Yes No

Does camper indicate toileting needs in a specific way? _____

• Does camper have a seizure disorder? Yes No

If yes, please describe: _____

When was last seizure? _____ How frequent are seizures? _____

• Does Camper wear glasses? Yes No

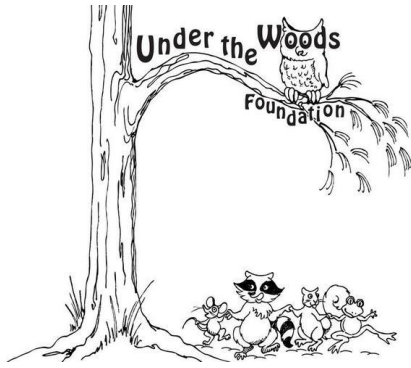
• Does Camper have hearing aids/cochlear implants? Yes No

• Does your Camper have asthma? Yes No

Mild Moderate Severe How frequent is an episode? _____

What is Camper's maintenance medication? _____

Provide important information about Camper's asthma. _____



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Camper's Name _____

• Does Camper have any physical limitations? ____ Yes ____ No

If yes, please describe: _____

• How does Camper communicate at home? (wants/needs, likes/dislikes)

Verbal ____ Always ____ Sometimes ____ Never

Non-Verbal ____ Always ____ Sometimes ____ Never

Sign Language ____ Always ____ Sometimes ____ Never

PECS ____ Always ____ Sometimes ____ Never

Communication Device ____ Always ____ Sometimes ____ Never

Behavior Information

• What type of classroom is camper enrolled in? ____ 12:1 ____ 12:1:1 ____ 12:1:4 ____ 8:1:1 ____ 6:1:1

____ Support Services ____ Inclusion Other: _____

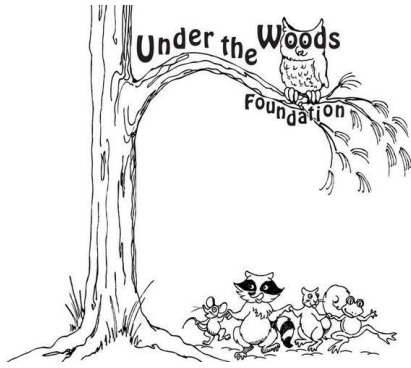
• Does Camper have a 1:1 aide? ____ Yes ____ No

• Please describe campers personality. Include how Camper relates to adults and other children. _____

• What makes Camper upset? _____

• What makes Camper happy? _____

• Does Camper have any fears? _____



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Camper's Name _____

- Does Camper have a Behavior Management Plan? ____ Yes ____ No (if yes please provide the plan)
- Any changes in Camper's behavior since last year? _____
- Does Camper have difficulties with transitions? ____ Yes ____ No

Please describe Camper's behavior during transitions: _____

- Does Camper have extreme aggressive behaviors? ____ Yes ____ No

Please describe: _____

- When Camper is angry/frustrated, describe how he/she handles anger (hits, screams, hides, runs away, etc).

- Can Camper follow a verbal two-step direction? ____ Yes ____ No
- Can Camper participate in a game with simple rules? ____ Yes ____ No
- What level of support is needed for participation in group activities? ____ 1:1 ____ 1:2 ____ 1:5 ____ 1:8

Camper Questionnaire

My family and friends would describe me as _____

My favorite food is _____

My favorite thing to do is _____

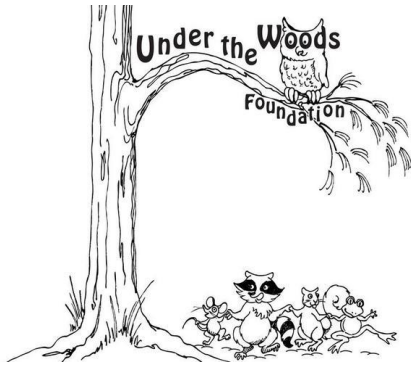
A book that I like is _____

Music I enjoy listening to is _____

A quality I like to see in friend's is _____

Something that frustrates me is _____

A goal I have for camp is _____



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Emergency Contact

Camper's Name: _____

_____ Male _____ Female Age: _____ Birthdate: ____/____/____

Parents/Guardian Names: _____ Home Phone: _____

Home Phone: _____

Mother's Cell: _____ Mother's Work: _____

Father's Cell: _____ Father's Work: _____

Secondary Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Medical Information

Does Camper take any Medications? _____ Yes _____ No

Describe: _____

Does Camper need to be given Medication during camp hours? _____ Yes _____ No
If yes, please see nurse on arrival. Doctor's orders are required for medication administration.

Name of Policy Holder: _____ D:O:B: of Holder ____/____/____

Name of Insurance Company: _____

Policy #: _____ Group #: _____

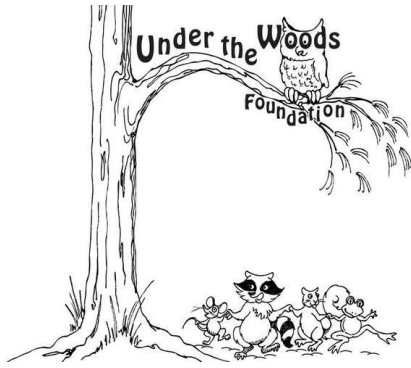
Physician's Name: _____ Phone: _____

I authorize all medical and hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies **ONLY** in the event that neither parent/guardian can be reached in a case of an emergency.

Parent/Guardian's Signature

Date

***ALL Campers must provide a copy of current immunizations to attend camp.
A copy of immunizations can be faxed to 761-2035 or mailed to
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Scholarship Application

In order for a Camper to be eligible for a scholarship, this form must be completed.

10 scholarships will be awarded to Campers based on need.

It is our privilege to help bring, through financial assistance, as many boys and girls to camp whom otherwise could not afford to come. To help us divide our scholarship fund to the maximum advantage to the many who have applied, please complete this form and submit with camp registration.

Camper Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # : _____ Email Address: _____

Please describe the circumstances that would help explain the family need for a camp scholarship.

Parent / Guardian Signature: _____ Date: _____

All scholarships will be awarded by May 17th and recipients will be notified by email.

***Further information may be required at a later date.