

June 29th, 30th, July 1<sup>st</sup>  
9:00a.m.-2:00p.m.

## **CAMPER REGISTRATION 2020**

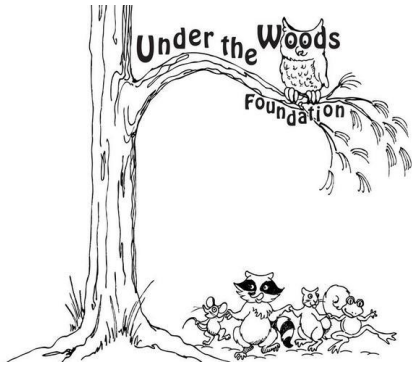
### **Camp Under the Woods (ages 3-8)**

#### **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 **June 29<sup>th</sup>, 30<sup>th</sup> and July 1<sup>st</sup>** from **9:00a.m.-2:00p.m.**
- Camp is located at **Gurney Lane Recreation Park, 118 Gurney Lane, Queensbury, NY, 12804.**
- Any campers who are put on a waiting list will be eligible for any open spots. **Camp cost is \$80.00 until May 15, 2020. Cost from May 16, 2020 until filled is \$100.00. Camp registration closes June 1<sup>st</sup>.** We cannot accept late registrations due to preparing camper schedules and organizing appropriate group dynamics.
- **Complete all pages 2-7** 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: 413 Bay Road, Queensbury, NY 12804. An email confirmation will be sent once registration and payment have been submitted.
- If you are requesting a **Scholarship** you must complete page 8 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 413 Bay Road, Queensbury, NY 12804.

**Any questions contact Isabelle Dickens or Heidi Underwood at 761-2025 or e-mail us at [underthewoodsfoundation@gmail.com](mailto:underthewoodsfoundation@gmail.com)**



Please attach a Camper photo here.

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# CAMPER REGISTRATION 2020

## Camp Under the Woods (ages 3-8)

**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 Wednesday:** \_\_\_\_\_ # of children attending (including camper) \_\_\_\_\_ # of adults attending

### Transportation

*Camp is located at Gurney Lane Recreation Park in Queensbury, New York.*

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

\_\_\_\_\_ Phone/Cell \_\_\_\_\_

\_\_\_\_\_ Phone/Cell \_\_\_\_\_

\_\_\_\_\_ Phone/Cell \_\_\_\_\_

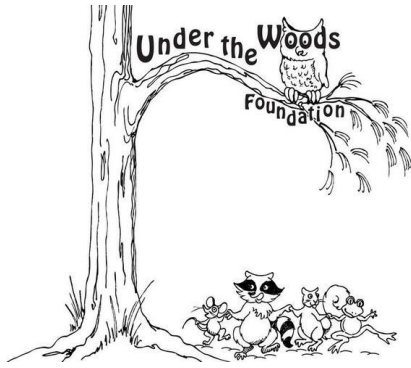
*All campers will need to be signed in and out by one of the above listed persons.*

### 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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# CAMPER REGISTRATION 2020

## Camp Under the Woods (ages 3-8)

### 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

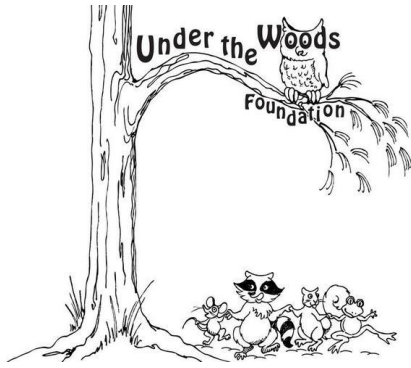
• Does Camper have hearing aids/cochlear implants?  Yes  No

• 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 REGISTRATION 2020

## Camp Under the Woods (ages 3-8)

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

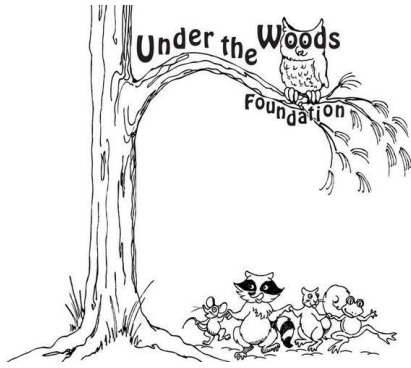
• Please describe campers personality. Include how Camper relates to adults and other children. \_\_\_\_\_

\_\_\_\_\_

• 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 \_\_\_\_\_

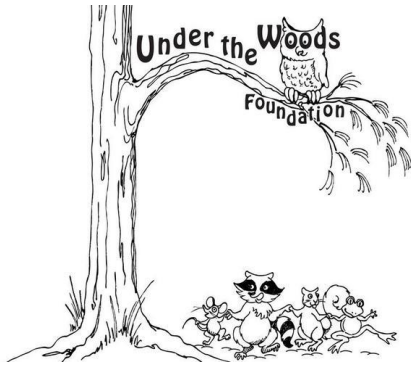
A book that I like is \_\_\_\_\_

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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## **CAMPER REGISTRATION 2020**

### **Camp Under the Woods (ages 3-8)**

#### **Swimming Information**

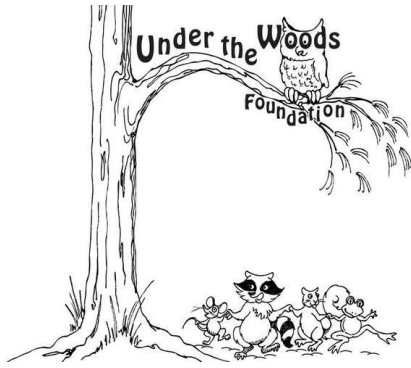
Camper's Name \_\_\_\_\_

**Campers will be restricted to the shallow end of the pool unless parent/guardian is present or unless parent permission is given.**

- Has your child ever been in the water to swim? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does your child swim with adult support? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does your child swim with a PDF? (no arm floaties allowed) Yes \_\_\_\_\_ No \_\_\_\_\_
- If your child swims, do they go under water? Yes \_\_\_\_\_ No \_\_\_\_\_
- Can your child swim in deep water unassisted? Yes \_\_\_\_\_ No \_\_\_\_\_
- Please share any information about your child and their swimming experiences.

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

Parent/Guardian will be allowed to join Camp at 1:00 to help get the camper dressed and to swim with them. If parent/guardian comes, the parent/guardian will solely responsible for their child in the pool.



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# CAMPER REGISTRATION 2020

## Camp Under the Woods (ages 3-8)

### Emergency Contact

Camper's Name: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female    Age: \_\_\_\_\_    Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents/Guardian Names: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_    Mother's Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_    Father's Work: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Primary 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 #: \_\_\_\_\_

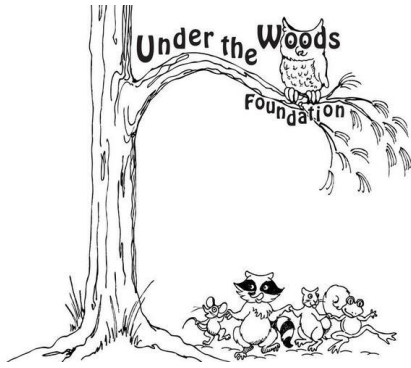
Physician's Name: \_\_\_\_\_    Phone: \_\_\_\_\_

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  
413 Bay Road, Queensbury, NY 12804***



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## CAMPER REGISTRATION 2020 Camp Under the Woods (ages 3-8)

### Scholarship Application

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.

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Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All scholarships will be awarded by May 15<sup>th</sup> and recipients will be notified by email.

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