



TWIN PINES

Camp, Conference, and Retreat Center

3000 Twin Pines Camp Road, Stroudsburg, PA 18360

Telephone: 570-629-2411 ~ Fax: 570-620-0664 ~ Email: lotsalove@twinpines.org

LOTSALOVE CAMP – PRE-REGISTRATION FORM

The following information is needed so that we can determine the suitability of our program and facility to meet the special needs of the camper you desire to have participate in our program. Completion of this form does not guarantee acceptance into a week of camp; a letter will follow with additional information. Please be as accurate as possible in providing this information so we can provide the best possible program to meet the most needs. Thank you for helping us provide a quality experience for all of our campers!!!

Camper Name _____ Nickname _____ Age _____

Street Address _____ Male

Female

City, State, Zip _____

Person or Organization Responsible for this Camper _____

Phone Number Where Above Can Be Reached: _____ or _____

Has this camper ever participated in an overnight camping experience before? Yes No At Twin Pines? Yes No

History of Disability/Condition:

Primary Medical Diagnosis _____ Secondary Diagnosis (if any) _____

Describe the extent of disability, including onset and cause (if known) _____

At what age level does this person function? _____ Can this person read? Yes No If yes, at what level? _____

Socialization / Behavioral Issues:

Please check ALL the items below that apply to this person:

____ Friendly towards others

____ Can behave rudely/inappropriately towards others

____ Willing to try new things

____ New things cause distress

____ Acts without thought of consequences

____ Accepts rules easily; complies with requests

____ Avoids social contact with adults and peers

____ Accepts correction and can be redirected easily

____ Temper outbursts – If so, please indicate causes _____

____ Physical outbursts towards others – If so, what causes this to happen _____

Please indicate which type of behavior modification works best with this person:

____ Verbal Correction ____ Removal From Group ____ Redirection ____ Time Out ____ Token/Reward System

____ Other – please explain _____

List unusual behaviors or behavior problems we might expect to see and suggest ways to handle them _____

Please complete the remainder of this form on the back of this sheet,

Does the camper walk without assistance? Yes No

If NO, what assistance is needed?

- person walking with them
- walker
- wheelchair
- cane

How far can this camper walk without tiring? _____

Can this camper do any running? Yes No

If YES, approximately how far? _____

Are there any activities

that should be discouraged? Yes No

If YES, what are they? _____

Is this camper toilet trained? Yes No

Does this camper need assistance

with going to the bathroom? Yes No

If YES, how much assistance? _____

Does this camper wear diapers? Yes No

If YES, when?

- all the time
- bed time only

Does this camper have

a problem with bed wetting? Yes No

Is this camper able to eat all types of food? Yes No

If NO, what is not allowed? _____

Can this camper eat without assistance? Yes No

If NO, what assistance is needed? _____

Describe this camper's eating habits: slow normal fast

Does this camper choke easily? Yes No

Is this camper on any special diet? Yes No

If YES, please explain _____

What is this camper's usual bedtime? _____

Does this camper have any sleeping problems? Yes No

If YES, please explain _____

Does this camper sleepwalk or have a

habit of getting up during the night? Yes No

Does this camper need

assistance dressing/undressing? Yes No

Is this camper able to shower unassisted? Yes No

If NO, what assistance is needed? _____

Is this camper able to:

-shave unassisted Yes No

-brush teeth unassisted Yes No

Does this camper have any hearing problems? Yes No

If YES, check below all that apply:

wears a hearing aid

knows sign language

read lips

other _____

Does this camper have any visual problems? Yes No

If YES, do they wear glasses? Yes No

If YES, do they wear contacts? Yes No

Is this camper prone to seizures? Yes No

If YES, are they controlled by medication? Yes No

Please give the date of the last seizure _____

Thanks for completing this form

PEASE NOTE: If this camper is accepted into this camping program, all medications must be brought to camp in the original package they were purchased in. Prescription drugs must come in original containers with the doctor's name and ID number. "Bubble-packed" medications of mixed drugs will not be accepted.

A special "Camper Medication Instruction Form" will be sent to you with this camper's confirmation when accepted. This form must be completed and given directly to our nurse on duty when the camper is brought to camp. Thanks for your help with this.

Please remember, this form does not indicate acceptance into this camping program – a letter will follow with additional information.

PLEASE PROVIDE US WITH ANY ADDITIONAL INFORMATION ABOUT THIS CAMPER THAT WOULD BE HELPFUL: