



Registration Form

(Incomplete forms will not be accepted)

Space is limited - register early! All registrations are due by May 2, 2019

Session 1: July 7 th - 12 th (\$1,500)	Session 2: July 14 th -19 th (\$1,500)	Session 3: July 21 st -26 th (\$1,500)	
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How did you hear about Camp Pathfinder?	[<input type="checkbox"/>] Facebook [<input type="checkbox"/>] Internet Search [<input type="checkbox"/>] Mailing [<input type="checkbox"/>] Friend [<input type="checkbox"/>] Other:
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PERSONAL INFORMATION

Name of Camper:	Date of Birth:	Age:
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Camper's Address:

Camper's Primary Phone Number:	Camper's E-Mail Address:
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Camper's Sex: (check) Male Female	Camper's Height:	Camper's Weight:	Camper's Tee Shirt Size: (check) Youth or Adult / Sm Med L XL 2XL
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Camper's Primary Language:	Does Camper have a Developmental Disability? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No Diagnosis:
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Is Camper currently employed? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Name of Employer: Address: Phone:
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Does Camper attend a Day Program? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Name of Day Program: Address: Phone:
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Has Camper ever attended any camp programs before? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Name of Camp: Address: Phone:
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PARENT / GUARDIAN INFORMATION

Name of Parent / Guardian:	Relationship: Legal Guardian: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
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Address:		
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Home Phone:	Work Phone:	Cell Phone:
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Email Address:

HEALTH / MEDICAL INFORMATION

Does Camper have any known allergies? Yes No (If yes, check all that apply and describe)

Type of Allergy	Type of Reaction	How is it Treated
<input type="checkbox"/> Medication		
<input type="checkbox"/> Food		
<input type="checkbox"/> Environmental		
<input type="checkbox"/> Other		

Does Camper require use of EpiPen? Yes No **If yes, can they self-administer?** Yes No

Please list any health conditions the Camper has been diagnosed with:

Does the camper require lactaid tablets? Yes No
Does the Camper require supplements? Yes No

Medication(s)	Dose	Times Taken	Method (check)			
			Water	Applesauce	Food	Crushed
			Water	Applesauce	Food	Crushed
			Water	Applesauce	Food	Crushed
			Water	Applesauce	Food	Crushed
			Water	Applesauce	Food	Crushed

Level of assistance required when taking medications?

Self-Administers Verbal Reminders Total Assistance Other:

Primary Physician:	Primary Physician's Address:	Primary Physician's Phone:
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Name of Other Providers	Address	Specialty	Reason Seen

Does Camper require any special durable medical equipment and/or supplies? Yes No **If yes, please list**

Is Camper on a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Camper require adaptive utensils at mealtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
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To prevent choking, does the Camper require assistance cutting foods into smaller pieces? Yes No
If yes, circle what size / modification is most appropriate: 1 inch ½ inch ¼ inch

Please describe any other food-related concerns that staff should be aware of:

To help us understand the individual needs of each camper, please indicate the camper's level of independence for each skill listed below:

Essential Skills	Level of Support Needed (check one)			
	Independent	Verbal Prompts	Some Assistance	Total Assistance
Eating				
Dressing				
Toileting				
Showering				
Grooming				
Brushing Teeth				
Answering Questions				
Expressing Needs				
Transitioning from one activity to another				
Wearing a seatbelt in a motor vehicle				
Taking Turns				

What time does Camper typically: Go to bed: Wake up:	Does Camper have any difficulties with sleeping?
Does Camper usually get up to go to the bathroom?	Does Camper use a nightlight / play music, etc.?

Additional Comments:

All campers have the opportunity to participate in swimming activities that may include both indoor pools and outdoor lakes. Camp staff members accompany the Campers in the water in addition to trained lifeguards available on premises. Life preservers are available and must be worn by anyone who is deemed a non-swimmer.

Can the Camper participate in swimming activities?	[] Yes [] No
Does Camper require use of ear plugs when swimming?	[] Yes [] No
Is the Camper able to swim independently?	[] Yes [] No
Camper is to be considered a non-swimmer and must wear a life jacket at all times?	[] Yes [] No

Additional Comments:

CAMP★ PATHFINDER

Please indicate whether the Camper displays any of the following behaviors:

Does the Camper	Yes	No	Frequency (daily, weekly, monthly, occasionally)	Describe the Specific Behavior
Refuse to follow directions				
Hit, kick, slap when angry				
Yell or swear when angry				
Cause physical injuries to self				
Inappropriate sexual behavior				
Struggle with social situations				
Run or walk away from a group				
Throw, break or destroy items				
Eat non-edible items				
Obsess over thoughts/ behaviors				
Steal food and/or overeat				
Additional Comments:				
List/describe any possible triggers or situations that may cause or escalate behaviors:				
What strategies help to calm or re-direct the individual once they have engaged in the behavior?				

PERMISSIONS

Camper Permission:

I am at least 18 years old and I have received information about Camp Pathfinder. I understand that camp activities will take place at Pathfinder Village and in the community-at-large. Examples of community activities may include movies, concerts, sporting events, museums, state parks, etc. I believe I am healthy and physically able to participate in Camp Pathfinder activities. I want to attend Camp Pathfinder and will cooperate with all camp rules.

Printed Name of Camper:

Signature:

Date:

Parent / Legal Guardian Permission:

As parent/legal guardian of the individual named above, I give permission for him/her to attend Camp Pathfinder and participate in all activities, both at Pathfinder Village and in the community-at-large. Examples of community activities may include movies, concerts, sporting events, museums, state parks, etc. I believe the individual is healthy and physically able to participate in Camp Pathfinder activities.

Printed Name of Parent / Legal Guardian:

Signature:

Date:

TO COMPLETE THIS REGISTRATION

- Ensure pages 1-4 are filled out accurately and completely
- Attach a copy of psychological evaluation (within last three years)
- Attach a copy of recent physical or submit physical form (form enclosed)
- Attach a copy of immunization record
- Include a check or money order in the amount of \$100 made payable to: Pathfinder Village, Inc.
- Submit all materials to: Attn: Camp | Pathfinder Village | 3 Chenango Road | Edmeston, NY 13335

CHOOSE DESIRED SESSION(S)

- Session 1:** (for Young Adults) July 7-12, 2019 (one week) | \$1,500.00
- Session 2:** July 14-19, 2019 (one week) | \$1,500.00
- Session 3:** July 21-26, 2019 (one week) | \$1,500.00

Registration for all sessions is due by **May 2, 2019**. A \$100 deposit is required at the time of registration and is applied toward camp fees. The balance must be paid in full prior to start of camp session.

Refunds, less the \$100 deposit, will be made for cancellations received at least two weeks prior to the start of each session. Sorry, no refunds can be issued after that time.

REGISTRATION PROCESS

Potential campers will be contacted for an interview once a **completed application** is received. Acceptance decisions will be made within two weeks of the interview. Interviews are not required for returning campers. Accepted campers will receive enrollment materials that must be completed and returned prior to the start of the session.

OUR CAMPERS

Campers must be able to participate in scheduled activities. Overnight campers must be able to room with another camper. Camp Pathfinder is not able to provide one on one staffing. The ratio of camper to staff/volunteer is three-to-one. Camp Pathfinder accepts applications without regard to race, religion, color or national origin.

For additional information please contact Pathfinder Village at 607.965.8377