



Registration Form for 2022

Space is limited, Register early! All registrations are due by March 25,2022

<input type="checkbox"/> Session 1: July 11th – 15th (\$1,500)	<input type="checkbox"/> Session 2: July 18th – 22nd (\$1,500)		
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How did you hear about Camp Pathfinder? Facebook Internet Search Mailing Friend
 Other: _____

PERSONAL INFORMATION

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

PARENT / GUARDIAN INFORMATION

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

Has the camper had COVID-19? Yes No **Is the camper vaccinated for COVID-19?** Yes No
Received Booster? Yes No

List dates of vaccination: _____ **List manufacturer:** _____

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

Medication(s)	Dose	Times Taken	Method (circle)			
			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? Yes No **Does Camper require adaptive utensils at mealtime?** Yes No

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:

CAMP★ PATHFINDER

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 during the pandemic	Level of Support Needed (check one)			
	Independent	Verbal Prompts	Some Assistance	Total Assistance
Monitoring self for symptoms of COVID-19				
Wearing a mask to cover nose and mouth				
Maintaining a distance of 6 ft. from others				
Washing hands regularly				
Talking about the pandemic				
Getting up on time to be ready for the day				
Eating				
Toileting				
Showering				
Dressing/Grooming				
Using cell phone or tablet for video calls				

What time does Camper typically wake up? Go to bed?	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:

Campers may 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				

How has the camper adjusted to changes resulting from the pandemic?

List any possible triggers or situations that may cause or escalate behaviors?

What strategies are effective to help calm, reassure or re-direct the camper?

Please note any significant life changes in the past year (change in family composition, move to new home, loss of job, etc.)

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. I understand that Pathfinder's COVID-19 precautions must be followed in preparation for and while at camp. COVID-19 precautions will be determined prior to campers' arrival and may include but are not limited to quarantine, COVID-19 testing, and mask use. Community activities will be limited to those with low risk of contact with members of the community-at-large. 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. I understand that Pathfinder’s COVID-19 precautions must be followed in preparation for and while at camp. COVID-19 precautions will be determined prior to campers’ arrival and may include but are not limited to quarantine, COVID-19 testing, and mask use. I believe the individual is healthy and physically able to participate in Camp Pathfinder activities.

Printed Name of Parent / Legal Guardian:

Signature:

Date:

REGISTRATION PROCESS

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.

Registration for all sessions is due by March 25, 2022. 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.

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.

Campers and family members will receive information about Pathfinder’s current COVID-19 precautions and procedures 60 days prior to the start of camp.

TO COMPLETE THIS REGISTRATION

- Select preferred session on page 1
- Attach a copy of psychological evaluation (within last three years)
- Attach a copy of current physical or request our physical form
- Attach a copy of immunization record including Covid -19 vaccination card
- 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

For additional information please contact Pathfinder Village at 607.965.8377 Ext:108.