



Precious Jewels Week 2019 Application Form

Camper _____ Age _____ M F DOB ___/___/___

Address _____

City _____ State _____ Zip _____ Phone () _____ - _____

Adult T- Shirt Size: (Circle One) XXL XL L M S Nickname _____

Has the camper attended BaYouCa before? __Yes __No Last year attended: 2018__ Other: _____

Care Provider _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Address _____ City _____ State _____ Zip _____

Care Provider E-mail address _____

Relationship to Camper: (FCP, parent, sibling, House Manager, etc.) _____

Make check or money order payable to: Bayouca

Mail to: Camp Bayouca 100 Camp Spaulding Rd. Smithville Flats, NY 13841

Questions? Call - (607) 656-9701 Fax- (607) 656-9910 office@bayouca.com www.bayouca.com

Dates: July 8th -12th

Application/Registration Fee: \$50.00

Due on Arrival: \$415.00

TOTAL FEE: \$465.00

-----Office Use Only-----

Pre-Reg \$ _____ Balance Due: _____ Postmarked: _____

CCR _____ PCR _____ CC _____ PC _____ DDS _____ MO _____ Health Form _____

Cabin # _____ Spending \$ _____ Able to accommodate Unable to accommodate

Camper Profile - please complete to the best of your knowledge

1. Sleeping Arrangements (Please check all that apply) *Bayouca will do our best to honor these requests.

Does the camper require hourly nighttime bed checks? Yes No

Camper requests to be bunked with _____

2. Toileting and Overnight Care (Please check all that apply)

Wets Bed: Never Occasionally Frequently

Please explain how bed-wetting is handled: _____

Sleeps through the night Has Nightmares Needs to be awakened to use the toilet

Uses Diapers/Depends If yes: At night only Occasionally Always

Uses Portable Urinal at Night

Other information regarding toileting needs: _____

3. Mobility (Please check all that apply)

Normal Walking Cane(s) Braces When are they worn? _____

Slow Walking Crutches Other information concerning mobility: _____

Unsteady Walking Wheelchair _____

No Walking Walker _____

4. Personal Care/Hygiene: (Please check all that apply)

	Independent	Needs Help	Total Care	Comments
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brushing Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing Hands & Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tying Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Menstruation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does the individual wear glasses? Yes No

Does the individual wear hearing aids? Yes No

Does the individual wear Dentures? Yes No

May we give/help apply bug repellent and/or sunscreen to your camper, as needed? Yes No

Please provide any other necessary information: _____

5. Eating (Please check all that apply)

- Eats independently Needs help eating Overeats
- Needs food cut up (quarter sized) Needs food chopped (dime size) Pureed (strict soft diet)
- Needs meats cut up *only* Uses Thick-it for drinks Uses straw for liquids

Please describe any special/adaptive eating equipment (provided by care provider): _____

Please explain any other information regarding eating habits: _____

Please Note: Camp staff will make every effort to monitor the amount of food/liquid served to the camper.

Is the individual diabetic? No Yes; if yes does he/she take insulin shots/medication diet-controlled

Please specify diabetic diet restrictions/modifications: _____

6. Camper Health (Please check all that apply)

Allergies: _____

- _Frequent UTI _Frequent Diarrhea _Frequent Constipation _Heart Defect/Disease Hypertension Headaches
- Bleeding/Clotting Disorders Psychiatric Treatment _Mononucleosis Asthma
- Diseases-** Chicken Pox Measles German measles Mumps Rubella Hep A Hep B Hep C
- Rheumatic Fever Other (Specify) _____
- Seizures** (Specify) Simple (minor motor skills affected, no loss of awareness) Complex (Loss of awareness)

Camper Profile – Continued

7. Communication (Please check all that apply)

Normal Speech Impaired Speech Hearing Aids Sign Language No Speech Communication Board/Book

8. Personality and Behavior (Please check all that apply)

(Please feel free to attach any additional paperwork to help serve camper’s behavioral needs- ISP, etc)

The Bayouca Program accepts children starting at 8 years old - adults with developmental disabilities who are without aggressive behavior, can communicate their needs, and are ambulatory and independent in eating and toileting. The camper should be able to participate in the program. Rules for acceptance in the program are equal for everyone without regard to race, color, sex, age, or national origin.

Active Excitable Behaves Listens Helpful Participates Cooperative
 Inquisitive Passive Quiet Follows Instructions Tantrums Refuses
 Stubborn PICA In Need of Constant Watching

Please describe any fears the individual may have: _____

Please describe camper personality on a typical day: _____

What assistance/prompts do you give the camper on a daily/weekly basis: _____

Is camper prone to wander? Yes No Please detail recommendations for dealing with this in camp environment: _____

Does camper have a history of inappropriate behavior to the opposite sex (peers & Staff)? Please explain: _____

How does camper act when upset or angry? How frequent does this occur: _____

Additional comments that would be helpful for staff to know.

NOTE: Even if the camper has attended before, his/her counselor for the week may be new or unfamiliar with the camper. It is best to be thorough so staff can better understand the camper’s unique needs.

Is the camper attending school? Yes No If yes, grade level and school _____

Is the camper employed? Yes No If yes, type/location of employment _____

9. Program Information

What activities does the camper enjoy? _____

What activities does the camper NOT enjoy? _____

Does the camper sunburn easily? Yes No If yes, please list restrictions: _____

Is the camper allergic to bee stings or other insect bites? Yes No If yes, please describe the reaction and how it should be treated: _____

Should the camper avoid exertion due to heart or other health concerns? _____

Please describe any other allergies or health concerns that may hinder the camper’s participation: _____

10. Swimming: (please check all that apply)

Note: A certified lifeguard is on duty at all times.

Enjoys water Fears water Must wear earplugs Seizure prone in water
 Swims independently Cannot swim Needs 1:1 supervision
 May ride in Paddle Boats (assisted by a staff person in the boat and wearing a life jacket at all times)
 Shallow End swimming (0-4 feet deep) Must wear life jacket in shallow end
 Deep End swimming (over 6 feet deep) Must wear life jacket in deep end

Activity Restrictions

Please review the following camp activities and determine whether the camper may participate. Please contact the camp office with any questions. All activities are closely supervised and modified to fit the camper's individual ability level.

Basketball	Yes ()	No ()	Volleyball	Yes ()	No ()
Nature Walks/Hikes	Yes ()	No ()	Kickball	Yes ()	No ()
Fishing	Yes ()	No ()	Hay Ride	Yes ()	No ()
Paddle Boats	Yes ()	No ()			

11. Physical / Medical Information

Please enclose the most recent complete physical examination and list of current medicines with the Application/Registration Form.

NOTE: If you are unable to do so please state why and give *date that the physical is scheduled*.

Reason: _____ Date Scheduled: _____

12. Immunization Records

Please complete this section or attach an up to date Immunization Record.

Please fill in month & year of your camper's immunizations.

MMR ___/___ ___/___ DPT ___/___ ___/___ ___/___ Hib ___/___ ___/___ Hep B ___/___ ___/___ ___/___
VZV ___/___ ___/___ ___/___ (camper had chicken pox. Date ___/___) OPV/IPV ___/___ ___/___ ___/___

13. EMERGENCY CONTACT INFORMATION- Campers will not be admitted without completed emergency contact

ALL INFORMATION BELOW NEEDS TO BE UPDATED AND RELEVANT AT CHECK IN.

Is the primary care provider planning to be away during the camp sessions?

- No, the primary care provider will be the contact person during the camp session.
- Yes, the primary care provider will be away during the camp session and has informed the 24 hour contact person that they will be on call.

Emergency Contact Person - 24 hour coverage - other than primary care provider which will be contacted first: In the event that the camper needs picked up early from camp please list appropriate person(s) contact info below.

Name: _____ Relationship to Camper: _____ Phone: (____) ____ - _____
Social Worker/Case Worker: _____ Phone: (____) ____ - _____
Other names/numbers: _____

14. Permission/Medical Release/Authorization for Treatment

(The following must be signed by custodial parent/guardian, care provider, or camper if self-guardian)

- A.** The camper listed above has my permission to attend and participate in the above named camp activity.
- B.** I have completed the preceding forms completely and to the best of my knowledge.
- C.** I grant permission for the Camp Nurse to treat minor illnesses and dispense campers' medication. I understand all medication must be given to and dispensed by the Camp Nurse.
- D.** I hereby give my permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for the above named individual. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the individual as named above.
- E.** I attest to the fact that the above named individual is free of any communicable disease prior to attending camp.
- F.** I give permission for the camper's picture to be used in camp promotional materials.
- G.** May we give/help apply bug repellent and sun screen to your camper, as needed? ___ Yes ___ No

Signature: _____ **Please print name:** _____

Date: _____

After review of the preceding information, the camp director or health director will make a decision regarding acceptance into the camp program. **All necessary paperwork must be completed, signed, and submitted by June 1.** If the camper is accepted, you will receive a confirmation letter, medicine administration form, and list of what to bring to camp. The registration fee will be refunded if the camper is denied acceptance to the program.