

NEW CAMPER INTAKE FORM SUMMER L.I.F.E RESPITE PROGRAMS**CAMPER INFORMATION**

Person completing form:		Relationship to camper:	
Camper name:			
Date of birth:		Gender:	
Home address:			
City:		State:	ZIP Code:

PARENT/GUARDIAN INFORMATION

Parent 1 name:			
Parent 1 address (if different than above):			
City:		State:	ZIP Code:
Primary Phone:		Email:	
Parent 2 name:			
Parent 2 address (if different than above):			
City:		State:	ZIP Code:
Primary Phone:		E-mail:	

EDUCATIONAL INFORMATION

Current School:		What Grade?	
Current Educational Placement and Related Services:			
<input type="checkbox"/> Regular Educational Classroom	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Counseling	
<input type="checkbox"/> Learning Support Classroom	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Social Skills	
<input type="checkbox"/> Autistic Support Classroom	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> 1:1 Aide/TSS/Wraparound	
<input type="checkbox"/> Other: _____			

Send a copy of student's most recent psychoeducational report (within past 2 years) along with intake form or fax to Holly Zipperer, Director of Summer Programs, at 610.640.0132 or email to hozipperer@vfes.net.

CAMP EXPERIENCE

Camper has:

attended day camp attended overnight camp spent the night away from home

What were these experiences like?

What do you want the camper to gain from his/her camp experience with us?

MEDICAL INFORMATION

Student has had a history of: Seizures Diabetes Heart Condition Other: _____ N/A

Allergies (Please explain.) _____

Dietary Restrictions (Please explain.) _____

Does the camper currently take medication? Yes (List medications below.) No

Has the camper had any recent change (within the past month) in medications? Yes (Please explain.) No

BEHAVIORAL INFORMATION

What are the camper's formal developmental and/or mental health diagnoses?

Have there been any recent changes or stressors to the camper's environment?

What are the camper's favorite activities at home, at school and in the community? What are the camper's interests and hobbies?

Does the camper have any specific fears or dislike particular activities?

Does the camper have any activity restrictions?

What are situations that the camper finds challenging and what have you found to be effective to manage these situations?

What specific activities help soothe and calm the camper?

How does the camper respond to transitions from one activity to the next or to changes in routine?

What physical or verbal signs do the camper exhibit when he/she is anxious and what works to help manage the situation?

Does the camper have a history of verbal or physical aggression? Does she/he have a history of destructive, self-injurious behavior or running away/"bolting"? Give details of circumstances, frequency and how these situations are best handled.

Does the camper have a history of sexual acting out behaviors such as excessive masturbation, exposing self, etc?

Does the camper have a behavior management plan that is used at home or at school? If yes, please explain.

Parent/Guardian Signature:

Date: