

Wonder Valley GRACE Week
July 2021 REGISTRATION FORM

NO BLANK SPACES!

Name of Camper _____ DOB _____
Age _____ Sex: M F Tel. () _____ Height _____ Weight _____ lbs.
Camper Address _____
City _____ State _____ Zip Code _____

Medical Classification(s) / disability _____

Name of legal Guardian _____ Type of Guardian _____
Tel. () _____ Alt. Tel. () _____
Address _____
City _____ State _____ Zip Code _____

Insurance Carrier _____ Claim Number _____

We must have a **copy of your current insurance card on file.**

Insurance card copy attached? Yes ___ No ___

Both sessions will be very similar. This gives the campers the choice of which session they wish to attend. **If you do not wish to choose a session, I will try to place you with the other campers who you have the most in common with, such as age, personality, and ability.**

Session 1 (July 19 - July 21) Session 2 (July 22 – July 24) Either

Each camper, **who returns their registration by May 31st**, will receive a camp T-shirt at no additional cost. Please circle the following to better assist us in ordering.

T-shirt size? **Child** S M L **Adult** S M L XL 2XL 3XL 4XL

RELIGIOUS BACKGROUND

Does camper attend church regularly? YES NO

Where? _____

Minister's Name: _____

Phone Number () _____

In our efforts to meet the spiritual needs of campers, during GRACE Week, we offer an opportunity for them to choose to follow Christ's example and be immersed in baptism. Should your camper make this decision, we will inform parent(s)/guardian by phone then follow your instructions as indicated below. If you have any questions about our belief of immersion, please call us and we will be very happy to speak with you.

If _____ chooses to be baptized by immersion:

_____ Has already been immersed. _____ May not be baptized.

_____ I authorize Wonder Valley to perform the baptism.

_____ I request to be present at the baptism.

_____ I prefer to have my minister perform the baptism at Wonder Valley.

_____ I prefer to have my minister perform the baptism at our home church.

Likes/Dislikes:

Names of brothers / sisters: _____

Pets: _____

Special hobbies / interest camper enjoys: _____

Likes: _____

Dislikes: _____

SELF HELP SKILLS	Independent	Needs verbal reminders/direction	Needs physical assistance
1. Washes hands and face			
2. Brushes teeth			
3. Takes a shower			
4. Shampoos hair			
5. Maintains body cleanliness			
6. Asks to go to toilet			
7. Uses the toilet appropriately			
8. Can apply, change and dispose of sanitary napkin			
9. Can discriminate between clean and dirty clothing			
10. Dresses self			
11. Ties shoes			
12. Can button and zip			
13. Makes bed			
14. Uses fork/spoon			
15. Uses knife for cutting			
16. Drinks from glass			
17. Walks			
18. Uses wheelchair			
19. Transfers			

BEHAVIOR	YES	NO	EXPLAIN
Can occupy free time without constant supervision			
Interacts with staff			
Interacts with other campers			
Does any certain thing cause your camper to have behavior issues? Explain			
If your camper is angry what does he or she do? How often does this occur?			
Please list and explain additional discipline/inappropriate behavioral concerns.			

COMMUNICATION Required device(s) are to be provided by camper and are to be in safe and optimum operational condition.

Camper is: Verbal Non-Verbal

Camper can express needs and wants with: No difficulty Minimal difficulty Much difficulty Not at all

Camper uses: Sign Language Communication board Other (List) _____

AIDS USED	**** Be sure to bring to camp. Camp does NOT provide****	YES	NO
Catheter	Type:		
Urostomy			
Ileostomy			
Attends			
Bedpan			
Laxatives	Frequency:		
Suppositories	Frequency:		
Enema	Frequency:		
Wheelchair	Electric or Manual (circle one)		
Crutches			
Hearing aids	<i>bring extra batteries</i>		
Glasses/contacts			
Ventilator	CPAP, BiPAP, PSV, or PCV (circle one)		

HEALTH	YES	NO	UNKNOWN	EXPLAIN
Heart Defect / Disease?				
High Blood Pressure?				
Frequent Ear Infections?				
Mononucleosis?				
Shunt?				
Atlantoaxial Instability?				
Hepatitis B Positive?				
HIV or Aids Related Complex?				
Prone to constipation?				
Prone to diarrhea?				

Does camper have Asthma? YES NO List any specific triggers: _____

Does camper have any chronic or recurring illnesses or medical conditions? YES NO
Explain _____

Seizures? YES NO Date of last Seizure? _____ Frequency _____ Duration _____
Spasticity normal? YES NO Ticks normal? YES NO Any known triggers? YES NO _____
Describe Seizures _____

Date of last menstrual period. _____ Does camper have cramps with menstruation? YES NO
When caring for pads/tampons camper is (circle one) independent dependent needs verbal cues

Is camper prone to sleeping problems? YES NO
Explain _____

Is camper incontinent at night? YES NO Any special sleeping position? YES NO
Describe: _____

Any activities camper should **NOT** participate in? YES NO List/Explain _____

Does camper need special consideration beyond general supervision of a 3:1 ratio during hygiene and/or activities? YES NO

Use back for any additional comments regarding camper that could assist in their week.

SIGNATURES AND AGREEMENT

I give permission for _____ to appear in photographs and/or video recordings made during GRACE Week. This permission also extends to the use of those photographs and/or video recordings for camp presentations and / or personal keepsakes.

Camper Signature

Date

Parent/Guardian/Caregiver

Date

I certify that the information provided on the application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to _____. I will not hold Wonder Valley Christian Assembly or any "GRACE Week" staff responsible for any damage to or loss of said property. I request that Wonder Valley Christian Assembly obtain necessary emergency medical treatment for the above-named camper as needed.

Camper Signature

Date

Parent/Guardian/Caregiver

Date

Send this form and at least a \$10 registration fee to:

Wonder Valley Christian Camp, 7093 W. Wonder Valley Rd., Salem, IN 47167

Deadline May 31st 2021

For office use only
Comments: