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FIRST TIME CAMPER APPLICATION PARENT/GUARDIAN FORM (B)

to be completed by a parent/guardian

Our goal is for your child to have the most positive experience possible at Camp Starfish. Please answer questions on the following pages as completely as possible so that we may best serve your child's needs.

Camper First & Last Name: _____

Family Background

1. Please tell us about the camper's immediate/significant family members:

Name	Age	Gender	Relationship to Camper	Living with Camper?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

2. Which, if any, of the following have occurred in the primary residence of the camper in the past year?

- Separation of Parents
 Divorce of Parents
 Military Active Deployment of _____
 Family Moved
 Loss of a Pet
 Death of _____
 Sibling Left Home
 Parent Lost/Changed Job
 New Child in Home: Age/Relation _____

2a. If you have checked off any of the above, how have these events affected your camper?

2b. Are there other recent changes in family/living arrangements of which we should be aware? No Yes (please explain)

3. Are there any persons who are legally prevented from contact with your child? No Yes (please explain)

If yes, camp will need to have a copy of the written documentation on file prior to attendance.

4. Has your child experienced significant trauma/violence in current/previous home, neighborhood, etc.? No Yes (please explain)

5. Is your camper particularly attached to one person in the family? No Yes, to _____

6. In general, how does your child get along with family members?

Camper Social, Emotional & Behavioral Background

For questions in this section, please check any/all phrase(s) that describe your camper. Space is provided for explanations.

1. In my child's relationship with peers, he/she:

- interacts best with same age children
 prefers being alone
 works and plays well with others
 interacts best with younger children
 prefers spending time with adults
 can follow rules of play (i.e. in games)
 interacts best with older children
 participates in group games if asked
 needs to be in charge

2. With other children, my camper makes friendships:

- easily and can usually maintain them
 slowly/cautiously, then can maintain
 does not really seek out relationships
 easily but has difficulty maintaining
 slowly/cautiously, difficulty maintaining
 other:

3. What level of attention/engagement is your camper usually happy with, compared to other children his/her age?

- a reasonable amount of attention a significant amount of attention constant attention

3a. What behaviors do you see when your camper is *not* receiving the amount of attention he/she needs?

4. My camper's temperament...

- is typically shy/withdrawn is usually even tempered has temper outbursts once in a while
 is usually outgoing/energetic fluctuates frequently has frequent temper outbursts

5. Under what circumstances does your camper become anxious/stressed/angry?

- hearing loud noises in large groups of people when peers receive more attention
 when feeling unheard/not listened to if not winning at a game when things are "unfair"
 when given multiple options/choices when asked to take responsibility for actions
 when asked to do a non-preferred activity other:

6. When my child is angry, he/she usually...

- fights (verbally physically) tries to hurt/damage (self others property) throws things
 withdraws/wants to be alone wants to seek revenge other:

6a. Has your camper exhibited other behaviors when angry? No Yes (*please explain*)

7. How frequently does your camper display aggressive, destructive, or harmful behaviors towards **themselves**?

- daily or every other day about once per week every few weeks
 once a month very rarely never

7a. If applicable, please describe typical circumstances that lead to this behavior, and interventions you have found effective.

8. How frequently does your camper display aggressive, destructive or harmful behaviors towards **others**?

- daily or every other day about once per week every few weeks
 once a month very rarely never

8a. If applicable, please describe typical circumstances that lead to this behavior, and interventions you have found effective.

9. Which of the following applies to your camper's need for physical intervention* **to maintain safety**?

- | | | |
|--------------------|------------------------------------|----------------------------------|
| often required | <input type="checkbox"/> at school | <input type="checkbox"/> at home |
| sometimes required | <input type="checkbox"/> at school | <input type="checkbox"/> at home |
| rarely required | <input type="checkbox"/> at school | <input type="checkbox"/> at home |
| has never required | <input type="checkbox"/> at school | <input type="checkbox"/> at home |

**Please note: this question does not refer to the use of proactive sensory techniques such as deep pressure massage, etc. Physical Intervention, also referred to as "therapeutic holds" or sometimes "restraint" by professionals, is the intentional holding of another so as to prevent them from hurting themselves or others or because they need assistance regulating their body.*

9a. If applicable, please explain further:

10. Has your camper been hospitalized or placed in a residential facility for any length of time? No (continue to question 11) Yes

10a. What are the dates of/reasons behind all placements within the prior 2 years?

11. Does your camper have any clinical diagnosis(es)? No Yes, as listed here:

Primary Diagnosis: _____ Secondary Diagnosis: _____

Additional Diagnosis(es): _____

12. Please describe additional recurring non-diagnosed behaviors or any ongoing diagnostic testing/evaluations, if any:

13. Does your camper currently receive services from any of the following professionals? For "yes" checks, please indicate frequency.

Psychologist or social worker No Yes:

Psychiatrist (for medications) No Yes:

Speech Therapist No Yes:

Occupational Therapist No Yes:

Other: _____ No Yes:

14. Does your camper take any medications related to current clinical diagnoses? No Yes

14a. If yes, please list the name & dosage of each medication, along with the reason for taking.

Camper School/Educational Background

1. What school does your camper attend? _____ Location: _____

1a. What type of program is he/she in? Mainstream Special Ed Residential Therapeutic Day Other: _____

1b. How many children are in your camper's class? _____ With how many teachers? _____

2. After camp, will he/she go to a different school? Not Sure No Yes

2a. If yes, what is the reason for the school change? What school will he/she be attending (if you know)?

3. At school, does your camper...

have an I.E.P./similar? No In the past, not currently Yes

have an individual aide? No In the past, not currently Yes (How often/for what?)

participate in a group (i.e. social skills) No In the past, not currently Yes (How often/for what?)

take sensory/other classroom breaks? No In the past, not currently Yes (How often?)

4. Has your camper been suspended from school at any time this year? No (continue to question 5) Yes

4a. If yes, when/for how long? What were the circumstances?

5. Has your camper ever been expelled from a school? No (continue to question 6) Yes

5a. If yes, what was the grade and year? What were the circumstances?

6. Has your child been exposed to or witnessed violence in school? No Yes

6a. If yes, when? What were the circumstances?

7. Is there any further information about your camper's school experience you would like to share? No Yes

Set up for Success/Camp Life Information

****These two pages will be shared directly with cabin staff****

Please help us learn more about your camper. Space is provided for explanations of checked items.

First Name: _____ Last Name: _____ Nickname: _____

Age at camp: _____ Grade entering in September: _____ Hometown (City, State): _____

1. Why would you like your camper to attend Camp Starfish rather than a more "traditional" camp?
2. Please list five words that best describe your camper.
3. What do you consider your camper's current strengths? What are his/her special talents?
4. What do you consider your camper's weaknesses/areas of growth?
5. What specific goals is your camper is working on at this time?
6. Please list some interests, activities outside of school, favorite subjects, and/or other topics that your child would enjoy talking about in social situations with campers or staff.
7. Please answer/elaborate on the following as they apply to your camper's preferences:
 - 7a. Books or Video Games? _____
 - 7b. Inside Activities or Outside Activities? _____
 - 7c. Favorite and Least Favorite Foods? _____
 - 7d. Favorite and Least Favorite Times of Day? _____
8. What, if any, allergies does your camper have?
 - No known allergies.
 - Camper has an Epi-Pen (epinephrine injector) for anaphylactic reaction to: _____
 - This camper has allergies to the following: *(Please list and explain the reaction seen for any allergies.)*
 - Foods: _____
Please note: we are NOT peanut, tree-nut or allergen-free. For his/her safety, if camper has a severe food allergy, please speak with us BEFORE arrival.
 - Medicines: _____
 - The environment *(insect stings, hay fever, etc.):* _____
 - Other: _____
9. Please check any/all that apply and explain checks in detail below. Does your camper have any of the following concerns?

<input type="checkbox"/> physical limitation(s)	<input type="checkbox"/> eating disorder	<input type="checkbox"/> chronic/recurring illness
<input type="checkbox"/> daytime "#1" bathrooming accidents	<input type="checkbox"/> daytime "#2" bathrooming accidents	<input type="checkbox"/> history of extreme homesickness
<input type="checkbox"/> history of inappropriate touching	<input type="checkbox"/> history of running/bolting	<input type="checkbox"/> Epilepsy/history of seizures

9a. If you have checked any of the above, please explain in detail.
10. Bedtime in a new place can be a difficult time for some children. Please check off any bedtime needs your camper may have.

<input type="checkbox"/> nightmares	<input type="checkbox"/> difficulty waking up in the morning
<input type="checkbox"/> fear of the dark	<input type="checkbox"/> bedwetting (circle one: nightly, 2-3x/week, occasional)
<input type="checkbox"/> difficulty falling asleep	<input type="checkbox"/> tendency to sleepwalk
- 10a. What are some techniques that you use and believe would help should they have any of these experiences while at camp?

11. With which of the following daily living skills, if any, will your camper need assistance?

- Extra encouragement to shower/do hygiene tasks like brushing teeth
 - Will resist doing this at all
 - Needs to follow a specific shower/hygiene routine (please describe)
 - Needs verbal prompting to stay on task (“time to shampoo,” “time to rinse off”)
 - Other: _____
- Assistance picking out/putting on appropriate clothes
- Reminders or check-ins about using the bathroom during the day (how often?)
- Other _____
- None of the above – my camper can do these tasks independently

12. Please tell us about your camper’s nutritional needs. Check all that apply. You do not need to re-list allergy information.

- “typical” diet – no restrictions
- vegetarian diet (Does he/she eat... Eggs: Y N Dairy: Y N Fish: Y N Chicken: Y N)
- vegan diet
- gluten-free (Is that because of... Medical necessity – i.e. Celiac’s Disease: Y N Behavioral Regulation: Y N)
- lactose-free (Does he/she drink... Soy Milk: Y N Lactaid: Y N)
- has other specific food needs as specified here:

13. During meals, will any of these needs/concerns apply to your camper?

- Difficulty sitting through the entire meal (a meal is approximately 25 minutes)
- Feeling overwhelmed in the dining hall at camp.
- Needing help cutting up and preparing their food to eat.
- Exhibiting behaviors when asked to eat certain foods (please explain)
- Other _____
- None of the above

14. Please list other camp/summer programs your camper has attended (if any) and tell us a little about them:

Name of Camp	Location	Year(s)	Day or Overnight?	Stayed the whole time?	Your thoughts about this experience – was it successful? If no, why not?

14a. For any programs your camper did not complete, please tell us why.

14b. Is there anything else about prior camp or away-from home experiences that might affect your camper’s time at Starfish?

15. How does your camper feel about going to overnight camp at Starfish?

- very excited to come to camp
- undecided about coming to camp
- wants to come to camp, has some questions/hesitations
- does not want to come to camp
- does not yet know about camp

15a. If your camper is undecided/does not want to come, what are the reasons for his/her apprehensions?

16. My camper swims...

- very well, enjoys the water
- well, has some swimming skills
- poorly, however enjoys being in the water
- not at all, never had a chance to try it
- not at all, has some fears related to the water
- other: _____

17. Is there anything we haven’t asked that you would like Starfish to know about your camper at this time? *We’ll get a detailed health history from you, including exact medication dispensing info, food allergies and preferences, etc., prior to camp.*