



2019 Camp Application

September 13th - September 15th

Please complete this application in its entirety
 In sections where information requested may not apply to you indicate N/A for not applicable.
 All applicants must be 7 years or older on or before camp date.

Please return to **Wilson Support Center, Attn: Karen Fanning**
150 Bennett Rd, Cheektowaga, NY, 14227

CAMPER INFORMATION

CAMPER'S NAME: _____

ADDRESS: _____ ZIP: _____

DOB _____ AGE _____ MALE OR FEMALE _____ GRADE COMPLETED by 6/19 _____

T-SHIRT SIZE (Specify adult or child and size) _____ YEARLY HOUSEHOLD INCOME (circle):

Below \$9,999 \$10,000 - \$19,000 \$20,000 - \$29,999 \$30,000 - \$39,000 \$40,000 - \$49,000 \$50,000 - up

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1:	Primary Phone:
Address:	Secondary Phone:
	E-Mail Address:
Parent/Guardian #2	Primary Phone:
Address:	Secondary Phone:
	E-Mail Address:
If parent/guardian is unavailable, notify:	Relationship:
Address:	Primary Phone:
	Secondary Phone:
Name of family physician:	Phone:
Primary Insurance Carrier:	Policy or group #:

Guardian/Legal Issues: () YES () NO If yes, please explain:

Who has custody or legal guardianship? _____

Who lives in the home with child? _____

Who can pick up the child? _____

EDUCATION/SCHOOL INFORMATION

School Name and Location: _____

Is your child currently receiving counseling or assistance from other family service agencies? () No () Yes

If yes, please list the agencies or providers:

GRIEF & LOSS INFORMATION

DATES OF LOSSES	RELEATIONSHIP TO THE DECEASED	CAUSE OF DEATH

Please list any illnesses or stresses the child has been exposed to and the date (parental divorce/separations, moves, family issues, etc.):

Checklist of Symptoms Child May be Experiencing:

- Depression
 - Withdrawal
 - Fear
 - Anger
 - Regressive Behavior
 - Problems Sleeping
 - Changes in School Performance
 - Poor attention span
 - Conflicts at home.
 - Conflicts at School
 - Guilt
 - Separation Anxiety
 - Worry
 - Other
- _____

Authorization for Emergency Medical Treatment

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist or to transport _____ (camper's name) to any reasonably accessible hospital facility.

Parent/Guardian Signature: _____ Date: _____

CAMPER & PARENT CAMP AGREEMENT

Dear Parent/Guardian:

The safety and well-being of your child is our number one concern. Therefore, this camp agreement has been developed to help you and your child better understand our camp safety regulations. We ask that you and your child read over this agreement thoroughly and both of you sign it. This should be returned with your application packet.

Please note that without this signed camp agreement your child will not be able to attend camp. Thank you.

.....
Participating Camper (print): _____

I, the Parent/Guardian, agree that my child will attend camp and follow all rules, regulations and safety guidelines. I also understand that if, while at camp, my child prevents the staff from safely supervising him/herself or others, or becomes harmful to him/herself, to other campers or staff, my child will be in violation of this camp agreement and will be sent home. If this situation occurs, I understand that the emergency contact person (if parents or guardians cannot be reached) will be responsible for taking my child home from camp.

If my child is sent home from camp, I understand that there will be no reimbursement, monetary or otherwise.

I, as Parent/ Guardian, agree to and accept all rules, regulations and safety guidelines provided as set forth by the camp. I also agree, as parent or guardian, not to make any unreasonable demands of the camp in relation to my child's participation at camp.

Parent/Guardian's Signature: _____ **Date:** _____

As a participating camper, I agree to adhere to all rules, regulations, and safety guidelines set forth at camp. I understand that if I put the safety of other campers, staff members or myself in danger or if I prevent the staff from safely supervising me or others, I will be in violation of this camp agreement and will be sent home from camp. I have read, understand and agree to the terms and conditions of this camp agreement.

Camper Signature: _____ **Date:** _____