



Camp Coyote Ridge

CAMP COYOTE RIDGE (CCR) SLEEPAWAY CAMP APPLICATION

(PLEASE PRINT CLEARLY)

Date: _____

DOB: ____/____/____

Male/Female

CCR Participant Name: _____
Last First M.I.

Home Address: _____ City: _____

Zip: _____

#1 Parent/Guardian Name: _____

Email: _____

Home Phone: _____ Cell: _____

Work: _____

#2 Parent/Guardian Name: _____

Email: _____

Home Phone: _____ Cell: _____

Work: _____

EMERGENCY CONTACT(S) (not a parent/guardian):

#1 Emergency Contact Name: _____

Relationship to Camper: _____

Address: _____

City: _____

Home Phone: _____ Cell: _____

Work: _____

#2 Emergency Contact Name: _____

Relationship to Camper: _____

Address: _____

City: _____

Home Phone: _____ Cell: _____

Work: _____

Please have all Camp Coyote Ridge application forms filled out and sent to ashley@ghrsocialclub.org **at least TWO WEEKS before** your child's arrival.

TELL US A LITTLE MORE ABOUT YOUR CHILD

Height: _____ Weight: _____

Diagnosis: _____

Is there a cognitive or functional delay?

If yes, please explain:

Please describe any and all allergies your child has:

Does your child have a history of elopement/ leaving a designated space or area without consent or permission from an adult? _____

Does your child have seizures? If yes, please explain the type and frequency:

Mobility: Uses wheelchair Uses walker Requires assistance to walk Ambulatory
 AFO's/leg braces/other equipment

Auditory and Visual Needs: Hearing Aid Glasses Over the ear hearing protection
Communication (please check all that apply): My child can verbally communicate his/her needs
 My child is non-verbal ASL My child uses other means to communicate (please explain)

If your child requires a calming aid, will they be bringing it with them? If yes, please explain the item:

Does your child have an aversion to textures, loud noises, etc.? If yes, please explain:

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Does your child have any behaviors? If yes, please explain:

If there is a way we can best manage these behaviors, please explain:

Does your child have any fears or phobias that you would like us to know about? If yes, please explain them as well as how we can help them through it:

Sleep Habits (please check all that apply): Sleeps through the night Restless/light sleeper
 Has nightmares Afraid of the dark Sleepwalking/wandering at night Wets the bed
 Wears diaper/pull-up at night

Please explain how we can best manage these habits:

Does your child have any food allergies or sensitivities? If yes, please explain:

Does your child have any food preferences or aversions? If yes, please explain:

Personal Care and Toileting Habits (please check all that apply):

Toileting: Independently With assistance
Brushing Teeth: Independently With assistance
Showering: Independently With assistance
Changing diaper/pull-up: Independently With assistance
Dressing: Independently With assistance

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Please tell us how we can support your child with their sensitive personal habits while at camp:

Does your child take daily medication? Yes/No (please circle one)
If yes, please complete the Medical Forms included in your packet.

Is there anything else you would like us to know about your child that we didn't cover?

How did you hear about us?

Camp Coyote Ridge has a 3:1 ratio rule. If your child requires a 1:1, please provide us with their name, phone number and agency (if applicable):

Parent/Guardian Signature: _____ Date: _____

If you have any further questions, please contact ashley@ghrsocialclub.org or keri@goldenheartranch.org

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