



Dustin's Place Intake Application for TYPICAL Sleepaway Camp

Camper full name: _____
DOB/ grade attended: _____
Camper address: _____
City, State, Zip: _____
Parent/Guardian name: _____ Relationship: _____
Parent/Guardian email: _____
Parent/Guardian address: _____
City, State, Zip: _____
Parent/Guardian Phone: _____
Emergency contact (other than guardian) name: _____
Emergency contact phone: _____
Camper diagnosis: _____

**Returning Families, please note any changes in your child's needs or functioning below.
New Families, please complete fully.**

Camper's strengths (academic, social, behavioral, emotional):

Camper's difficulties (academic, social, behavioral, emotional):

Your goals for your child:



Allergies:

Dietary needs:

Medications:

Physical difficulties:

Motor functioning:

Sensory Integration Issues:

Swimming experience/ability:

Hygiene: (Please circle one)

Brushing teeth- Completely independent Needs prompts Needs assistance

Showering- Completely independent Needs prompts Needs assistance

Toileting- Independent Needs prompts Needs some assistance Bedwetting Needs no assistance

Any other prompts needs for hygiene? Please explain

Has your child attended sleep-away camp in the past? Yes No

Has your child spent the night away from home? Yes No

What were these experiences like for the child?

Sleeping: (Please circle if it applies) Sleepwalker Difficulty going to sleep Snores Fear of dark Nightmares

Needs nightlight Needs bathroom close Uses CPAP machine

What are situations that your child finds challenging, and what have you found to be effective to manage the situation?

What specific activities help soothe and calm your child?

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



Does your child have a history of any of the following:

- | | | |
|--|------------------------------|-----------------------------|
| Physical aggression: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emotional aggression: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Requiring physical restraint: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual acting out: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Self-harm or ideation: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Running away: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Behavior dangerous to self or others | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty with toileting or bed wetting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answers to any of the above are yes, please explain:

Last instance:

Frequency:

Intensity:

Duration:

Are there any other issues you feel we need to be aware of?

How did you hear of us?



Yes No | Staff may photograph participants before, during or while on the therapeutic course. I grant Aerie Experiences and persons acting for or representing Dustin's Place or Aerie Experiences the right to use, reproduce, assign, and/or distribute photographs, film, videotapes, and sound recordings of the participants for use in materials they may create.

***Parent/Guardian Signature:**

Date:

Program Selection

Please check intended programs:

Summer Ranch Adventure Camp, Week 3- June 24-30, 2020

Payment Information:

All summer camps are \$800.00 per camper

A \$300 deposit is required to secure summer camp space; all deposits for summer camp are non-refundable. No refunds are offered on deposits.

Checks should be made out to "**Brecht Stables**"



Credit card payments (we accept Master Card, VISA, Amex):

Amount to be charged: _____

Card Type: _____

Card Number: _____

Name on Card: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

*Signature authorization to charge card:

Email completed applications to lynn@brechtstables.org. Mail hard copy applications with check payment to Brecht Stables 6580 Riley Rd Cumming, GA 30028

To help us better identify your child's strengths please include a copy of their most recent formal psychological and educational testing.