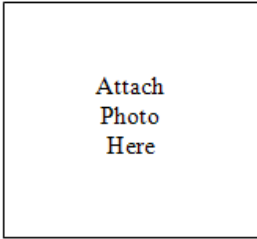




Camp Caglewood  
 5182 Glen Forrest Dr  
 Flowery Branch GA 30542



**Application Form 2017**

Trip	Cost
<input type="checkbox"/> April 7-9 Caving	<del>\$350</del> \$250
<input type="checkbox"/> June 3-6 Cabretta Island (4Days)	<del>\$350</del> \$250
<input type="checkbox"/> July 29-30 Whitewater Rafting	<del>\$350</del> \$250
<input type="checkbox"/> Sep 8-10 Wild Bear Falls	<del>\$350</del> \$250
<input type="checkbox"/> TBD 15 <sup>th</sup> Anniversary Cruise	<del>\$350</del> \$250

Caglewood Fundraising allows us to give all applicants a \$100 "Campership" for each camping trip without the need to apply for the funds. You can see the benefits in our tuitions to the left.

If you need additional financial assistance please also complete a Campership Application.

**Campership Application is included**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_  Male  Female

Application Submitted by \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Camper Lives with (if different from above) \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Has the Camper Ever been Camping? \_\_\_\_\_ attended a summer Camp? \_\_\_\_\_

If Yes where? \_\_\_\_\_ How Many times? \_\_\_\_\_

Where did you hear about Camp Caglewood? \_\_\_\_\_



## Medical Information

Please fill out this page and send it in with your application. Fill out the second copy and bring it with you on the day of trip departure.

Current Doctor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Diagnosis \_\_\_\_\_

Mild       Moderate       Severe       Profound

Current Medications: \_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

\_\_\_\_\_ Qty \_\_\_\_\_ Time Taken \_\_\_\_\_

Special Instructions for Medication and/or Diet:

Does the Camper have any major Physical Limitations? If so what?

**Please attach a COPY of your insurance or Medicaid Card and or Information.**

**Medical Information (turn in at departure)**

Please fill out this page the week of Departure and bring it with your medications.

Current Doctor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Diagnosis \_\_\_\_\_

Mild       Moderate       Severe       Profound

Current Medications: _____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____
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_____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____
_____	Qty _____	Time Taken _____

Special Instructions for Medication and/or Diet:

Does the Camper have any major Physical Limitations? If so what?

**Please attach a COPY of your insurance or Medicaid Card and or Information.**

Please complete the following by checking all boxes that apply to the camper's skills without help from others and enter any notes in the right margin.

Section	Behavior	Yes	No
<u>Meal Time</u>			
	Can Drink from a cup or glass	<input type="checkbox"/>	<input type="checkbox"/>
	Can Eat With Spoon or Fork	<input type="checkbox"/>	<input type="checkbox"/>
	Can Cut food with Knife	<input type="checkbox"/>	<input type="checkbox"/>
	Will Use a Napkin	<input type="checkbox"/>	<input type="checkbox"/>
	Can Pour Liquids into a cup	<input type="checkbox"/>	<input type="checkbox"/>
	Will Eat neatly and slowly	<input type="checkbox"/>	<input type="checkbox"/>
	Can Open snack food bag	<input type="checkbox"/>	<input type="checkbox"/>
	Has Basic Table manners	<input type="checkbox"/>	<input type="checkbox"/>
<u>Dressing</u>			
	Can Put on pants	<input type="checkbox"/>	<input type="checkbox"/>
	Can Put on shirt	<input type="checkbox"/>	<input type="checkbox"/>
	Can Button up shirt/pants	<input type="checkbox"/>	<input type="checkbox"/>
	Can Tie shoe laces	<input type="checkbox"/>	<input type="checkbox"/>
	Can Put on underwear	<input type="checkbox"/>	<input type="checkbox"/>
	Can Put on socks	<input type="checkbox"/>	<input type="checkbox"/>
	Can Put on belt	<input type="checkbox"/>	<input type="checkbox"/>
<u>Hygiene</u>			
	Can Wash Hands	<input type="checkbox"/>	<input type="checkbox"/>
	Can Shower Entire Body	<input type="checkbox"/>	<input type="checkbox"/>
	Can Wash and rinse hair	<input type="checkbox"/>	<input type="checkbox"/>
	Uses toilet paper	<input type="checkbox"/>	<input type="checkbox"/>
	Flushes toilet when through	<input type="checkbox"/>	<input type="checkbox"/>

- Goes to bathroom without prompting
- Uses Deodorant
- Brushes Teeth

Social

- Can name (discuss) various Emotions
- Demonstrates Humor
- Aware of others needs
- May be hurtful to self
- May be hurtful to others
- May be destructive to property
- May display disruptive behavior
- Cooperative
- Will take turns
- Can Play card games
- Will play sports
- Can Swim
- Afraid of Water
- May wander off

What type of class room placement is the camper in at school: (i.e. self contained)

Please Share an overview of IEP Goals:

Please describe any behavior problems that may occur, and what the best way to control them:

Please describe a typical day in the camper's life at home:

What are the camper's favorite (HEALTHY) Foods:

Breakfast:

Lunch:

Dinner:

Snack:

Please give us any other information below that you believe helpful: