

2021 Black Rock Retreat Special Week Camper Application

1345 Kirkwood Pike, Quarryville, PA 17566 / 717.529.3355 / www.blackrockretreat.com



Information on This Form Is Provided By:

Full Name (Print) _____ Relationship to Applicant _____ Phone Number _____

Camper Personal Information

Last Name _____ First Name _____ Nickname _____

Sex _____ Age _____ Birthday ____/____/____ Email (Primary) _____

Camper Address _____ City _____ State _____ Zip _____

Name of Parent/Guardian _____ Phone _____

Parent/Guardian Address (If Different) _____

Name of Group Home (If Applicable) _____ Phone _____

Alternate Emergency Contact Name _____ Phone _____

Case Worker Name (If Applicable) _____ Phone _____

Individual or Organization Paying _____ Phone _____

Contact Email (Individual/Organization Paying) _____

Church Camper Attends _____ School/Place of Employment _____

Attended Black Rock Before? _____ If "Yes" - Most Recent Year _____ T-Shirt Size S M L XL XXL XXXL

Cabinmate Requests (Up To 2) _____

Disability

Primary Disability _____ Age of Onset/Diagnosis _____

Secondary Diagnosis (If Any) _____ Age of Onset/Diagnosis _____

Additional Info For Staff _____

Abilities

Mobility (check all that apply)

1. Walking Ability: Great On All Terrains Struggles On Hills/Gravel Uses Cane/Walker

Limited Walking Wheelchair/Golf Cart Only

2. Walking Speed: Fast Steady Leisurely Very Slow

Comments _____

Communication (check all that apply)

3. Can Be Described As: Interacts and Responds to Peers Communicates All Needs Effectively
 Offers Spontaneous Information Interacts and Responds to Adult Staff
 Need to Listen Carefully to Camper Uses Signs Non-Verbal

Comments _____

Ability Level Scale: (5-highly capable, 4-nearly self-sufficient, 3-occasional help needed, 2-regular help needed, 1-constant 1-on-1 help needed)

Self-Care Skill	Ability Level	Comments (list any camper needs, preferences, suggestions, precautions, etc. regarding this skill)
Urination	5 4 3 2 1	
Bowel Movement	5 4 3 2 1	
Hand Washing	5 4 3 2 1	
Showering	5 4 3 2 1	
Brushing Teeth	5 4 3 2 1	
Changing Clothes	5 4 3 2 1	
Eating/Drinking	5 4 3 2 1	
Shaving (Men)	5 4 3 2 1	
Period (Women)	5 4 3 2 1	

	Always	Often	Occasionally	Never
1. Camper Needs to be Reminded to Use Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Camper Soils Bed During Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Camper Soils Clothes During Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activities

Interest Level Scale: (5-extremely interested, 4-considerably interest, 3somewhat interested, 2-little interest, 1-no interest)

Ability Level Scale: (5-highly capable, 4-nearly self-sufficient, 3-ocassional help needed, 2-regular help needed, 1-constant one-on-one help needed)

Activity	Interest Level	Ability Level	Comments
Swimming	5 4 3 2 1	5 4 3 2 1	
Crafts	5 4 3 2 1	5 4 3 2 1	
Archery	5 4 3 2 1	5 4 3 2 1	
Sports	5 4 3 2 1	5 4 3 2 1	

Comments _____

Socialization & Overall Behavior

1. Can Be Classified As: Extremely high functioning, completely self-sufficient
 High functioning, only very minor needs Average, needs some help or displays challenging behavior at times
 More difficult to manage, needs help with most things, almost always one-on-one
 Very difficult in behavior and/or needs, constant one-on-one, very emotionally/physically draining

Comments _____

2. Frustration Occurs In Daily Experiences: Never Seldom Sometimes Often

Circumstances where Frustration Occurs _____

3. Behavior Management Best Utilized Is: Firmness Positive Reinforcement
 Withholding Reward Other

Comments _____

<i>Cooperation Skills</i>	<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>
4. Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Responds to Adult Staff Directives/Commands (e.g. "this way," "time to go," "don't throw stones")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Follows Along in Group Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Exhibits Behavior to be Apart From the Group (e.g. walks away, refuses to cooperate, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sometimes campers have a hard time adjusting to a different routine, new people, more physical activity, different food, sleeping away from home, etc. This can cause behavioral problems not normally exhibited. In your opinion, what is the likelihood of this happening?	<input type="checkbox"/> No Chance	<input type="checkbox"/> Unlikely	<input type="checkbox"/> Possibly	<input type="checkbox"/> Probable

How might he/she react if uncomfortable? _____

9. Names and relationship with any other people regularly a part of applicant's daily life (roommate, caregiver, parents, siblings, etc.).

Applicant's Typical DAYTIME Activities Include:

- School- Special Education Services Provided _____
- Employment (circle type) Competitive Supported Workshop
- Day Program (Type _____)
- Mostly at Home
- Other (Explain) _____

Please provide contact information for someone with whom we may speak with regarding applicant's school, job, or program if necessary. (Example: teacher, work supervisor, case manager)

Name	Position	Phone
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Check any and all behaviors exhibited by applicant **within the last 6 months.**

Aggression Towards Others	Self-Injurious Behavior	Other:
<input type="checkbox"/> Verbal <input type="checkbox"/> Biting <input type="checkbox"/> Hitting <input type="checkbox"/> Kicking	<input type="checkbox"/> Picking/Scratching <input type="checkbox"/> Head Banging <input type="checkbox"/> PICA <input type="checkbox"/> Biting	<input type="checkbox"/> Talk of Things Strange, Disgusting, Frightening <input type="checkbox"/> Habitual Lying/ Fabricating Stories <input type="checkbox"/> Hoarding/Stealing <input type="checkbox"/> Inappropriate Sexual Behavior <input type="checkbox"/> Mental Health Concerns <input type="checkbox"/> Other _____

Comments _____

Additional comments that would be helpful for our staff to know. Remember, even if your camper has been here before, his/her counselor for the week may be new and unfamiliar with your camper. It is best to be thorough so they can better understand his/her unique needs and behaviors. (Attach additional sheets if necessary):

Authorized Pick Ups

Please list all persons authorized to pick up camper at departure. This list can be updated on arrival day.

Please read, sign, and date the following release statements.

Photo/Video Release Statement:

The camper named in this registration has my consent to attend camp at Black Rock Retreat and to participate in its activities. I also authorize Black Rock Retreat to use photography and video footage of the registrant for publicity and promotional purposes.

Signature _____ Date ____/____/____