



Dear Parent,

The staff at Camp Berachah is excited about the opportunity to meet your child this summer and would like to be able to provide the best possible camping experience.

Enclosed is a Registration Addendum, which will help determine if Camp Berachah is able to accommodate your child's needs. Keep in mind that this application is designed to cover a wide range of special needs; **some of the questions or responses may not apply to your child, if this is the case use "N/A"**. If you find that we did not leave enough room to write, please use a separate sheet of paper. We cannot process your child's registration for camp until you have completed and returned the Addendum.

After Camp Berachah has received the application and it has been reviewed, you will receive an email with any concerns and/or to work out details. Medical staff may need to contact you closer to the date of camp concerning diet and/or medications.

Camp Berachah hopes to help in any way possible to make your child's camp experience successful. In cases where an individual is medically fragile, has medical needs beyond the scope of our resources, or has social and emotional needs which we are not equipped to handle, Camp Berachah reserves the right to deny admission. If that were to happen, Camp Berachah would provide you with resources to help find an appropriate camp setting that would better meet your child's needs.

Thanks for your time, energy and expediency in returning the Registration Addendum. We look forward to learning more about your son or daughter in preparation for a fantastic week at camp.

In Christ's Service,  
Natalie Head  
Special Needs Coordinator  
[nhead@campberachah.org](mailto:nhead@campberachah.org)

# CAMP BERACHAH MINISTRIES

## Registration Addendum

19830 SE 328<sup>th</sup> Place - Auburn, WA 98092

253-939-0488

800-859-2267

Fax 253-833-7027

Email [nhead@campberachah.org](mailto:nhead@campberachah.org)

Camper Name: Last	First	Middle Initial	Birth Date: - - Age: Male <input type="checkbox"/> Female <input type="checkbox"/> Grade:
Address:			<b>All camps are grade completed.</b>
City, State and Zip Code			Church Attending:
Parent/Guardian:			E-mail:
Home Phone:	Work Phone:	Cell/Pager:	
<b>Contact persons should be familiar enough to provide answers to questions about the child's behavior or care.</b>			
Alternative Contact:			Relationship:
Home Phone:	Work Phone:	Cell/Pager:	
Alternative Contact:			Relationship:
Home Phone:	Work Phone:	Cell/Pager:	
<b>If Camp Berachah is able to meet my child's needs I would prefer: (Check One)</b>			
<input type="checkbox"/> Day Camp	<input type="checkbox"/> Primary Camp	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Teen Camp
Dates I would prefer:			

Diet Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_ Immunizations up-to date? Yes \_\_\_\_ No \_\_\_\_

Current Medications: Rx: \_\_\_\_\_ Rx: \_\_\_\_\_  
Rx: \_\_\_\_\_ Rx: \_\_\_\_\_

Current Over the Counter Medications: \_\_\_\_\_

In order to provide your child with the opportunity to benefit the most from his/her experience please provide us with as much information as possible concerning capabilities and limitations. Please use an extra sheet of paper if needed.

**1. COGNITIVE/ACADEMIC**

- a. Indicate the child's level of mental functioning:
  - no mental impairment
  - educable/mildly mentally impaired
  - trainable/moderately mentally impaired
  - severely mentally impaired
- b. Describe briefly specific strengths and weaknesses.

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**2. EQUIPMENT:**

- a.  helmet
  - wears when out of bed
  - wears when walking or engaged in activities
- b.  body jacket
  - wear except for swimming/shower
  - wear when out of bed
- c.  wheelchair
  - manual
  - electric
- d.  transfer board
- e.  crutches
- f.  braces
- g.  walker
- h.  other – please list/describe any other special equipment used in the care of your child and when it is to be used

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**3. COMMUNICATION:**

- a.  speaks clearly, easily understood
- b.  speaks but is not always understood
- c.  does not speak
- d.  child communicates his/her needs clearly
- e.  uses communication board or other augmentative system
- f.  uses sign language, describe level and extent
- g.  uses other gestures to communicate, describe
- h.  can hear and understand verbal communication
- i.  cannot hear at all

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**4. VISION:**

- a.  no problems
- b.  totally blind
- c.  uses aids
  - glasses for close up
  - glasses for distance
  - prescription sunglasses
- d. Describe vision with aids
  - normal vision  low vision  almost blind

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**5. ARM/HAND USE:**

- a.  has no limitations
- b.  has limitations, describe below
- d. degree of control:
  - total  moderate  minimal
- e. hand skills:
  - can use scissors  can use pencil

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**6. WALKING:**

- a.  can walk without difficulty
- b.  has difficulty
  - on rough terrain
  - with balance
- c.  uses walking aids, describe
- d.  can run without difficulty
- e.  cannot run

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**7. SITTING:**

- a.  self/without support
- b.  needs chair with support
- c.  needs complete support

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**8. EATING:**

- a. ( ) can feed self with no help
- b. ( ) can feed self with some assistance, describe below
- c. ( ) needs help preparing food (i.e., cutting, etc.)
- d. ( ) needs straw for beverage
- e. ( ) uses special equipment/utensils, describe below
- f. ( ) needs help eating, describe below

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**9. SLEEPING HABITS:**

- a. ( ) sleeps well  
     ( ) hours per night \_\_\_\_\_
- b. ( ) talks during sleep
- c. ( ) wakes frequently
- d. ( ) needs side rail
- e. ( ) afraid of dark, describe how to handle:
- f. ( ) nightmares, describe how to handle:
- g. ( ) uses nightlight-(Please provide your own)

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**10. TOILETING:**

**A full-time adult caregiver supplied by the camper's family will be required for toileting or diapering needs.**

- a. ( ) can care for self
- b. ( ) must be reminded to go
- c. ( ) sometimes wets bed
- d. ( ) needs help getting on/off toilet
- e. ( ) uses suppository  
     ( ) occasionally  
     ( ) regular—every \_\_\_\_ days
- f. ( ) wears pampers  
     ( ) all the time  
     ( ) at night only
- g. ( ) follows catheter program
- h. ( ) has a urostomy  
     i. ( ) term used for bowel movement \_\_\_\_\_

j. ( ) term used for urinating: \_\_\_\_\_

k. ( ) would be willing/able to use outhouse if in remote area

- l. ( ) girl's menstrual periods have begun  
     ( ) due while at camp  
     ( ) needs assistance, describe below  
     ( ) has cramps

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**11. DRESSING:**

- a. ( ) can dress self
- b. ( ) needs total help dressing
- c. ( ) needs help with zippers, shoes, socks etc.
- d. ( ) can brace and unbrace self

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**12. BATHING/GROOMING**

- a. ( ) can take shower alone
- b. ( ) needs help in/out of shower
- c. ( ) needs supervision only
- d. ( ) needs help regulating water temperature
- e. ( ) other, describe:
- f. ( ) can wash and comb hair without help
- g.    needs help  
       ( ) washing hair  
       ( ) combing hair
- h. ( ) can brush own teeth
- i. ( ) needs supervision when brushing teeth
- k. ( ) cannot brush own teeth

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**13. DIAGNOSTIC INFORMATION (Required)**

a. Describe specific diagnosis, degree of involvement, year of onset, etc.:

#### **14. EMOTIONAL**

a. Describe the emotional and affective characteristics of the child, especially with regard to any perceived limitations.

b. Does the child show signs of anger?

c. How does he/she manifest anger?

d. How does he/she manifest frustration?

e. Can he/she communicate these emotions, and how?

f. Is the child subject to temper outbursts?

g. What would provoke a temper outburst and how do you respond to the child during and after an outburst:?

h. Does the child have fears or reaction to such things as:

heights  steps  storms  loud noises  left alone  animals  other, please explain:

i. What is the best way to handle the child in these situations if avoidance is not an option?

**15. PHYSICAL**      **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

a. Indicate physical limitations:

b. Describe any therapy your child receives now and should receive while at camp.

c. Recent surgery? Serious illness or injury? Please explain:

d. Is the child overactive or hyperactive?

e. Is the child apt to get easily fatigued, subject to headaches or dizziness when participating in sports or other strenuous activities?

f. Should these activities be: ( ) avoided ( ) restricted

g. How should camp staff respond in case of dizziness or headaches brought on by overexertion?

h. Please describe the child's swimming skills, restrictions or experience.

i. Please describe any special equipment or procedure that can facilitate enjoyment of water activities:

j. Is the child afraid of: ( ) water ( ) wading ( ) submerging ( ) boating ( ) Other:

**16. SOCIAL BEHAVIOR**

a. Names and ages of sibling at home:

b. Favorite activities (games, sports, hobbies):

c. Has your child ever been away from home/you for a significant amount of time (Hours \_\_\_\_\_ or Days \_\_\_\_\_)?  
Describe

d. Previous camping experience: \_\_\_\_\_ Residential \_\_\_\_\_ Day Camp \_\_\_\_\_

e. Was the previous camp experience successful? ( ) Yes ( ) No

Describe

f. What suggestions can you give us to help them settle into the daily routine and activities at camp? Please be specific.

g. Is there anything else you would like to tell your child's counselor?

h. Is there something special your child likes or does not like?

i. How would you describe your child?

j. How can we help him/her build relationships with peers, etc.?

**17. SCHOOL ATTENDANCE:** ( ) Yes ( ) No

If yes: Grade Placement: \_\_\_\_\_

What modifications are made at school? (Type of classroom, assistance from an aide).

**18. Treating Doctor's Name & Phone Number**

**19. WHAT ARE YOUR CONCERNS?**