

Elks Camp Grassick
PO Box F, Dawson, ND 58428
701-327-4251
campgrassick@gmail.com

Companion Camp
Sibling Application

Date of Application: _____ Date Received at ECG: _____

PERMISSION

I, as parent/guardian of this child, request that my child be considered an applicant to Elks Camp Grassick for the One Week Companion Session. I give permission for Elks Camp Grassick to obtain information from my child's school, teachers, therapists, or other persons/organizations to help determine eligibility for this camping session. I understand that failure to provide honest and accurate information about my child could result in non-acceptance or early dismissal from Camp Grassick.

Parent/Guardian Signature: _____

IDENTIFYING INFORMATION

Name of Child: _____ Gender: Male Female

Nickname or Preferred Name: _____ T-Shirt Size: _____

Date of Birth: _____ Age as of camp start date: _____

Name of Companion Camper: _____

Relationship to Companion Camper: _____

Name of Parent(s) or Guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____ Cell: _____

Parent/Guardian #1:

Place of Work: _____ Telephone: _____

Parent/Guardian #2:

Place of Work: _____ Telephone: _____

Emergency Contact: (must be someone other than parent or guardian)

Contact Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

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GENERAL INFORMATION

Name of School Child is Attending: _____

City: _____ State: _____ Zip: _____ Grade: _____

Child Lives with: Mother Father Both Guardian(s) Other: _____

Number of siblings: _____ Number of children living in home: _____

Describe this child's swimming abilities:

non-swimmer Beginner Intermediate Advanced

Does he/she need to wear lifejacket earplugs

(All children will wear lifejackets on boats and in deep water)

SOCIAL STUDY

Does this child have any disabilities or diagnoses? Please describe. (i.e. ADHD, ASD, LD, etc)

Does this child have any special dietary needs?

Personal Traits: Please describe this child's maturity level, self-esteem, and level of independence in the home environment.

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SOCIAL STUDY CONTINUED

Social Adjustment: How does this child relate to others in the home? (Relationship to parents, siblings?)

Briefly describe the relationship this child has with his/her companion camper.

How does the child relate to others at school?

Does this child exhibit any unusual discipline problems in his/her home environment?

Yes No In school? Yes No In social settings? Yes No

If yes, please explain.

Does this child have any behaviors, periods of dysregulation, or physical outbursts? If yes, please describe.

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Please list a few interests or hobbies of this child.

Is your child afraid of anything? Does your child have nightmares? Please describe. Is there anything that comforts him or her?

Has this child ever attended a summer camp before? Yes No

Has attended Elks Camp Grassick Has attended _____

If not, do you feel that this child could adjust to being away from home and in a camp environment?

How do you feel this child will adjust to living with 5-8 cabinmates of differing ages and abilities?

At camp, there is a very full schedule of activities and lots of sensory input (activity, noise, changing weather, etc.). Do you believe this child is able to keep an active pace for the entire camp session? Do you feel that they will be able to self-regulate with all the external stimuli?

Please attach any additional, pertinent information about this child.