

Elks Camp Grassick  
PO Box F, Dawson, ND 58428

701-327-4251  
campgrassick@gmail.com

Date of Application: \_\_\_\_\_ Date Received at ECG: \_\_\_\_\_

Child is Applying For:     3 Week Camp     2 Week Camp     Companion Camp

### PERMISSION

**I, as parent/guardian of this child, request that my child be considered an applicant to Elks Camp Grassick for a Camping 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 Parent(s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

## ELKS CAMP GRASSICK FEE AGREEMENT

**Please do NOT send payment until your child has been accepted.**

Camper's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please check which camp the child will attend or has attended:

- Three Week Camping Session: \$700.00
- Two Week Camping Session: \$500.00
- One Week Companion Camping Session – Camper: \$300.00
- One Week Companion Camping Session: - Companion \$100.00

Parent/Guardian: If you are paying for all or part of your child's camp fee, please indicate in the spaces below. Camp fees may be made in payments.

Please check the amount you are able to pay or check if you need full or partial sponsorship for your child to attend Elks Camp Grassick.

- I hereby agree to pay \$\_\_\_\_\_ for my child to attend Elks Camp Grassick.
- I am requesting a partial sponsorship for my child to attend Elks Camp Grassick.
- I am requesting a full sponsorship for my child to attend Elks Camp Grassick.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please feel free to call camp at 701-327-4251.

Please send this agreement to: Elks Camp Grassick  
PO Box F  
Dawson, ND 58428

## REFERRAL INFORMATION

Note: Campers may be referred to Camp Grassick by a parent, teacher, therapist, medical professional, etc. The referring agency is for informational purposes and does not affect a child's application process.

Name of School Child is Attending: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Child's Teacher: \_\_\_\_\_ Summer Telephone #: \_\_\_\_\_

Type of Classroom: \_\_\_\_\_ Grade: \_\_\_\_\_

This Child is Referred to Camp Grassick by: \_\_\_\_\_

Title/Phone #: \_\_\_\_\_

This child could benefit from: (if more than one, please rank with number 1 being greatest need)

- Speech/Language Therapy       Occupational Therapy  
 Remedial Reading       General Camping Experience

## GENERAL INFORMATION

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

Number of siblings: \_\_\_\_\_      Number of children living in home: \_\_\_\_\_

Child's Diagnosis: \_\_\_\_\_

Activities of Daily Living:

Please give an evaluation of the child's ability in the area of daily living skills. (How independent is he/she?)

## GENERAL INFORMATION CONTINUED

Level of Supervision Needed for Each:

|           | Total Assist             | Minimal Assist           | Supervision              | Independent              |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| Dressing  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toileting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Does this child have any issues with bowel/bladder control? \_\_\_\_\_

Does he/she wear an incontinence product at any time? \_\_\_\_\_

Does this child have any special dietary needs? \_\_\_\_\_

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

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

2. Social Adjustment: How does this child relate to others in the home?

## SOCIAL STUDY CONTINUED

3. How does the child relate to others at school?
4. 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.
5. Does this child have any repetitive behaviors, stims or tics? If yes, please describe.

Does this child have any behaviors or physical outbursts? If yes, please answer the following questions.

- a. What sets off his or her behavior? Is there anything that escalates the behavior?
- b. What does the behavior look like?
- c. How long does a behavior typically last?
- d. How often does the child exhibit these behaviors?
- e. Is there anything that deescalates the behavior? What calms him or her down?

## SOCIAL STUDY CONTINUED

6. Are there any behavior plans or therapeutic practices that work with the child that we should continue at camp? If a behavior plan is in place, please attach.
  
7. Please list a few interests or hobbies of this child.
  
8. Is your child afraid of anything? Does your child have nightmares? Please describe. Is there anything that comforts him or her?
  
9. Has this child ever attended a summer camp before? Yes No  
 Has attended Elks Camp Grassick  Has attended \_\_\_\_\_  
If not, how do you feel that this child would adjust to being away from home and in a camp environment?
  
10. How do you feel this child will adjust to living with 5-8 cabinmates?
  
11. 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.