

CAMP KROC Inclusion Application



We strive to make Camp Kroc accessible for ALL children. Unfortunately, the Kroc Center cannot provide specialized one-to-one care for any individual camper. This form helps us determine if we are able to provide appropriate accommodations for your child, and most importantly, keep them safe while in our care at Camp Kroc. Campers are accepted on a case-by-case basis and are required to function within our camp ratios of 1:6 (age 5), 1:8 (ages 6-8), 1:10 (ages 9-12).

Please complete this form in full and submit to the Camp Kroc Day Camp Supervisor at the address listed at the bottom of this page **at least two weeks prior to your desired camp start date**. As part of the inclusion application process, the child and at least one parent/guardian are required to attend an interview with the Day Camp Supervisor to discuss your child's needs. The Day Camp Supervisor will call you to schedule an interview after receiving your inclusion application.

Please remember, the more information we have about your child, the better we are able to safely serve them.

CHILD'S NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

PARENT/GUARDIAN'S NAME _____

PHONE _____ EMAIL ADDRESS _____

ABILITY PROFILE

Briefly describe your child's level of ability:

What type of daily assistance/accommodations does your child require?

ACTIVITIES MY CAMPER ENJOYS:

- Archery
- Music
- Board Games
- Art Projects
- Dance
- Fishing
- Group Activities
- Free Play
- Sports Games
- Swimming
- Play Outdoors
- Other: _____

MY CAMPER COULD BECOME UPSET WHEN:

- They are told "no"
- They feel that they are in a "not fair" situation
- They are not getting their way
- The schedule changes without warning
- They have to share with others
- They are afraid
- They are in a large crowd
- There are loud noises
- They are communicating but not being understood
- Other: _____

MY CAMPER MAY NEED ASSISTANCE WITH:

- Swimming
- Dressing/Undressing*
- Toileting*
- Meal/snack times
- Communicating
- Riding/Entering a bus for field trips

ADDITIONAL COMMENTS:

*Camp Kroc Krew members are not able to aid in toileting or dressing needs.

YOU CAN HELP MY CAMPER BY:

- Offering a quiet space
- Offering choices
- Speaking calmly with a quiet voice
- Speaking in a firm voice
- Giving direct instructions
- Using fewer words
- Using a written schedule
- Using a picture schedule
- Talking to me about why I am upset
- Using first/then statements
- Providing sensory input
- Other: _____

(Continued on opposite side)

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MY CAMPER'S FRUSTRATIONS MAY BE DEMONSTRATED BY:

BEHAVIOR	NEVER	RARELY	SOMETIMES	FREQUENTLY	DAILY	COMMENTS
Foul Language						
Aggression Toward Others						
Self-Harming Behaviors						
Leaving My Group						
Running Away						
Stealing Property						
Stealing Food						
Refusal to Move/Transition						
Hiding						
Screaming/Crying						
Spitting						
Inappropriate Touching						
Destruction of Property						

MY CAMPER HAS A BEHAVIOR PLAN DEVELOPED IN CONJUNCTION WITH A SCHOOL DISTRICT OR SOCIAL SERVICE AGENCY.

YES NO (If yes, please attach)

Would your child benefit from positive reinforcement tools? (Sticker charts, small toy, treat, etc. These must be provided by the family.)

What are three goals you'd like to see your child accomplish while at Camp Kroc?

1. _____
2. _____
3. _____

By signing this application, you acknowledge that you have read and understand the camper expectations listed below. Additional group expectations are reviewed with campers at the beginning of each week by our counselors. The Kroc Center reserves the right to suspend or expel any camper who is repeatedly unable to adhere to these expectations:

- Stay with the group at all times.
- Keep hands, feet and objects to oneself.
- Listen to all instructions given by staff.

Thank you for considering Camp Kroc day camp for your child. The Day Camp Supervisor will contact you upon receipt of this completed application.

NAME OF PARENT/LEGAL GUARDIAN _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____