



# Camper's Application

Camp Ahuvim Admissions Office  
1160 East 8th Street  
Brooklyn, N.Y. 11230



For office use only

Check
Amount
Date

Kindly attach  
a recent  
photograph  
of the  
applicant

Original  
NOT a copy

Please fill out the application completely and clearly.

---

### APPLICANT INFORMATION

Applicant Name \_\_\_\_\_  
Last First Middle

What name does Applicant prefer to be called? \_\_\_\_\_

Entering Grade/Class \_\_\_\_\_ School Year \_\_\_\_\_ School \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

---

### EDUCATIONAL HISTORY

Name of Current School \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list all schools Applicant has attended \_\_\_\_\_

School	Grades/Classes	Years
--------	----------------	-------

--	--	--

Did Applicant attend summer camp before?  Yes  No

If Yes, Name of Camp \_\_\_\_\_ Years \_\_\_\_\_

---

### CORRESPONDENCE INFORMATION

Please indicate  Mother  Father  Both receive all correspondence, bills, etc..

Request Application For Scholarship

**FAMILY INFORMATION**

**Father**

Mr.  Dr.  Rabbi

First \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Shul Affiliation \_\_\_\_\_

**Mother**

Mrs.  Ms.  Dr.

First \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Shul Affiliation \_\_\_\_\_

Is the Applicant from  this marriage  previous marriage  adopted

Applicant's parents are now  Married  Seperated  Divorced  Father deceased  Mother deceased

If divorced, who has legal custody? \_\_\_\_\_

Applicant lives with  Both Parents  Mother  Father  Other Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**SIBLINGS** Please list siblings, grade level and respective schools.

Name \_\_\_\_\_ Grade/Class \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade/Class \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade/Class \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade/Class \_\_\_\_\_ School \_\_\_\_\_



# SKILLS AND ABILITIES

## TOILET TRAINING

- Fully trained     Not trained     Time trained     Needs reminding     Wears diapers  
 Needs physical assistance

What type: \_\_\_\_\_

If time trained, give schedule: \_\_\_\_\_

## DRESSING

- Independant     Needs help     Must be dressed  
Needs help with     Snaps     Zippers     Buttons     Buckles     Shoelaces

## HAND WASHING

- Independant     Needs help     Must be washed     Needs reminding

How do you help? \_\_\_\_\_

## SHOWERING

- Independant     Needs help     Must be showered     Does not enjoy     Needs reminding

How do you help? \_\_\_\_\_

## SHAMPOOING

- Independant     Needs help     Does not enjoy

## BRUSHING TEETH

- Independant     Needs help     Does not enjoy

## EATING

- No problem     Needs help     Must be fed

Uses specialized eating equipment (describe): \_\_\_\_\_

List favorite foods \_\_\_\_\_

List foods disliked \_\_\_\_\_

Does he tend to overeat?     Yes     No

If yes, how can we reduce this tendency? \_\_\_\_\_

**SLEEP HABITS**

Light sleeper     Average sleeper     Heavy sleeper

Does he have a hard time falling asleep?     Yes     No

Is he hard to awaken in the morning?     Yes     No

Does he require any special attention before falling asleep?     Yes     No

If yes, please explain \_\_\_\_\_

Type of bed he sleeps in at home \_\_\_\_\_

**VISION**

No problem     Wears glasses     Visual difficulties, but no glasses     Legally blind

**SPEECH**

Speaks clearly     Hard to understand     Needs prompting     Non-verbal

Uses sign language    *If signs used, please attach a list of all signs used and/or understood*

**HEARING**

No problem     Hard of hearing     Wears aid     Totally deaf

**HAZARDS**

Is aware     Has to be reminded     Needs constant supervision

Does he have any tendency to wander away?     Yes     No

If yes, when and where and with what success? \_\_\_\_\_

Has the Applicant been to sleep-away camp before?     Yes     No

If yes, when and where and with what success? \_\_\_\_\_

Has there been a signifigant behavior change, either positive or negative, in the past year. If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Applicant have any physical ailments, fears or anxieties that might be heightened by being away from home? If so, what are they and how should we deal with them? \_\_\_\_\_

\_\_\_\_\_

How does he act when upset? (strike out, cry, bite, withdraw, etc.) \_\_\_\_\_

How do you ease upset feelings? \_\_\_\_\_

How do you reward good behavior? \_\_\_\_\_

When would he act aggressively? \_\_\_\_\_

Describe aggressive behavior \_\_\_\_\_

Is he involved in a behavior modification program at school and/or at home?  Yes  No

If yes, please describe it \_\_\_\_\_

At what level does he comprehend directions?

- Can follow through on 4 or more step directions
- Can follow directions involving 2 or 3 steps
- Can follow directions involving 1 simple command

Please give us suggestions or recommendations to help our staff provide an enjoyable vacation experience for your son

What activities does he like? \_\_\_\_\_

What does he dislike? \_\_\_\_\_

Are there any activity restrictions?  Yes  No

If yes, please describe \_\_\_\_\_

What difficulties might he experience in: \_\_\_\_\_

Relating to authority figures: \_\_\_\_\_

Relating to peers: \_\_\_\_\_

Cooperating in group activities: \_\_\_\_\_

Cooperating with medical personnel: \_\_\_\_\_

How to best work with these difficulties \_\_\_\_\_

Please give us the names and relationships of family members who are important to the Applicant (include pets, if appropriate). \_\_\_\_\_

**EMERGENCY CONTACT** Please list one (2) contacts who can take responsibility ONLY

if parents or guardian are unavailable. (Please inform the individual(s) Camp Ahuvim may call.)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

**MEDICAL INFORMATION:** Does the Applicant take medication  Yes  No

**DOES THE APPLICANT HAVE SEIZURES?**  Yes  No

Tonic clonic (grand mal)

Absence (petit mal)

Complex/simple partial

Other

Frequency \_\_\_\_\_ Date of last seizure \_\_\_\_\_

Usual time of day \_\_\_\_\_

Aura  Yes  No

Describe seizure activity \_\_\_\_\_

Describe aura \_\_\_\_\_

Precipitating circumstances \_\_\_\_\_

Are they under control with medication?  Yes  No

What precautions should be taken during and after a seizure? \_\_\_\_\_

**ALLERGIES**

Is the Applicant allergic to any medication?  Yes  No

If yes, list \_\_\_\_\_

Reactions \_\_\_\_\_

Does Applicant have food allergies?  Yes  No

If yes, list \_\_\_\_\_

Reactions \_\_\_\_\_

**ADDITIONAL INFORMATION**

*Is your child currently receiving any support services?*  Yes  No

*If yes, please indicate which services* \_\_\_\_\_

*Has your child ever had emotional, social or behavioral problems that required professional help?  
(e.g. counseling or assesment)*  Yes  No

*If yes, please explain* \_\_\_\_\_

\_\_\_\_\_

*Is there any additional information concerning your child about which the camp should be aware?  
(physical or emotional development, family life, custodial arrangements,etc.)*  Yes  No

*If yes, please explain* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SWIM/ POOL RELEASE** *If Applicant does not wish to swim, please check box*

*My son(full name) \_\_\_\_\_, has my permission to participate in any appropriately supervised swim/ pool activities at Camp Ahuvim during the summer of \_\_\_\_\_(year)*

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

*If your son has a seizure disorder and you would like him to swim without a lifejacket, a letter must be included with this application stating this intention.*

**VIDEO/ PHOTOGRAPH RELEASE (Optional)**

*I hereby give permission to Camp Ahuvim to use the photograh(s) and video presentation of \_\_\_\_\_ for publicity, education and fund raising purposes, and in any and all publications and other media without limitations or reservations.*

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

**CONSENT FOR EMERGENCY TREATMENT/ MEDICATION ADMINISTRATION**

*In the event that \_\_\_\_\_ requires emergency medical treatment and the parent or legal guardian can not be reached, the staff of Camp Ahuvim is hereby authorized to sign for treatment. I also give permission for the camp to administer medication.*

Parent \_\_\_\_\_

Date: \_\_\_\_\_

Legal Guardian \_\_\_\_\_

*For Campers 18 years of age and younger (please check off one box)*

*My child has had the meningococcal meningitis immunization (Menomune TM) within the past 10 years*

*Date received* \_\_\_\_\_

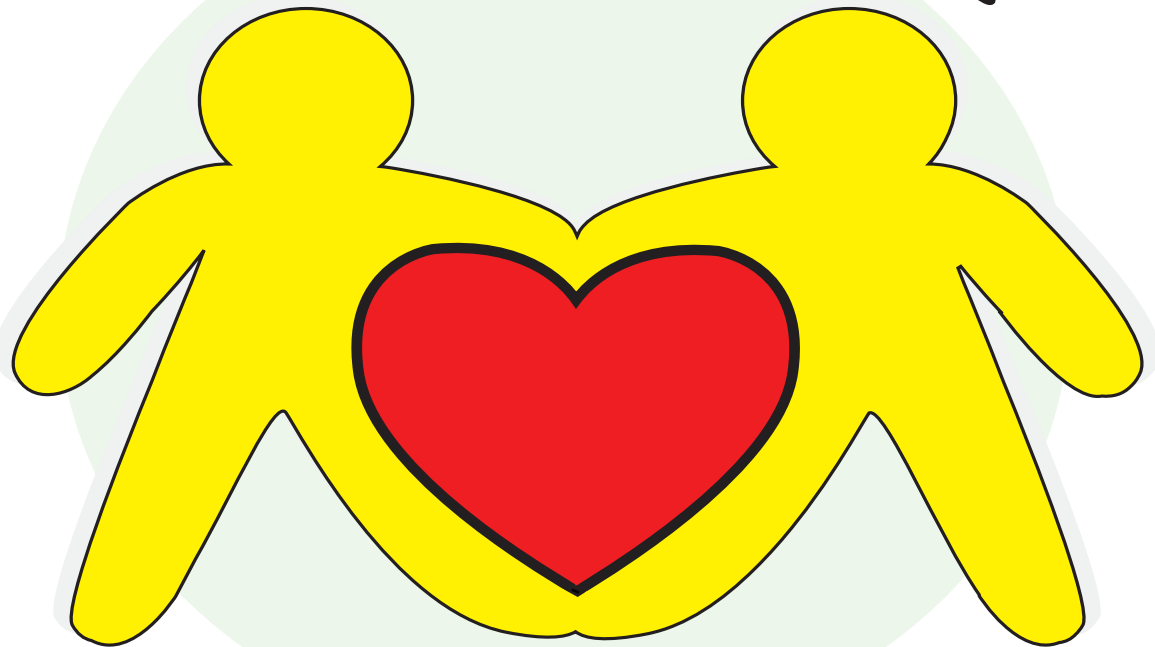
*I understand the risks of not receiving the vaccine after discussion with my child's doctor and have decided my child will not obtain immunization against meningitis disease*

**ATTACH COPIES OF THE APPLICANT'S  
DOCTORS FORM, INSURANCE, MEDICAID, OR MEDICARE CARDS**

**Front**

**Back**

**Camp Ahuvim**



**The Most Lovable  
Place On Earth!**

**1160 East 8th Street  
Brooklyn, N.Y. 11230**

**Tel: 718-724-4283**

**[www.campahuvim.org](http://www.campahuvim.org)**