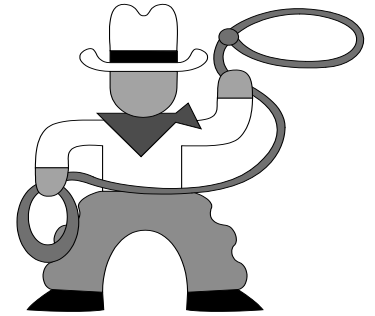


Dale Rogers Training Center
Camp Tumbleweed
Application



A day camp for teenagers and young adults with disabilities located on the Dale Rogers Training Center campus - 2501 N. Utah Ave., Oklahoma City, Oklahoma 73107

Today's Date: _____

Camper's Name _____ Social Security # _____
Last First Middle

Address _____

Telephone # _____ Cell Phone _____

Date of Birth _____ Age _____ Gender: Male Female

Name of school camper attends _____

Parent/guardian name: _____

Mother Works At _____ Work Phone _____ Cell Phone: _____

Father Works At _____ Work Phone _____ Cell Phone: _____

Email address: _____

Please give name and phone number of two people who will be able to help us reach you to assist the camper in an emergency.

Name: _____ Relationship: _____ Phone: _____ Alt. Phone: _____

Name: _____ Relationship: _____ Phone: _____ Alt. Phone: _____

How did you hear about Camp Tumbleweed? _____

What Camp Session are you interested in?

- both sessions** (no Camp during week of June 30th)
- Session I only** beginning Monday, June 2nd and ending Friday, June 28th
- Session II only** beginning Monday, July 7th and ending depending on (check one):
 - Non OKC public school campers – Session II ends August 8th .
 - OKC public school campers – Session II ends August 1st . **Oklahoma City Public Schools begins the academic school year on August 4th , 2014**

What schedule are you interested in?

- Full time** - \$145/week - attendance 4 or 5 days/week
- Part time** - \$85/week – attendance 3 days as indicated below:

Monday Tuesday Wednesday Thursday Friday

I need extended care (check below - additional fees apply)

] 7:30 – 8:00 a.m.

] 4:30 – 6:00 p.m.

My camper's t-shirt size is: (sizes are adult sizes)

Small Medium Large X Large XX Large

HEALTH/MEDICAL INFORMATION

Name of Primary Care Physician: _____

Address: _____ Phone: _____

Preferred Hospital: _____

Other doctors or specialists who regularly see the camper: _____

Briefly describe any significant medical problems/activity limitations experienced by the camper (i.e. no running, no strobe lights, etc):

Current Medications (attach additional sheet if needed):

Name	Dosage	Frequency	Time Given	Reason

Is the camper diabetic? Yes No

If yes,

does the camper use insulin?

Yes No

Does the camper require a special diet or have any food restrictions? Yes No

Explain: _____

Does the camper experience seizures? Yes No

If yes, describe in detail what a seizure looks like for the camper: _____

Does the camper have any of the following allergies?

Latex:

Food (please specify): _____

Drugs/Medications (please specify): _____

Other (please specify): _____

Describe any other medical or health concerns: _____

Primary Disabilities: _____

Secondary Disabilities: _____

Does the camper:

Wear glasses/contacts? Yes No

Use a hearing aid? Yes No

Use a walker or wheelchair? Yes No

Is the camper able to use the toilet independently? Yes No

How does camper communicate to others? (i.e. verbally, sign language, gestures) _____

Specific Behavioral issues/concerns that we need to be aware of to serve your camper (i.e. signs of agitation, anxiety triggers, etc.): _____

Does the camper:

Have a current history of physical aggression/violent behaviors? Yes No

Have a Behavior Support Plan, Positive Intervention Plan, etc? Yes No

If yes, please submit a copy with this application.

Have a current history or risk of leaving an area without permission (elopement)? Yes No

Please list everyone authorized to pick up your camper. Note – **no camper will be released to anyone not on this list. Photo identification will be required to verify identity prior to releasing a camper.**

Name

Relationship to camper

Yes! My camper is at least 16 and interested in working and earning a paycheck. I would like him/her to

have the opportunity to work in the sheltered workshop if scheduling allows. Included is a copy of his/her birth certificate and social security card to substantiate employment eligibility.

PLEASE READ AND SIGN BELOW

The information in my application for Camp Tumbleweed is complete and accurate to the best of my knowledge.

I understand Camp Tumbleweed has policies regarding behaviors. Campers will be ineligible if prone to violence and/or have a current history of aggressive or violent behavior or risk of leaving an area without permission (elopement). Campers who consistently disrupt program activities may be asked to reduce hours/days of attendance or may be dismissed from program.

I understand that my camper will be expected to participate in all scheduled field trip activities, which requires transportation supplied by DRTC.

I will not hold Dale Rogers Training Center or its staff responsible for medical aid rendered and will be responsible for any medical or other expenses incurred while participating in the Camp Tumbleweed program.

I understand that I am responsible for payment in advance of the amount due for camp and that payments are due on Thursday of the week prior. A locked box is available in the program area for payment receipt. If payment has been arranged through a specific funding source, I understand that I am personally responsible for all charges not covered by that source.

Parent/Guardian Signature _____ Date _____

Space is limited and enrollment is first come, first served. Please submit applications as soon as possible, but no later than April 30th, 2014.

Full time campers attach a check for \$72.50 with this application. Part time campers attach a check for \$42.50 in order to reserve your place. Submitting a deposit does not guarantee a spot. In the event DRTC is unable to provide a program for your camper, you will be notified and your deposit will be returned.

The balance of \$72.50 for full time campers or \$42.50 for part time campers is due no later than June 2nd for session I and July 7th for session II.

Campers will be allowed to attend camp only after the first week's payment is made in full.

Thank You! See ya this summer.....