

CAMP RAMAPO
P.O. BOX 266
Rhinebeck, NY 12572

EARLY ADVENTURES PROGRAM APPLICATION

Jennifer L. Pubentz, Program Director

Criteria for Eligibility:

- Minimum age 4, maximum age 6.5 - as of June 1, 2005
- Toilet-trained (bedwetters are acceptable)
- Physically healthy and mobile
- Able to benefit from a comprehensive early intervention program for children at risk of school failure
- Parent or guardian must be able to visit camp on the final day of the child's stay:

PLEASE RANK THE SESSIONS IN ORDER OF PREFERENCE

Session Dates: Session 1: June 26 - July 9 (2 weeks) _____
 Session 2: July 11 – July 30 (3 weeks) _____
 Session 3: August 1 - August 20 (3 weeks) _____

Name of Camper: _____

(Check One) Male _____ Female _____ Date of Birth _____ Age on June 1, 2005 _____

Address _____ Apt # _____

City

State

Zip

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Name(s) of Parent(s)/Guardian(s) _____

Primary language spoken by child: _____

If your child is being referred to Ramapo by a day care, Head Start, or other organization, please complete the section below.

Name of Referring Agency: _____

Name of Contact Person at Referring Agency: _____

Phone Number of Contact Person at Referring Agency: _____

Briefly describe the child's physical characteristics (size, weight, vision limitations, etc.):

Does your child take any medication? If so, please describe:

What are your child's strengths?

What are your child's major interests?

Briefly describe your family (# of siblings, ages of siblings, other family members, etc.).

Relationship Building (asks other children to play, expresses concern for others, apologizes when appropriate, etc.)	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Responsible Behaviors (stays away from dangerous situations, respects others' space and privacy, follows directions, etc.)	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Attitude and Adjustment (likes to try new things, tries again - even when frustrated, etc.)	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Learning (knows colors, shows interest in stories, recites the alphabet, counts out loud, etc.)	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>

Why do you want your child to participate in Early Adventures at Camp Ramapo?

Please provide any other information you feel is important for us to know. Attach additional sheets if necessary.

Applicant Name: _____

Which of the following activities/times of day might be difficult for your child at Camp?
(Please check as many as you would like.)

- | | |
|---|---|
| <input type="checkbox"/> Wake up | <input type="checkbox"/> Nature/woods activities |
| <input type="checkbox"/> Helping to clean up his/her area in the cabin | <input type="checkbox"/> Athletics activities |
| <input type="checkbox"/> Meals (eaten family style) | <input type="checkbox"/> Group games |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Listening to a story |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Small group instruction |
| <input type="checkbox"/> Arts and crafts activities (general, ceramics, woodcraft) | <input type="checkbox"/> Playground time |
| <input type="checkbox"/> Music/drama activities | <input type="checkbox"/> Moving from one activity to the next |
| <input type="checkbox"/> Rest hour (campers are not required to sleep, but are asked to stay quietly on their beds) | <input type="checkbox"/> Showering |
| | <input type="checkbox"/> Bedtime |

Briefly explain your reason(s) for checking the above items.

What are 3 skills you would like your child to learn in order to be more successful at home and/or school?

- 1.
- 2.
- 3.

What is the most successful way to manage your child's behavior when s/he is presenting difficulty?