

CAMP RAMAPO
RHINEBECK, NY 12572-0266
TELEPHONE NO: (845) 876-8403

CAMPER APPLICATION

Date sent: _____

Camp Ramapo is a residential summer program, which serves children with emotional, behavioral, and learning problems. **Camp fills quickly. The following form and all other application materials should be completed and returned as soon as possible.**

Bernie Kosberg
Executive Director

Michael Kunin
Camp Director

CAMPER'S NAME: _____
Last Name First Name

Male _____ Female _____ Birthdate ____/____/____ Age by 7/1/05 _____

CUSTODIAL

PARENT /GUARDIAN NAME: _____

Street Address: _____ Apt. _____

City

State

Zip

(Please be advised, above address is the **only** one used for all camp communications. In cases of shared/joint custody, the parent receiving camp communications is responsible for sending/informing second parent accordingly.)

Home Tel: () _____ Work Tel: () _____

Cell Phone: () _____ E-Mail: _____

NAME OF PERSON COMPLETING THIS FORM,
IF DIFFERENT FROM PARENT: _____

RELATIONSHIP TO CAMPER: _____ Telephone () _____

Please number sessions in order of preference:

Session I (June 26-July 9) ____ Session II (July 11-July 30) ____ Session III (Aug. 1-Aug. 20) ____

Please list the name of child's teacher or education supervisor completing Professional Report #1: _____

Title: _____

Phone No.: () _____

Please list the name of child's therapist or counselor completing Professional Report #2: _____

Title: _____

Phone No.: () _____

Briefly describe child's education program:

Briefly describe counseling or therapy services the child receives:

Describe physical characteristics (size, weight, visual or hearing limitations, etc.):

Does your child take any medications? If so, please describe type and reason:

Has your child ever had a seizure? When?

What are your child's strengths, interests, or talents?

Please describe your child's learning and/or behavior problems.

Why do you want your child to attend Camp Ramapo rather than a regular camp?

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.

Please describe your child's previous experiences at day or residential camp.

How does your child get along in a structured school environment?

Under what circumstances does your child become stressed or frustrated?

Suggestions for successfully managing these stressful situations:

Briefly describe your family and any important issues we should be aware of:

Please rate the following (above average, average, below average):

Verbal expression:

Following directions:

Attitude towards learning:

Intellectual potential:

Honesty:

SOCIAL ATTITUDES:

PLEASE CIRCLE THE LETTER IN EACH AREA THAT BEST DESCRIBES YOUR CHILD.

Relationship to other children:

- A. Works and plays well with others
- B. Does not get along with others
- C. Prefers to be alone rather than being with others

Relationship to adults:

- A. Friendly and cooperative
- B. Cooperative, but shy or withdrawn
- C. Uncooperative, appears not to listen or follow directions

Attitude toward social group:
(with adult direction)

- A. Responds well to group control
- B. Occasionally resents group control
- C. Usually non-conforming

Need for attention:

- A. Satisfied with reasonable amount of attention
- B. Requires a great deal of attention

Temperament:

- A. Usually even tempered
- B. Occasional temper outbursts
- C. Frequent temper outbursts

Group participation:

- A. Participates actively in group projects
- B. Participates when encouraged
- C. Shy, withdrawn, does not participate

Self-confidence:

- A. Usually works with confidence
- B. Needs frequent encouragement
- C. Lacks confidence, needs constant encouragement

Activity level:

- A. Usually passive
- B. Normally energetic
- C. Usually restless, hyperactive

Please rate your child's skill level in the following areas (circle one):

Communication (asks questions, starts conversations, expresses feelings, asks for help, etc.):

Excellent

Good

Fair

Poor

Motor (jumps, runs, draws recognizable pictures, etc.)

Excellent

Good

Fair

Poor

Self Help (dresses self, brushes teeth, washes self, etc.)

Excellent

Good

Fair

Poor

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>

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 bed) | <input type="checkbox"/> Showering |
| | <input type="checkbox"/> Bedtime |

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

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