



Application

All applications and camp deposit (\$250) must be received no later than June 1, 2021 at the following address:

Attn: Camp Empower 2021
annmaura.hinton@lifelinechild.org

or mailed to: Ann Maura Hinton
265 Harbor Creek Dr
Cary, NC 27511

Camper's Name:

Age:

Grade:

DOB:

Mother's Full Name:

Father's Full Name:

Father's Contact Information

Street Address:

City:

State:

Zip:

Email Address:

Cell Number:

Mother's Contact Information

Street Address:

City:

State:

Zip:

Email Address:

Cell Number:

Medical Insurance Information

Insurance Company Name:

Group Number:

Policy Number:

Emergency Contact

Name:

Phone Number:

Child's Profile

First Name:

Middle Name:

Last Name:

Date of Birth:

Current Age:

Check One:

Biological

Adopted

Foster

Sibling Information

First Name:

Current Age:

If Adopted, Date of Placement:

Check One:

Biological

Adopted

Foster

First Name:

Current Age:

If Adopted, Date of Placement:

Check One:

Biological

Adopted

Foster

First Name:

Current Age:

If Adopted, Date of Placement:

Check One:

Biological

Adopted

Foster

First Name:

Current Age:

If Adopted, Date of Placement:

Check One:

Biological

Adopted

Foster

First Name:

Current Age:

If Adopted, Date of Placement:

Check One:

Biological

Adopted

Foster

First Name:

Current Age:

If Adopted, Date of Placement:

Check One:

Biological

Adopted

Foster

Sibling Information

Does the camper have any medical or physical diagnoses?

Diagnosis 1:

Date of Diagnosis:

Medications:

Comments:

Diagnosis 2:

Date of Diagnosis:

Medications:

Comments:

Diagnosis 3:

Date of Diagnosis:

Medications:

Comments:

Diagnosis 4:

Date of Diagnosis:

Medications:

Comments:

Diagnosis 5:

Date of Diagnosis:

Medications:

Comments:

Does the camper have any known allergies or food restrictions?

No

Yes

If yes, please explain:

Has the camper received any psychological diagnoses?

(e.g. ADD/ADHD, Autism, ODD, Depression, Bipolar, etc.)

No

Yes

If yes, please explain:

Is there a history of abuse, neglect, trauma, or significant separations?

Describe any medical problems your child has experienced: eg. inner ear problems, colic, hospitalizations, premature birth, lack of prenatal care, etc. not already listed.

Educational Profile

Has your child ever been referred for testing or placed in a special program? If yes, please explain:

No

Yes

Has your child ever received any other special help or tutoring? If yes, please explain:

No

Yes

Does the camper have behavioral difficulties? If yes, please explain:

No

Yes

Does the camper have sensory difficulties? If yes, please explain:

No

Yes

Does the camper have social difficulties? If yes, please explain:

No

Yes

Has the camper ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems? Have they ever been hospitalized for psychological issues?

Has your child had vision therapy, reflex therapy or sound therapy in the past? If yes, where and how long?

No

Yes

Please describe your child's major strengths and major difficulties.

Please list three goals you have for the camper during camp.

Does Camp Empower have permission to contact your child's psychiatrist? Counselor? Former teachers?

No

Yes

Psychiatrist/counselor's name and phone:

Former teacher's name and phone:

Parent Agreement / Signature

I/we attest that to the best of my/our knowledge, all of the information above is correct and I/we have disclosed all information honestly to questions as documented on this form. If selected as one of the participants of Camp Empower, I/we agree that both parents will read "**The Connected Child**" book prior to the start of camp. In addition, I/we will attend one parent equipping night during the week of camp.

I/we have read and fully understand this agreement. A deposit of \$250 is required with the application and will be refunded if the camper is not chosen as a participant.

Parent Signature:

Date:

Parent Signature:

Date: