

# Camp Akeela Camper Application

## **PART I - Parent Questionnaire**

Fields marked with \* are required

Camp Akeela  
314 Bryn Mawr Avenue  
Bala Cynwyd, PA 19004  
Fax 866-462-2828

\*Camper Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Parent Name: \_\_\_\_\_

- We are most likely interested in:
- |  |   |
|--|---|
| <input type="checkbox"/> First VT Session (3.5 weeks)  |   |
| <input type="checkbox"/> Second VT Session (3.5 weeks) | <input type="checkbox"/> First WI Session (2 weeks) |
| <input type="checkbox"/> Second WI Session (2 weeks)   | <input type="checkbox"/> Third WI Session (2 weeks) |

To help us get to know your child, we ask that you submit a recent photograph of him or her. Please include a photo with this part of your application.

## **PARENT QUESTIONNAIRE**

We want to do our best to ensure that Akeela will be a great fit for your child. Therefore, please try to be as open and honest as possible as you answer these questions. Thank you!

\*1. Has your child ever attended camp? Has he/she spent the night away from home? What were those experiences like for both you and your child?

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\*2. What are his/her feelings about coming to camp this summer?

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\*3. What would make this summer a success for your child?

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\*4. What are your child's favorite activities at home, at school and in the community?

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\*5. How well does your child interact with children close to his/her age?

\_\_\_\_\_with ease    \_\_\_\_\_with some challenge    \_\_\_\_\_with difficulty

\*Please explain:

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\*6. What are the situations that are particularly challenging for him/her? What strategies have you found to be most effective?

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\*7. Does your child have a history of verbal or physical aggression, destructive or self-injurious behavior? If so, please describe the circumstances, frequency and how long it's been since you have seen this behavior. What have been the most effective interventions?

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\*8. How does your child react to changes and transitions in his/her environment and/or routine?

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\*9. What special services, if any, does your child receive at school? (e.g. special education classroom, academic support, one-to-one aide, speech/language, social/emotional support)

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10. If your child sees a psychologist or mental health professional, how often do they meet? For how long has your child been working with this professional? In your opinion, how successful has the treatment been?

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\*11. Does your child have any special health, hygiene, or dietary needs (including allergies)?

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\*12. What medications/vitamins/supplements does your child take? (No need to give doses at this time.)

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\*13. What is the MOST important thing you would like us to know about your child?

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# Camp Akeela Camper Application

## **PART II - Permission for the Release of Information**

Fields marked with \* are required

Camp Akeela  
314 Bryn Mawr Avenue  
Bala Cynwyd, PA 19004  
Fax 866-462-2828

The purpose of this form is to give us permission to receive information from other professionals who work with your child. This allows us to better know your child during the application process and helps us determine whether or not Camp Akeela will be a good match for him/her. In addition, should your child attend this camp, we will have the opportunity to communicate with those who know your child best throughout the summer. We will also be happy to share information about your child's camp experience with these same professionals once the summer is over.

**IMPORTANT:** Due to the high volume of applications we receive, please have the professionals listed below complete Part IV of the camp application ASAP. We will follow up with questions or concerns for professionals **after** receiving these materials. Thanks!

I, the undersigned, do hereby give my permission for Camp Akeela and the following list of agencies or individuals to share information about my child:

\*Camper Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

### **Teacher/Special Education Coordinator:**

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email \_\_\_\_\_

**Psychologist/Mental Health Professional:** (note: If your child is currently seeing a psychologist or other mental health professional, he/she must be listed here. Otherwise, please use this space to provide us with the information for another professional involved with your child.)

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email \_\_\_\_\_

**Third Professional** (Speech/language, OT, PT, an additional teacher, etc.)

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email \_\_\_\_\_

I understand that this information will be kept confidential by Camp Akeela and will not be released to any agencies or parties not listed above without further consent.

**\*Parent/Guardian Signature** \_\_\_\_\_

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# Camp Akeela Camper Application

## ***PART III - Camper Questionnaire***

Fields marked with \* are required

Camp Akeela  
314 Bryn Mawr Avenue  
Bala Cynwyd, PA 19004  
Fax 866-462-2828

Hi! We are so glad that you and your parents are thinking about Akeela as a camp for you this summer. We think camp is a great place for kids and teens to learn more about themselves and to have FUN. We want to make sure that every camper who comes to Akeela will be happy and will feel successful. To help us do that, we would like to ask you a few questions so we can get to know you a little better. We want to know what YOU think!

\*Your Name: \_\_\_\_\_

\*Your Birthday: \_\_\_\_\_

\*In the space below, please share with us any thoughts or feelings you have about coming to camp this summer.

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Please tell us three things you are looking forward to at camp:

\*1. \_\_\_\_\_

\*2. \_\_\_\_\_

\*3. \_\_\_\_\_

Please tell us three things you are NOT looking forward to:

\*1. \_\_\_\_\_

\*2. \_\_\_\_\_

\*3. \_\_\_\_\_

What makes you act:

\*1. Happy \_\_\_\_\_

\*2. Angry \_\_\_\_\_

\*3. Scared/Worried? \_\_\_\_\_

\*What else would you like us to know about you?

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# Camp Akeela Camper Application

## ***PART IV - Professional Questionnaire***

Fields marked with \* are required

Camp Akeela  
314 Bryn Mawr Avenue  
Bala Cynwyd, PA 19004  
Fax 866-462-2828

You have been asked to complete this form because of your professional relationship with a child who has applied to our summer camp program. (We have already obtained parental consent for our communication.) **If you would prefer to speak with us by phone, in lieu of completing this form, please let us know by phone (866-680-4744) or email (debbie@campakeela.com).**

Camp Akeela is an overnight camp community in Vermont for children who need support in their social skill development. Our mission is to provide our campers with a summer filled with fun, friendship and personal success. If you have any questions or concerns, we would love to speak to you. Please do not hesitate to call or email us.

\*Child's Name: \_\_\_\_\_

\*Your Name: \_\_\_\_\_

\*Your Email: \_\_\_\_\_

\*Your relationship to this child: \_\_\_\_\_

\*Length of relationship: \_\_\_\_\_

\*Child's strengths:

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\*How does this child interact with peers? (Give examples if possible.)  
If you've never seen this child with his/her peers, how does he/she describe these interactions to you?

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\*Does he/she enjoy the company of others?

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\*What strategies/interventions have you found work best with this child?

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\*To your knowledge, has this child ever been aggressive, self-injurious, threatened or idealized about suicide?

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\*What is the most important thing we should know about this child given the nature of our camp community (namely, a place for very high-functioning, bright and independent children who need some support in their social skills development)?

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\*Do you feel that this child will most likely be successful at Camp Akeela? How would you define success for this camper?

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\*Your signature: \_\_\_\_\_