



Super Camper Application Form

Please fill out both sides of this application form completely.

Once complete, please send to:

Luther Crest Bible Camp
8231 County Road 11 NE
Alexandria, MN 56308

Please Print or Type

Name of Applicant _____

Preferred Name (i.e. Nick vs Nicholas) _____ Sex _____

Date of Birth _____ Age _____ Current Grade (2016-2017) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Name of person completing this form? _____

Relationship to Applicant _____

Parent/Guardian _____

Phone: Home () _____ Work () _____ Cell () _____

Please give a brief description of applicant's disability:

Has the applicant ever spent the night away from home before? For how long?

AMBULATION

Does applicant require assistance in walking? Yes _____ No _____ If yes, explain _____

Does applicant require use of a wheelchair? Yes _____ No _____ Manual _____ Electric _____ Other _____

Does applicant need assistance in transferring? Yes _____ No _____

What are scheduled times out of wheelchair? _____

SLEEPING

Tell us more about bedtime for the applicant. What is the traditional bedtime? Do you have concerns about your child sleeping in a group setting? Anything else we should know?

EATING

Does applicant require assistance in eating? Yes _____ No _____ If yes, explain _____

Food Allergies _____

Normal Appetite Large _____ Medium _____ Small _____

Please further explain eating instructions: _____

PERSONAL CARE

Does applicant require assistance in personal care? Yes _____ No _____

Does applicant need assistance with: _____ Washing Face and Hands _____ Showering
_____ Bathing _____ Brushing Teeth _____ Menstrual Care
_____ Shaving _____ Combing Hair _____ Other _____

Please further explain person care: _____

BATHROOM USE

Does applicant require assistance in the bathroom? Yes _____ No _____

Is applicant on a bathroom schedule? Yes _____ No _____ If yes, please explain _____

Does applicant have bladder/bowel control during the day? Yes _____ No _____ During Night? Yes _____ No _____

Please further explain bathroom use: _____

COMMUNICATION

Can applicant communicate wants/needs? Yes _____ No _____

Can applicant communicate pain? Yes _____ No _____

Does applicant understand and respond to questions? Yes _____ No _____

Please further explain communication: _____

DRESSING

Does applicant need help with dressing? Yes _____ No _____ Some help _____ All help _____

Please further explain dressing needs: _____

SOCIAL INTERACTION SKILLS

Explain any behaviors or methods of dealing with behaviors: _____

Describe for us typical behaviors and consequences for your child. Are they currently under a special discipline plan? _____

What do you anticipate the greatest challenge to be for staff working with your child? _____

Please share any information on how your child may need special assistance with swimming, hiking, outdoor games, worshipping in a large group setting, campfires, etc. _____

Please share any other information that you think might be helpful _____

