



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 '12-'13 _____
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 _____

