

YMCA OF GREATER PITTSBURGH – SOUTH HILLS YMCA

GENERAL CAMPER INFORMATION

NAME OF CHILD _____ AGE _____

1. CAMPER’S FAVORITE ACTIVITIES:

- Art Music Dancing Physical Activities
- Coloring Helping Others

OTHER: _____

2. CAMPER’S LEAST FAVORITE ACTIVITIES:

3. BEHAVIORS TO BE AWARE OF:

- Generally well behaved Swearing Picking on others
- Hitting Kicking Whining
- Biting Withdrawn Crying easily
- Loss of bladder control Fighting Hair pulling

OTHER: _____

4. CAMPER RESPONDS BEST TO:

- Stickers Charts Verbal praise
- Token economy Choosing special activity

OTHER: _____

5. HOW DO YOU DEAL WITH THESE BEHAVIOR PROBLEMS AT HOME:

6. PLEASE ADD ANY OTHER SPECIFIC INFORMATION WHICH YOU FEEL WILL HELP THE CAMP TO PROVIDE A BENEFICIAL EXPERIENCE FOR YOUR CHILD.

7. HOW DOES YOUR CHILD GET ALONG WITH OTHER CHILDREN?

8. HAS YOUR CHILD ATTENDED CAMP BEFORE? YES NO

9. IF CAMPER HAS BEEN TO CAMP BEFORE, PLEASE STATE WHEN AND WHERE.

10. WHAT OTHER CHILDREN WERE IN THE SAME GROUP AS YOUR CHILD?

11. ARE THERE CHILDREN AT CAMP YOU WOULD LIKE YOUR CHILD TO BE PLACED WITH?

(PLEASE LIST) _____

12. WILL YOUR CHILD BE ATTENDING CAMP WITH A TSS WORKER OR RECEIVING “WRAP AROUND” SERVICES? YES NO

Name of Agency or Organization who provides the service:

Contact Person: _____

Telephone Number: _____

13. WILL YOUR CHILD BE ATTENDING CAMP FOR EXTENDED SCHOOL YEAR?

YES NO *IF YES, PLEASE ENCLOSE E.S.Y. GOALS WITH THIS APPLICATION.

*This is a decision that must be determined by your child’s I.E.P. team at their school district.