

Autism Application 2007

(Please fill out only if registering for the Autism week. This must be accompanied by the Camp Hope application)

Name of Camper: _____ Age _____ Date of Birth: _____

Address: _____

Parent Name / Guardian Name: _____

Phone Numbers: Home _____
Work _____
Cell _____

Name of School: _____ Teacher's name: _____

Grade Level: _____ What is your child's classroom ratio? _____

Have you attended camp before? If yes, which one: _____

What was child's experience like at the camp?

What kind of teaching methods are being used with your child?

Does your child have any sensory issues? (If yes, please explain)

Is your child on any type of special diet? (If yes, please explain)

(OVER)

Does your child have any behaviors while riding on the bus? (If yes, please explain)

Please describe any behaviors that your child may have. Please use the chart below to help show the triggers for each behavior and how the staff may help to lessen the behavior.

Triggers for the behavior	Behavior	Strategies to lessen behavior

Please list any additional information that will help us to make your child's camp experience a successful one:
