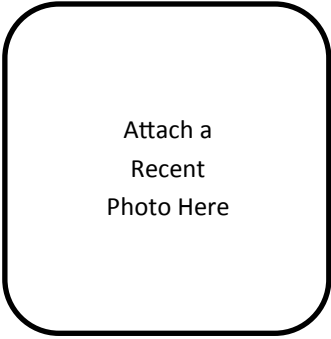




Mail to: Quest, Camp Thunderbird
P.O. Box 531125
Orlando, FL 32853



Application

Personal Information

Guest Name _____ Nickname _____

Attended Camp Thunderbird before:

Yes Number of years _____

No How did you hear about us/Referred by _____

Address _____

City _____ State _____ Zip Code _____

Check here if your address has changed from last summer.

County _____ Social Security Number _____

Phone _____ Email _____

Date of Birth _____ Age _____ Gender: Male Female

School _____ Employment _____

Residence: Family/Home Foster Home Independent Living Group Home _____

Diagnosis _____

Legal Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Preferred method of contact: Email Phone

Is this the guest's first time away from home?

Yes If yes, is homesickness likely? _____

No

Is the guest: Outgoing Shy

Will the guest relate best to staff who are: Outgoing Shy

How does the guest communicate? Talking Signing Gestures Other _____

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Does the guest need assistance with walking? _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the guest use a wheelchair? _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the guest have difficulty sleeping? _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the guest have difficulty hearing? (Indicate if hearing aids are used) _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the guest have seizures? How frequently _____ Number in the last 12 months _____
		Type of seizure _____ Date of last seizure _____
		Does the guest have any history of:
<input type="checkbox"/>	<input type="checkbox"/>	Emotional or behavioral problems? (List possible causes/methods to improve behavior) _____

<input type="checkbox"/>	<input type="checkbox"/>	Admission to a facility due to emotional/behavioral problems in the last 12 months? _____
<input type="checkbox"/>	<input type="checkbox"/>	Hurting himself/herself, others or property destruction? _____
<input type="checkbox"/>	<input type="checkbox"/>	Being extremely active, nervous or anxious? _____
<input type="checkbox"/>	<input type="checkbox"/>	Non-compliance? _____
<input type="checkbox"/>	<input type="checkbox"/>	Emotional outburst? _____
<input type="checkbox"/>	<input type="checkbox"/>	Wandering away from a group? _____
<input type="checkbox"/>	<input type="checkbox"/>	Treatment for ADD or ADHD? _____

Please check any of the following statements that apply to the guest.

Activities of Daily Living

	No Assistance	Verbal Prompts	Partial Assistance	Total Assistance
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene/Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer to bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer to toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervision

<input type="checkbox"/>	General Supervision
<input type="checkbox"/>	Close Supervision
<input type="checkbox"/>	Requires 1:1 Supervision

Additional Information _____

Additional Information _____

Session Selection & Financial Information

***To receive early pricing for summer, all information must be received no later than April 1, 2016.** A health history form, deposit, 2 photos and optional financial aid form must be submitted with your application.

First Choice: Session # _____ Second Choice: Session # _____

Roommate Request (optional) _____
Every attempt will be made to honor your request, however in cannot be guaranteed.

- If you write a check for camp payment and it does not clear the bank for any reason, an additional fee of \$35 per incident will be added to the amount due
- Payment in full is due 30 days prior to the start of the camp session you plan on attending or admission to camp could be denied
- The deposit should be half of the total amount due

Responsible for Payment: Guest Parent Guardian
 APD (District #) _____ Contact Name _____ Phone _____

Lost and Found / Property Damage

LOST AND FOUND: We will make every effort to return lost items to their owners – but we are only able to do so if the item has a name and/or phone number on it. Label each piece of your child's camp gear and clothing (including bags, backpacks, sleeping bags and pillows) with his or her first and last name.

If you mistakenly receive someone else's item, please contact Camp Thunderbird at 407.889.8088 to make arrangements to return the item to its owner. Parents/guardians are responsible for cost to mail/return said items. Quest, Inc. and Quest's Camp Thunderbird are not responsible for ANY lost, damaged or stolen items.

ITEMS LEFT AT CAMP At the end of each session, we will attempt to return lost and found items to campers before they leave camp. All lost and found items remaining at the end of each session will remain at Camp Thunderbird for two weeks. Call 407-8890-8088 to locate lost items. Two weeks after your child's camp session ends, items will be donated to charity.

Items of extreme value or personal attachment should not be brought to camp as Quest is not responsible for their loss or damage.

Guests/guardians are responsible for any property destruction caused by the guest.

Initial here _____

Authorization / Refund Information

I have read this application and give permission for _____ to attend Camp Thunderbird. I understand that a guest may not be able to complete a full session due to incomplete or inaccurate information, and that refunds will be issued only if (a) we cannot accept someone; (b) the individual does not pass a physical evaluation; or (c) there is a documented illness, accident, death or emergency involving the individual or their immediate family member either prior to arriving at camp or during camp.

Guests will not be entitled to a refund if they leave camp because of (a) homesickness; (b) refusal to participate in scheduled camp activities; (c) a change in family plans; or (d) the guest's or legal guardian's desire to remove the individual from camp for reasons other than documented illness, accident, death or emergency, regardless of how long their stay was at camp.

If the camp director requests that a guest leave camp because of reasons including, but not limited to, the violation of regulations or procedures, or because of conduct that interferes with the health or well-being of the individual or others, no refunds will be issued.

If a refund is approved, it can only be credited to the extent of the original payment. Awards or scholarships will be redistributed back to Camp Thunderbird. Refund requests will not be considered once the guest's session has ended. Camp Thunderbird reserves the right to grant exceptions to the stated policy.

I also give Quest, Inc. specific permission to use photographs that may be taken of this guest or in which they may be included with other people, in any form or type of distribution, either by themselves or with other photographs, unless specified below:

Completed by: Guest Parent Guardian Group Home Manager Other _____

Signature _____ Date _____
person completing application

Mail all completed application materials to: Quest's Camp Thunderbird
P.O. Box 531125
Orlando, FL 32853

CAMP THUNDERBIRD USE ONLY:

Date Received _____

_____ + _____ + _____ - _____ - _____ - _____ = _____
Session(s) Cost Stayovers Special Needs Discounts Scholarship Deposit **TOTAL DUE**



Application Checklist

Did you remember to include:

- 2 guests photos
- Deposit
- Application (completed and signed)
- Health History Form
- Optional Financial Aid form

Mail all completed application materials to: Quest's Camp Thunderbird
P.O. Box 531125
Orlando, FL 32853