

Please Register Early to Reserve your Place!



2009 Day Camp Registration Form

Session One: _____ and/or **Session Two:** _____ and/or **Session Three** _____
June 16th - July 2nd, 2009 **July 6th - July 23rd, 2009** **July 27th - August 13th, 2009**

Camper's Name:			
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age:	Birth date: ____ / ____ / ____
Address:			
City:	State:	Zip:	
Home Phone:	School:		

Parent/Guardian Name:			
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:		
Alternate Phone:	Email Address:		

Cost of Day Camp is \$125 per session

<p>Tuition payment or alternate payment information must accompany this application. Mail application and payment to: Pioneer Resources – 1145 E. Wesley Ave. – Muskegon, MI 49442</p>	
Payment will be made by:	
<input type="checkbox"/>	Parent/Guardian
<input type="checkbox"/>	I have applied for a Scholarship from _____. The award letter will be submitted before camp starts or I understand I will be responsible for tuition payment.
<input type="checkbox"/>	My child/ dependent has an open case with CMH, I have requested respite funds from the case manager. The Case Manager's name is _____

Credit Card Information

<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard	Cardholders Name: _____
Card Number: _____	Expiration Date: _____ 3 digit security code: _____

Check #:	Date:	Amount received:
----------	-------	------------------

2009 Pioneer Trails Consent Form

Camper's Name: _____

The parent or legal guardian must provide the health insurance information and sign the following consent agreements if the applicant is under the age of 26.

Health Insurance Information

Health Insurance Company: _____
Name of Policy Holder: _____
Policy Number: _____
Doctor's Name: _____
Doctor's Office Phone: _____

- The health insurance information is correct and current as far as I know, and the person herein described has permission to engage in all camp activities, except as noted by the attending physician.

- I hereby release and discharge Pioneer Trails and Pioneer Resources and any and all parties in interest, from all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not limited to, all liability for damages of every kind, nature or description which may arise from or out of any injury incurred by my child/ward while in attendance at Pioneer Trails Camp.

- I hereby give permission to Pioneer Trails Camp, to administer any routine non-surgical medical care; or in the case of a medical emergency, to secure medical treatment and/or injections, anesthesia, or surgery for my child, as considered necessary by the attending physician. In such an instance, I understand that I will be notified as soon as possible.

- I grant Pioneer Trails and Pioneer Resources permission to use my name, image, voice, appearance, story, and likeness for stories, programs reports, or advertisements that may be solicited on behalf of Pioneer Trails or Pioneer Resources. I understand I will not be eligible for any compensations related to the production or use of my name, likeness, or story in promotional or advertising materials. This consent may be revoked by me at any time.

Note: All participants must agree to be photographed for emergency identification purposes.

Parent/ Guardian Signature

Date

Pioneer Trails Contact Information 2009

Camper's Name:	
Camp Session	

Check if information is the same as Page 1.

Parent/Guardian Name:			
Home Phone:		Work Phone:	
Alternate Phone:		Email Address:	

**If parent's/guardians are not available in an emergency, please notify the following contacts:
(One additional contact must be provided)**

Contact Name:					
Address:					
City:		State:		Zip:	
Home Phone:		Work Phone:			
Relationship:		Email Address:			

Contact Name:					
Address:					
City:		State:		Zip:	
Home Phone:		Work Phone:			
Relationship:		Email Address:			

Names of persons other than parent/guardian to whom your child may be released:

Name		Relationship:	
Name		Relationship:	

Health Information 2009

Campers Name:	
---------------	--

Please note:	We would encourage you to arrange your child's medication schedule so that they do not have to take medicine at camp.
---------------------	---

Please list medications that must be taken during camp hours:

Medication:		Dosage/Frequency:	
Medication:		Dosage/Frequency:	
Medication:		Dosage/Frequency:	

Chronic or Recurring Illness:	
Known or current infectious diseases:	

(Check and give approximate dates of last occurrence where appropriate)

Condition	No	Yes	Dates	Condition	No	Yes	Dates
<i>Allergies</i>				<i>Hyperactivity</i>			
<i>Aspirin</i>				<i>Incontinence</i>			
<i>Behavior Disorder</i>				<i>Insect Stings</i>			
<i>Bleeding</i>				<i>Ivy poisoning, etc.</i>			
<i>Chicken Pox</i>				<i>Measles</i>			
<i>Clotting</i>				<i>Mumps</i>			
<i>Diabetes</i>				<i>Penicillin</i>			
<i>Ear Infections</i>				<i>Rheumatic Fever</i>			
<i>Fears/Phobias</i>				<i>Seizures</i>			
<i>Food Allergies</i>				<i>Sleepwalking</i>			
<i>German Measles</i>							
<i>Hay Fever</i>				<i>Other Conditions</i>			
<i>Hepatitis A</i>							
<i>Hepatitis B</i>				<i>Other Drugs</i>			

If you answer yes to any of the above please explain below:

Immunizations

Are immunizations for Michigan Public Schools up to date? ___ Yes ___ No

What is the date of the last Tetanus Booster? _____

**Daily Living Activities Information
Recommendation/Requests/Restrictions while at camp**

Camper's Name:	
----------------	--

Activities

<input type="checkbox"/> No Restrictions	<input type="checkbox"/> Swimming/Diving restrictions
<input type="checkbox"/> Strenuous activity restrictions	<input type="checkbox"/> Other
Please describe any physical impairments of your child	

Eating

<input type="checkbox"/> Independent	<input type="checkbox"/> Must be fed
<input type="checkbox"/> Needs some assistance. Please explain, in detail, what assistance is needed.	
<input type="checkbox"/> Special Diet (If yes, please explain)	

Ambulation

<input type="checkbox"/> Walks independently	<input type="checkbox"/> Uses wheelchair
<input type="checkbox"/> Walks with a device	<input type="checkbox"/> Pushes own Wheelchair
<input type="checkbox"/> Uses power wheelchair or cart	
<input type="checkbox"/> Please list any other devices or aids that your child uses:	

Toileting

<input type="checkbox"/> Independent	<input type="checkbox"/> Wears Depends	
<input type="checkbox"/> Needs transfer assistance		
<input type="checkbox"/> Camper can stand, bear weight and pivot with minimal assistance	<input type="checkbox"/> Camper requires a one-person assist	<input type="checkbox"/> Camper requires a two-person transfer
Please describe techniques for transferring, lifting, or pivoting and other help needed		

Special Needs and Limitations (Please describe)

Seizure Disorder

Has seizure disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Wears Helmet
Type & Frequency			Date of last Seizure:
Special Care for Seizures:			

Pertinent to female campers only

<input type="checkbox"/> She has menstruated	<input type="checkbox"/> She is knowledgeable regarding menses	<input type="checkbox"/> Her history is normal	<input type="checkbox"/> She does not need assistance with supplies
<input type="checkbox"/> She needs the following assistance:			

2009 Pioneer Trails Camper Information Form

Camper's Name:	
----------------	--

If this is the first time your child is attending day camp please help our staff get to know your child and their special needs by providing us with the following confidential information.

Experience

What are your objectives in sending your child to Pioneer Trails?	
If your child has attended a camp before, please comment on his/her experience:	
Other activities or current groups in which your child participates:	

Personal Development

Does your child make friends easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of personality traits would best describe your child?		
Can your child understand and follow directions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What level does your child function verbally?	<input type="checkbox"/> Is not verbal <input type="checkbox"/> Uses small words	<input type="checkbox"/> Uses short phrases <input type="checkbox"/> Uses complete sentences
If your child is nonverbal, how do they express what they need?	<input type="checkbox"/> Hand gestures <input type="checkbox"/> Facial gestures	<input type="checkbox"/> Other:(Please describe)
Describe the most effective way to communicate with your child:		
Please list your child's strengths or talents:		
Does your child ever show violence towards others or themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe in detail how your child handles stressful situations.		
What method to deal with inappropriate behavior works best for your child?		
Please describe any information about your child's home/family life that will help us understand and serve them better		

**2009 Pioneer Trails Day Camp Application
Teacher Information Form for New Campers**

*This form must be completed for campers who are attending Day Camp for the first time,
or if the camper has a different teacher than last year.*

Student's Name: _____

Teacher's Name: _____

School Name: _____

School Address: _____

School Phone: _____

What is the student's
primary disability?

What special education class
is the student enrolled in?

What level is the student
functioning at academically?

What are the student's
social activities?

Please explain teaching and/or
management techniques
that have been successful
with the student.

Any special health or
behavioral considerations:
(Please be specific)

Additional Information:
i.e. fears/ pleasures:

Date

Signature of Teacher