

# Children's SEEK Camper Profile

Bridgeport Camp & Conference Center  
North Texas Conference of the United Methodist Church  
June 5<sup>th</sup>-10<sup>th</sup>, 2018

*This form is provided to camp counselors as background information for working with your Camper.*

**If returning **by mail**,  
please attach a recent  
photo of Camper.**

**If **emailing** application,  
please attach photo to  
email.**

Camper Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M / F \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ His Wk Phone \_\_\_\_\_ His Cell \_\_\_\_\_

Her Wk. Phone \_\_\_\_\_ Her Cell \_\_\_\_\_

Best Contact Email \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell \_\_\_\_\_

Names and ages of family members: \_\_\_\_\_  
\_\_\_\_\_

Primary Diagnosis (please describe): \_\_\_\_\_  
\_\_\_\_\_

How does Camper Communicate? \_\_\_\_\_

Describe Camper's Motor Skills: \_\_\_\_\_  
\_\_\_\_\_

Can Camper: Button? \_\_\_\_\_ Lace? \_\_\_\_\_ Tie? \_\_\_\_\_ Comb hair? \_\_\_\_\_ Shampoo? \_\_\_\_\_ Undress? \_\_\_\_\_

Does Camper need assistance getting around? \_\_\_\_\_ What kind? \_\_\_\_\_

Has your Camper ever been away from home alone? Yes / No \_\_\_\_\_

Has your Camper ever been to camp? Yes / No \_\_\_\_\_

Campers favorite activities? \_\_\_\_\_

What are activities that your Camper does not like or is afraid of? \_\_\_\_\_

How does your camper get along with adults? \_\_\_\_\_

How does your Camper get along with other children/youth? \_\_\_\_\_

Are there behavior problems or concerns that you have specific ways of handling? Would you like for us to continue this? We ask because we feel that being consistent in our expectations of the Camper is only fair.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SELF CARE:**

Can Camper shower? \_\_\_\_\_ Can Camper shower self alone? \_\_\_\_\_

Needs supervision only \_\_\_\_\_ Must be bathed? \_\_\_\_\_

Any special props or devices needed for Camper in the shower? \_\_\_\_\_

Can Camper brush teeth? \_\_\_\_\_ Needs assistance/directions? \_\_\_\_\_

Is Camper completely toilet trained? \_\_\_\_\_ Can go alone? \_\_\_\_\_

Wipes self? \_\_\_\_\_ Needs supervision? \_\_\_\_\_ Self-catheterization? \_\_\_\_\_

Needs catheterization help? \_\_\_\_\_ Any specific instructions? \_\_\_\_\_

Words or signs that Camper uses to indicate toilet needs? \_\_\_\_\_

**EATING HABITS:**

Needs NO help \_\_\_\_\_ Needs some help \_\_\_\_\_ Needs much help \_\_\_\_\_

Instruction if help is needed (please explain in detail): \_\_\_\_\_

Left or Right handed? \_\_\_\_\_

Additional information (please describe how you handle any special eating problems): \_\_\_\_\_

Chokes easily? \_\_\_\_\_ Chews well? \_\_\_\_\_ Not well? \_\_\_\_\_ Other \_\_\_\_\_

Can Camper wash hands before meals? \_\_\_\_\_ Needs help? \_\_\_\_\_

Specific foods Camper likes? \_\_\_\_\_

Specific foods Camper dislikes? \_\_\_\_\_

**DRESSING HABITS:**

Can camper dress self? \_\_\_\_\_ Appropriately selects clothes? \_\_\_\_\_

Needs supervision? \_\_\_\_\_ With what? \_\_\_\_\_

Application Deadline: March 30<sup>th</sup>, 2018

Name: \_\_\_\_\_

**FEMALE CAMPERS ONLY:**

Care during menstrual periods:

Has Camper begun menstrual periods? \_\_\_\_\_ Can Camper manage without help? \_\_\_\_\_

Needs supervision? \_\_\_\_\_ Needs help? \_\_\_\_\_ Exactly what help? \_\_\_\_\_

Is there anything else that you would like us to know about your Camper that could help us make his/her experience even more enjoyable?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a person you'd like your camper to room with? We will take your request in consideration, but please understand that we are not always able to accommodate this request. \_\_\_\_\_

**T-SHIRT**

Each camper will receive a camp t-shirt at camp. Please indicate what size shirt your camper will need.

Children's Sizes:	10 -12 _____	14 -16 _____	
Adult Sizes:	Small _____	Medium _____	Large _____
	X-Lg _____	XX-Lg _____	XXX-Lg _____

**Complete Pages 1-3 to REGISTER for Children's SEEK then MAIL or EMAIL to:**

**MAIL Application & Forms to:**

Children's SEEK  
Chaney Cheatham  
17406 FM 768  
Whitesboro, TX 76273

or

**EMAIL Application & Forms to:**

[childrensseekcamp@yahoo.com](mailto:childrensseekcamp@yahoo.com)

**Please note that once you send us pages 1-3 for registration you will receive verbal or written confirmation for acceptance to Children's SEEK Camp by April 15, 2018. At time of confirmation, we will ask for you to begin to complete the medical forms located on our website.**

**Payment DOES NOT hold a spot for your camper at camp. We MUST assess the needs of your camper with our staff to ensure we can give your camper the best experience. We will hold all checks until acceptance &/or return paypal payments.**

**\*WE WILL CONFIRM SPOTS ON OR BEFORE APRIL 15<sup>th</sup> AFTER THE APPLICATION DEADLINE ON MARCH 30<sup>th</sup>.\***