

Camp Titan 2017 Camper Application

Child/Family Application Information

Name of Child		Date of Birth	Sex M <input type="checkbox"/> F <input type="checkbox"/>	T-Shirt Size (Check Type and Circle Size) Youth <input type="checkbox"/> Adult <input type="checkbox"/> S M L XL XXL	
Street Address		City	Zip	Home Phone	
Primary Parent/Guardian Name	Primary Parent/Guardian Cell Phone	Primary Parent/Guardian Work Phone	Primary Parent/Guardian Email (If available)		
Secondary Parent/Guardian Name	Secondary Parent/Guardian Cell Phone	Secondary Parent/Guardian Work Phone	Secondary Parent/Guardian Email (If available)		
Number of people living in child's home	Ethnicity	What is the Last Day of School This Year?		Is Child/Family Fluent in English? Child: YES <input type="checkbox"/> NO <input type="checkbox"/>	
What is the family's preferred method of communication with Camp Titan? Phone <input type="checkbox"/> Email <input type="checkbox"/>				Parent/Guardian: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does the child have any siblings applying to Camp Titan this year? If so, please list each child's first and last name (a separate application is required for each individual child to be considered)					
List other individuals in the household and their income contributing to support of the family unit:			Total monthly income from all sources:		
Name	Age	Net Monthly Income	AFDC Number (if applicable)		
_____	_____	_____	MediCal Number (if applicable)		
_____	_____	_____	Foster Care Case Number (if applicable)		
_____	_____	_____			
_____	_____	_____			

If completing this form for a child/family, please provide your information (Please also inform the child/family as we may contact them directly)

Name of School/Organization/Agency		General Phone Number	Fax Number
School/Organization/Agency Address		City	Zip
Primary Contact Person	Direct Phone Number & Extension	Email Address	
Secondary Contact Person	Direct Phone Number & Extension	Email Address	

Applicant Background

Instructions: Answer the following questions about the prospective camper. Only completed applications will be considered. Please provide as much detail as possible.

- Describe this child's background
- Describe the child's relationship with parent(s)/guardian(s), sibling(s), peers, etc.
- What are some of the child's special interests, hobbies, or skills?
- What are the child's two best personality traits?

Please turn over and complete the remainder of the form.

Child's Full Name: _____

5. Does the child have any special concerns or problems that the camp should know about?
6. Does this child have any special needs, physically, mentally, and/or emotionally/behaviorally? If so, in what way? Does the child have any physical activities he/she cannot participate in?
7. Is this child on any medication? If so, please list the medication and reason for taking it.
8. Does the child have any allergies? If so, please list the allergy, the reaction and the usual remedy. Are there any foods or medicines he/she cannot have?
9. How will this child benefit from attending Camp Titan? At camp, how will the child react to separation from his/her family/caregivers?
10. What is the child most proud of?
11. What frustrates the child the most?
12. What has the child said about going to Camp Titan? What does he/she expect?
13. Can the child swim? YES <input type="checkbox"/> NO <input type="checkbox"/> Has the child been exposed to any recreation/camp experience? (i.e., boys/girls club, scouting, day camp) YES <input type="checkbox"/> NO <input type="checkbox"/>

Please circle any of the following traits that describe the child

Timid	Afraid of new things	Speech problem	Defensive	Impulsive
Shy or withdrawn	Aggressive	Resentful of authority	Show off	Daydreamer
Short attention span	Plays alone	Poor self-concept	Bedwetting	Cries often
Doesn't like to talk	Sucks finger	Anxious	Temper outburst	Poor coordination
Nervous or tense	Popular	Unpopular	Nail biting	Stubborn
Confident	Loving	Caring	Happy	Principled
Adventurous	Patient	Humorous	Mature	Thoughtful

I certify that all of the preceding information is true and correct. I understand that this information is being collected and is freely given for the determination of financial need, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws, as well as loss of eligibility to attend camp for this child.

Print Name

Signature

Date