## **Camp Titan 2022 Camper Application**

Child/Family Application infor	mation														
Name of Child		Date of Birth			Sex		T-Shirt Size (Check Type <u>and</u> Circle Size)								
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Street Address		City						Zip			me Phone				
			·												
Primary Parent/Guardian Name	Primary Parent/Guardian Cell	Prim	Primary Parent/Guardian Work			Primary Parent/Guardian Email (If available)									
	Phone	Pho	Phone												
Secondary Parent/Guardian Name	Secondary Parent/Guardian C	Cell Sec	ondary Pa	arent/Guardian	Work	ork Secondary Parent/Guardian Email (If available)									
		Phone			, , , , , , , , , , , , , , , , , , , ,										
What is the name and city of the school	the child attends?		What is the last day of sch			ol this yea	ar?								
That is the name and sky of the contest the shind alternation								Is Child/Family Fluent in English? Child: YES NO						」NO □	
What is the family's preferred method of	f communication with Camp Tita	n? Phone	□ Ema	Fmail				Parent/Guardian: <b>YES</b> □ <b>NO</b> □							
							ito an	pplication is required for each individual child to be considered)							
Does the child have any sibilings applying	ly to Camp man this year? If so	, piease iist	each chii	u S IIISI aliu ias	liane	(a separa	ne ap	plication	is require	) 101 <del>C</del> a	.CII IIIQIVIQU	Jai Cillu	to be co	Jilsidered)	
Number of people living in child's home			Tota	Total monthly household income from a					sources:						
Number of people living in child's home:	·														
List the name, age, and monthly income			AFDC Number (if applicable)												
Name Age Monthly Income															
			MediCal Number (if applic				cable)								
				Foster Care Case Number (if applicable)											
		<del></del>													
If completing this form for a	hild/family places provi	de veur	nform.	otion (Dloos	ء مامء	inform	. 4b.	abild/	family			nto at 1	the energy	dire ethy)	
If completing this form for a c  Name of School/Organization/Agency	mid/iamily, please provi	ide your i	morma	General Pho	ne Num	her	ı une	: Chila/		x Numb		niaci i	nem c	airectly)	
Traine or concomerganization, igonoy				Contract no	110 11011				'	X 1101111	501				
					0.1										
School/Organization/Agency Address					City						Zip	)			
Primary Contact Person	!	Direct Phon	ct Phone Number & Extension			ail Addres	SS								
Secondary Contact Person		Direct Phon	e Numbe	r & Extension	Em	mail Address									
														-	
Applicant Background															
Instructions: Answer the following ques	tions about the prospective cam	per. Only c	ompleted	l applications w	ill be co	nsidered.	Plea	ase provi	de as mud	h detai	l as possib	ole.			
Describe the child's background.															
Describe the child's relationship with parent(s)/guardian(s), sibling(s), peers, etc.															
2. Describe the stand of relational partial partial space and standard of security and standard of security and standard of security and security an															
3. What are some of the child's special interests, hobbies, or skills?															
A Mhat are the -bild's too be of the	an ality traita?														
4. What are the child's two best pers	onality traits?														

C	hild's Full Name:									
5.	Does the child have any special	concerns or problems that the camp s	should know about? If none, please write	'None.'						
6.	5. Does the child have any special needs, physically, mentally, and/or emotionally/behaviorally? If so, in what way? Does the child have any physical activities they cannot participate in? If none, please write 'None.'									
7.	Is the child on any medication?	If so, please list the medication and re	eason for taking it. If none, please write 'N	lone.'						
8.	Does the child have any allergies	s? If so, please list the allergy, the rea	action and the usual remedy. Are there a	ny foods or medicines the child canno	ot have? If none, please write 'None					
9.	How will the child benefit from at	tending Camp Titan? At camp, how v	vill the child react to separation from his/h	ner family/caregivers?						
10.	What is the child most proud of?									
11.	What frustrates the child the mos	st?								
12.	What has the child said about go	oing to Camp Titan? What does the cl	nild expect?							
13.	Can the child swim? YES	NO ☐ Has the child been exposed	d to any recreation/camp experience? (i.	e., boys/girls club, scouting, day cam	p) YES  NO					
Ple	ease circle any of the followi	ng traits that describe the child	t:							
	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	Нарру	Principled					
	Adventurous	Patient	Humorous	Mature	Thoughtful					
th a <sub>l</sub>	e determination of financi oplicable State and Federa	al need, and that deliberate i I Laws, as well as loss of eli	correct. I understand that this misrepresentation of the inforn gibility to attend camp for this	nation may subject me to prochild.						
Pr	int Name	Sign	Date							