

Camp Titan 2020 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 <u>and</u> 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)		
What is the name and city of the school the child attends?		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)					
Number of people living in child's home: _____		Total monthly household income from all sources:			
List the name, age, and monthly income for adults in the household:		AFDC Number (if applicable)			
Name Age Monthly Income		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 the 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? If none, please write 'None.'
6. 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 reason for taking it. If none, please write 'None.'
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 the child cannot have? If none, please write 'None.'
9. How will the 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 the child 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