



# TWIN PINES

## Camp, Conference, and Retreat Center

3000 Twin Pines Camp Road, Stroudsburg, PA 18360  
Phone: 570-629-2411 ~ Fax: 570-620-0664 ~ Email: lotsalove@twinpines.org

Camp Choice  
LL \_\_\_\_

### LOTSALOVE CAMP – PRE-REGISTRATION FORM

We need this information to determine the suitability of our program and facilities to meet the needs of your camper and his/her ability to handle our program. Please answer as accurately as possible so we can make a thorough evaluation. We want to provide a good camp experience for all of our campers.

Camper Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_  Male  
 Female

City, State, Zip \_\_\_\_\_

Which session of Lotsa Love would you prefer: LL 1 \_\_\_\_\_ LL 2 \_\_\_\_\_ LL 3 \_\_\_\_\_

Person or Organization responsible for this Camper \_\_\_\_\_  
and his/her phone #: \_\_\_\_\_ and email: \_\_\_\_\_

Has this camper ever participated in an overnight camp experience before?  Yes  No At Twin Pines?  Yes  No

Person completing this form and relationship to the camper: \_\_\_\_\_

#### History of Disability/Condition:

Primary Medical Diagnosis \_\_\_\_\_ Secondary Diagnosis (if any) \_\_\_\_\_

Describe the extent of disability, including onset and cause (if known) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At what age level does he/she function? \_\_\_\_\_ Can he/she read?  Yes  No If yes, at what level? \_\_\_\_\_

#### Socialization / Behavioral Issues:

Please check all the items below that apply to him/her:

- |  |   |
|--|---|
| <input type="checkbox"/> Friendly towards others   | <input type="checkbox"/> Can behave rudely/inappropriately towards others |
| <input type="checkbox"/> Willing to try new things   | <input type="checkbox"/> New things cause distress                        |
| <input type="checkbox"/> Acts without thought of consequences  | <input type="checkbox"/> Accepts rules easily; complies with requests     |
| <input type="checkbox"/> Avoids social contact with adults and peers                                 | <input type="checkbox"/> Accepts correction and can be redirected easily  |
| <input type="checkbox"/> Temper outbursts – if so, please indicate causes _____                      |   |
| <input type="checkbox"/> Physical outbursts towards others – if so, what causes this to happen _____ |   |

Please indicate which type of behavior modification works best with him/her:

Verbal correction  Removal from group  Redirection  Time out  Token/reward system  
 Other – please explain \_\_\_\_\_

List unusual behaviors or behavior problems we might expect to see and suggest ways to handle them \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the camper walk without assistance?  Yes  No

If NO, what assistance is needed?

- person walking with them
- walker
- wheelchair
- cane

How far can camper walk without tiring? \_\_\_\_\_

Can camper do any running?  Yes  No

If YES, approximately how far? \_\_\_\_\_

Should any activities be discouraged?  Yes  No

If YES, what are they? \_\_\_\_\_

\_\_\_\_\_

Is camper toilet trained?  Yes  No

Does camper need help going to the bathroom?  Yes  No

If YES, how much assistance? \_\_\_\_\_

\_\_\_\_\_

Does camper wear diapers?  Yes  No If YES, when?

- all the time
- bed time only

Does camper wet the bed?  Yes  No

Can camper eat all types of food?  Yes  No

If NO, what is not allowed? \_\_\_\_\_

\_\_\_\_\_

Can camper eat without assistance?  Yes  No

If NO, what assistance is needed? \_\_\_\_\_

\_\_\_\_\_

Describe camper's eating habits:  slow  normal  fast

Does camper choke easily?  Yes  No

Is camper on any special diet?  Yes  No

If YES, please explain \_\_\_\_\_

\_\_\_\_\_

What is camper's usual bedtime? \_\_\_\_\_

Does camper have any sleeping problems?  Yes  No

If YES, please explain \_\_\_\_\_

\_\_\_\_\_

Does camper sleepwalk or have a habit of getting up during the night?  Yes  No

Does this camper need assistance dressing/undressing?

Yes  No

Is camper able to shower unassisted?  Yes  No

If NO, what assistance is needed? \_\_\_\_\_

\_\_\_\_\_

Is this camper able to:

- shave unassisted  Yes  No

- brush teeth unassisted  Yes  No

Does camper have any hearing problems?  Yes  No

If YES, check below all that apply:

wears a hearing aid

knows sign language

read lips

other \_\_\_\_\_

Does camper have any vision problems?  Yes  No

If YES, do they wear glasses?  Yes  No

If YES, do they wear contacts?  Yes  No

Is camper prone to seizures?  Yes  No

If YES, are they controlled by medication?  Yes  No

Please give date of last seizure \_\_\_\_\_

**Thanks for completing this form**

**PEASE NOTE:** If camper is accepted into Lotsa Love, all medications must be brought to camp in their original package. Prescription drugs must come in original containers or bubble cards with the doctor's name, ID number and dosage. "Bubble-packed" medications of *mixed* drugs will not be accepted.

A special "Camper Medication Instruction Form" will be sent to you with camper's confirmation letter when accepted. This form must be completed and given with the meds to our nurse when the camper is brought to camp. Thanks for your help with this.

Completion of this form does not guarantee acceptance into a Lotsa Love program – a letter will follow with additional information.

**Please provide any additional information that would be helpful to us.**