



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 2024

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.