



Dear Friend of Camp Grace Bentley,

Thank you for your interest in Camp Grace Bentley on the shores of Lake Huron in Burtchville, Michigan - just north of Port Huron.

Enclosed you will find your registration materials for the 2014 camp season. Please be thorough in completing the forms, as this will expedite the application process and ensure that Camp Grace Bentley is best suited for your child.

Please complete the enclosed registration materials and mail them to the following address (*be sure to use adequate postage*):

Nancy Perri

c/o Camp Grace Bentley

1877 Maryland

Birmingham, MI 48009

We are excited to receive your application. You will receive a letter of confirmation regarding your camper and the camp session(s) availability. If you have further questions, please call 313.962.8242 or email campgrace@hotmail.com.

We look forward to the possibility of seeing you this summer!

Best regards

Nancy Perri

Director

**PLEASE FILL OUT ALL FORMS BEFORE SENDING IN:
THE CAMPER PHYSICAL RECORD MUST BE FILLED OUT
AND SIGNED BY A PHYSICIAN.**

CAMP GRACE BENTLEY

2012 Camper Application

Please mail this form back to:

Camp Grace Bentley

c/o Nancy Perri

1877 Maryland

Birmingham, MI 48009

Campers may attend a maximum of two sessions with one session break in between.

I would like my child to attend session(s): Please indicate 1st and 2nd choices:

Please Check if you would like to attend both sessions

We are unable to grant requests for late arrival or early pick-up times.

Please choose a session where your child can be in attendance at camp for the entire nine days.

___ Session 1	Thursday, June 28 - Friday, July 6
___ Session 2	Monday, July 9 - Tuesday, July 17
___ Session 3	Friday, July 20 - Saturday, July 28
___ Session 4	Tuesday, July 31 - Wednesday, August 8

****Applications must be submitted no later than 3 weeks before session begins.****

Camper's Name: _____
Last First Middle

Nickname _____

Address: _____
Number and Street

City State Zip Code

Telephone () _____ Work Phone () _____
Area Code Area Code

Cell Phone () _____

E Mail Address _____

Male _____ Female _____

Birthdate _____ Age by Camp Date _____

Camper Diagnosis _____

Can Camper Function on a 3-1 camper/counselor ratio? _____

**** Please note that we are not equipped to accept children who require one-on-one care. ****

Parent or Guardian's Full Name _____

Address, if different than above _____

Emergency Phone Numbers: (REQUIRED)

_____ () _____ ()
(Parent's/ Guardian's Name) (Home Phone) (Work Phone)

_____ () _____ ()
(Parent's /Guardian's Name) (Home Phone) (Work Phone)

If parent/guardian cannot be reached, whom shall we contact, in order of preference?

1 _____ () _____
Name Relationship to Camper phone

2 _____ () _____
Name Relationship to Camper phone

3 _____ () _____
Name Relationship to Camper phone

While the child is at Camp Grace Bentley, parents will be:

_____ At Home

_____ On Vacation and may be reached at: (name/location)

() _____
Area code phone number

Specific Dates Gone: _____

Adults to whom camper can be released: _____

Anyone to whom camper MAY NOT be released:

Health Insurance Information:

Name of Company _____

Policy Number(s) _____

How did you hear about Camp Grace Bentley? _____

Please mail this form to:

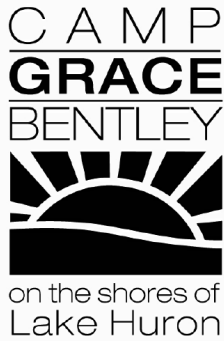
**Camp Grace Bentley
c/o Nancy Perri
1877 Maryland
Birmingham, MI 48009**

Upon submitting application to Camp Grace Bentley please note:

Application to Camp Grace Bentley does not insure that your child will be accepted. A committee will review the application to determine if Camp Grace Bentley is equipped to accommodate the needs of your child. Many factors are taken into consideration.

The decision of the committee is final.

I agree to these terms: _____
(Parent or Guardian)



CAMPER HEALTH QUESTIONNAIRE

To be filled out by child's parent or guardian.

Please mail this form back to:

Camp Grace Bentley

c/o Nancy Perri

1877 Maryland

Birmingham, MI 48009

Child's Name _____

Date of Birth _____

1. Disability: (please circle)

Cerebral Palsy

Muscular Dystrophy

Spina Bifada

Epilepsy

Down Syndrome

Trainable Mentally Impaired

Autistic

Emotionally Impaired

Other _____

Please describe the level of impairment _____

2. Please indicate the following (associated problem)

	Normal	Impaired	Limitations
Hearing Ability	_____	_____	_____
Vision Ability	_____	_____	_____
Memory	_____	_____	_____
Time Concept	_____	_____	_____

3. Perceptual Ability -- Communications:

_____ No Difficulty _____ Verbalizes, but may be difficult to understand

_____ Non Verbal _____ Yes/No Responses Only

Please Explain _____

4. General Health:

Does child have seizures? Yes No

If so, how long do they last? _____

Any respiratory difficulties? Yes No

Does child fatigue easily? Yes No

If so, symptoms to look for: _____

Medications: All medications must be in the original container with the child's name and dosage amount. We can not deviate from these directions.

Please send the exact amount of medication needed for the entire session.

Medication _____

Dosage _____ Time taken _____

Medication _____

Dosage _____ Time taken _____

Medication _____

Dosage _____ Time taken _____

Allergies to medication, please list:

Nutrition/diet notes, including allergies to food:

5. Proof of current immunizations must be presented:

_____ DPT _____ MMR _____ Polio _____ Others _____

6. Has child had previous surgery? _____

If so, date? _____

Broken Bones? _____

Which Ones? _____

Precautions _____

7. Skin care:

Any open areas? _____

Location?

Care notes

8. Special Equipment: (Circle those that apply)

Ambulation:

Eating:

Bracing:

Other:

Crutches
Cane
Walker
Wheelchair
Electric Wheelchair
Amigo

Special Cup
Straw
Special Dish
Special Utensils

Short leg
Long leg
AFO (Plastic)
Body Jacket
Hand Splint

Hoyer Lift
Toilet/Commode
Shower Chair
Shunt

Other:

Other:

Other:

Other:

9. Activities of Daily Living: (please check all that apply)

	Independent	Partial Resistance	Needs Full Care
Eating	_____	_____	_____
Ambulation	_____	_____	_____
Dressing	_____	_____	_____
Bathroom	_____	_____	_____
Bowel & Bladder	_____	_____	_____

10. Personal Care Information:

Child's approximate weight _____

Transfers: (please check)

_____ Can make transfers independently

_____ Can bear weight for pivoting

_____ Must be lifted, cannot bear weight

Circle any area where child may need assistance:

Showering

Shaving

Brushing teeth

Personal care during menstrual cycle

Other _____

11. Adjustment to Camp: (please circle)

Has your child been to camp? Yes No

If so, did he/she adjust well? Yes No

Has your child ever been away from home before? Yes No

Do you think he/she is likely to be homesick? Yes No

12. Does your child have a history of emotional or behavioral problems? Please be specific:

13. How do you manage this behavior at home? _____

14. Please describe your child's ability to follow directions: _____

15. Please describe your child's ability to get along and interact with others: _____

16. Does your child sleep through the night? _____

17. Please describe any eating concerns: _____

Other information you would like to share about your child _____

**The above information is true and accurate to the best of my knowledge.
I understand that Camp Grace Bentley is not equipped to service children who
require one-on-one care or are unable to function on a 3-1 camper/counselor ratio.**

Signed _____ Date _____

Upon receipt of this application, you will receive a tentative acceptance postcard and confirmation of the session of preference. Your final acceptance and checklist of what to bring to camp will arrive once you have a physical on file.

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c/o Nancy Perri
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Birmingham, MI 48009**

CAMP
GRACE
BENTLEY



on the shores of
Lake Huron

CAMPER PHYSICAL RECORD

To be filled out by child's Physician.
Please mail this form back to:

Camp Grace Bentley

c/o Nancy Perri

1877 Maryland

Birmingham, MI 48009

Patient's Name _____

TO BE ANSWERED BY PHYSICIAN

HEIGHT _____

WEIGHT _____

BLOOD PRESSURE _____

S=Satisfactory

X=Not Satisfactory

O=Not Examined

EYES _____

EARS _____

NOSE _____

THROAT _____

TEETH _____

HEART _____

LUNGS _____

ALLERGY _____

PLEASE SPECIFY _____

ABDOMEN _____

EXTREMITIES _____

POSTURE _____

SKIN _____

ASTHMA _____

PARASITES _____

HERNIA _____

All shots are up-to-date Yes _____ No _____

MEDICATIONS:

All medications must be in the original container with the child's name and dosage amount. We can not deviate from these directions.

Please send the exact amount of medication needed for the entire session.

MEDICATION NAME _____
DOSAGE _____
TIME TAKEN _____

MEDICATION NAME _____
DOSAGE _____
TIME TAKEN _____

MEDICATION NAME _____
DOSAGE _____
TIME TAKEN _____

SEIZURES	Yes	No
EMOTIONAL/ BEHAVIORAL PROBLEMS	Yes	No
BOWEL/BLADDER	Yes	No

CATHETER _____ Self _____ Yes ___ No _____

Assistance Yes _____ No _____

RESTRICTIONS:

TO SWIM Yes No

STRENUOUS ACTIVITY Yes No

DIAGNOSIS _____

SPECIAL EQUIPMENT _____

PRECAUTIONS (Explain in detail) _____

RECOMMENDATIONS AND OTHER RESTRICTIONS WHILE AT CAMP _____

GENERAL CONDITION OR APPRAISAL _____

I have examined the individual herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above, and is free from contagious diseases as specified above.

Name of Examining Physician _____ Date _____

Signature _____

Address _____

City _____ State _____ Zip _____

Telephone _____

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Birmingham, MI 48009**

Release Agreement

I give permission for my minor child to attend Camp Grace Bentley and participate in all programs and activities. I am aware of the possible risk of injury or death to my child as a result of participation in the programs at Camp Grace Bentley.

I acknowledge that by this Release Agreement that neither Camp Grace Bentley nor its directors, counselors or employees may be held liable for any injury or the death of my minor child, unless such an injury or death results from the willful negligence of Camp Grace Bentley or its directors, counselors or employees.

In addition, in the case of any injury or illness to my child, I give permission for Camp Grace Bentley to secure medical and surgical treatment. I also give my permission for Camp Grace Bentley to provide routine non-surgical medical care for my child, including the administering of Tylenol, in my absence while attending the camp.

I KNOW THAT I AM RESPONSIBLE FOR MEDICAL COSTS FOR MY CHILD WHILE AT CAMP GRACE BENTLEY.

I give permission for my child to be photographed or videotaped in camp activities and allow Camp Grace Bentley to use these for promotional purposes and by the media.

I am aware that occasionally it is necessary to send a camper home early if his/her behavior is inappropriate or harmful to other campers, counselors and for the environment at Camp Grace Bentley. If such an occasion arises, I will pick up my child from the camp within 24 hours of notification.

Signature _____ Date _____

Relationship to Child _____