

## St. Louis 2024 Summer Camp Application

# Please complete this application and return it to camp@ucpheartland.org or fax to (314)916-5388

**SECTION 1: Camp Dates** 

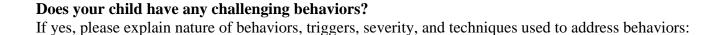
June 3<sup>rd</sup>- 26<sup>th</sup> (No camp on July 4th & June 19th)

#### **SECTION 2: General information**

| Camper's Name:                      |  |
|-------------------------------------|--|
| Camper's Age:                       |  |
| Camper's Sex:                       |  |
| Address (Street, City, State, Zip): |  |
| Parent(s)/Guardian(s) name:         |  |
| Email Address:                      |  |
| Phone number:                       |  |

#### **SECTION 3: Camper Information**

| If your child has not attended our camp in the past year OR if they are a returning camper and there is a |
|---|
| change in information, please complete the following:   |
| Please describe level of support needed:  |
| Campers will need to be able to be successfully supported in a 1 staff to three campers (1:3) ratio       |



### Does your child engage in physical behaviors (pinching, hitting, punching, biting, etc)?

If yes, please explain any triggers, severity of behaviors, and techniques used to address behaviors:

Please note: Submitting this application does not guarantee a spot in camp. If eligible, campers are accepted on a first come, first served basis within their age group. We will contact you to notify you of acceptance and completion of enrollment paperwork.