2024 Summer Camp Application

Please complete this application and return it to camp@ucpheartland.org
Call us at 573-415-8845 with any questions!

<u>**SECTION 1: Camp Dates**</u>

Please check which week(s) the camper is applying for.

☐ June 7

☐ June 14

☐ June 28

☐ July 22 - 26

☐ July 29 – August 2

☐ August 5 – 9

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 <u>has not attended our camp in the past year OR if they are a returning camper and there is a change in information</u>, 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 have any challenging behaviors?
If yes, please explain nature of behaviors, triggers, severity, and techniques used to address behaviors:

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.