2011 CAMP DELAFIELD SUMMER PROGRAM APPLICATION

Application Deadline: April 29, 2011 **Application Fee: $30**

Applying for: ____Session 1 (6/06/11-7/01/11) ___Session 2 (7/11/11-8/5/11)

Camper Information

Camper Name_____ Gender_____

Address_____

City_____State_____Zip_____

Date of Birth_____ Age _____With whom does child reside_____

What School is attended _____Current Grade in School_____

Is your child currently enrolled in the Twenty-first Century Scholars program? _____

Family Information

Parent/Guardian Name_____

Address (if different than above)_____

City_____State_____Zip_____

Home Phone_____ Work Phone_____ Cell Phone_____

Email Address_____

Parent/Guardian Name_____

Address (if different than above)_____

City_____State_____Zip_____

Home Phone_____ Work Phone_____ Cell Phone_____

Email Address_____

Sibling's Names **Age** **School/Occupation**

_____

_____

(List additional siblings on a separate sheet if necessary).

Do any other members of the family have learning disabilities speech/language difficulties?_____

Education Information

Name of Present School_____

Address_____ Phone_____

Public_____ Private_____ Grades Repeated (if any)_____

Other Schools Attended Dates/Grades

_____

_____

_____

Has the child received tutoring, counseling or other special therapy (speech, auditory, etc)?
(If yes, please provide Name, Address and Phone number of provider.)

_____

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_____

What specific type of learning problems does applicant experience?_____

_____

_____

Describe applicant's difficulty with basic skills (reading, spelling, etc.)._____

_____

_____

Describe academic subjects, skills and talents in which the applicant does well.

_____

_____

Medical History and Information

Current Medications Condition

_____

_____

_____

Hospitalizations/Surgeries (include dates) Diagnosis

_____

_____

_____

Describe any significant medical conditions from infancy to present (including visual, hearing motor coordination limitations)._____

_____

_____

Describe any history of psychiatric, emotional or behavioral problems which the applicant has experienced. _____

_____

_____

Does your child need a modified physical program in regard to recreational activities? If yes, please explain. _____

_____

List any activities to be avoided. _____

_____

***A physical examination is not required at the time of application. However, an exam is required for enrollment in camp. The physical form is included in the acceptance packet.**

Personal Statement

Camper Statement: In their own handwriting, please have the applicant share his/her interests, likes and dislikes ideas about attending Camp Delafield. The child may use a separate sheet of paper for convenience, but the statement need not be long.)

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Parent Description: Please share your thoughts about your child's interests, ability to get along with peers and adults, goals you have for your child at camp and any other information that you feel would be helpful to creating a positive camp experience. (Your description may be written on a separate sheet of paper and attached to the application.)

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_____

References

Please list three people we may contact to learn more about your child (teachers, tutors, coaches, etc.)

Name Phone/email Relationship to Applicant

_____

_____

_____

Please include the following items with your child's application to camp:

- **A copy of the child's most recent psycho educational testing**
- **A photo of your child**
- **A financial aid form, if applying for a camp scholarship**
- **A copy of most recent IRS 1040 form (If sending 2009 return, please include a copy of your most recent pay stub)**
- **$30 application fee**

Return application and above material by April 29, 2011 to:

Camp Delafield Director
Dyslexia Institute of Indiana, Inc.
2511 East 46th Street, Suite O-2
Indianapolis, IN 46205

Signature of Parent/Guardian _____

Parent Name (Printed) _____ Date _____