

NYISE: CAMP WANAQUA 2019 APPLICATION

Have questions? Contact Jessica Suppa at jsuppa@nyise.org or 718.519.7000 ext. 341.

Application Deadline: June 1, 2019



CAMPER REGISTRATION FORM

Camper Name: _____

Date of Birth: _____ Age as of 7/1/19: _____

Primary Language: _____ Secondary Language: _____

T-Shirt Size (circle one): *Child: S M L XL* *Adult: S M L XL*

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

PARENT/GUARDIAN CONTACT INFORMATION

Name: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Language: _____ Secondary Language: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Relationship to Camper: _____

EMERGENCY CONTACT INFORMATION

Person to contact in case of emergency: _____

Relationship to Camper: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

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DOCTOR CONTACT INFORMATION

Name/Title: _____

Primary Phone: _____

Secondary Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

INDIVIDUALS ALLOWED TO PICK UP CAMPER

Name: _____

Relationship to Camper: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Relationship to Camper: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Relationship to Camper: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

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CAMPER HEALTH INFORMATION FORM (Questions 1-18)

We would like to have as much information on your child's visual impairment as well as any other information on any other disability your child may have. Please take the time to answer the questions below and be as specific as possible. This will be beneficial for the counselors working with your child to understand their needs better at Camp Wanaqua.

1. Please check which classification your child falls into:

- Class B1*: No light perception in either eye up to light perception, but the inability to recognize the shape of a hand at any distance or in any direction.
- Class B2*: From the ability to recognize the shape of a hand up to visual acuity of 20/600 and/or a visual field of fewer than 5 degrees in the best eye with the best practical eye correction.
- Class B3*: From visual acuity 20/600 and up to visual acuity of 20/200 and/or a visual field of fewer than 20 degrees and more than 5 degrees in the best eye with the best practical eye correction.
- Class B4*: From visual acuity above 20/200 and up to visual acuity of 20/70 and a visual field larger than 20 degrees in the best eye with the best practical eye correction.

2. My child has difficulty going from dark to light places? Yes No

If yes, please explain: _____

3. My child has difficulty going from light to dark places? Yes No

If yes, please explain: _____

4. My child has a good sense of peripheral vision? Yes No

If yes, please explain: _____

5. My child has good sense of central vision? Yes No

If yes, please explain: _____

6. My child has tunnel vision? Yes No

If yes, please explain: _____

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7. Disability (Please check all that apply):

- | | | |
|------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> <i>Learning Disabled</i> | <input type="checkbox"/> <i>Cerebral Palsy</i> | <input type="checkbox"/> <i>Intellectual Disability</i> |
| <input type="checkbox"/> <i>Down Syndrome</i> | <input type="checkbox"/> <i>Physically Impaired</i> | <input type="checkbox"/> <i>Multiple Sclerosis</i> |
| <input type="checkbox"/> <i>Hearing Impaired</i> | <input type="checkbox"/> <i>Autism</i> | <input type="checkbox"/> <i>Brain Injury</i> |
| <input type="checkbox"/> <i>Speech Impaired</i> | <input type="checkbox"/> <i>Spina Bifida</i> | <input type="checkbox"/> <i>Emotionally Disturbed</i> |
| <input type="checkbox"/> <i>ADD/ADHD</i> | | |
| <input type="checkbox"/> <i>Other Explain:</i> _____ | | |

8. Please describe any physical disabilities or limitations that the applicant may have:

9. Please list any other diagnosis(es):

10. Does the applicant have any allergies? If yes, please explain

Yes No

11. Please list limitations and if any adaptations are needed:

12. Behavior (check all that apply)

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- Hyperactive
- Hits others
- Temper Tantrums
- Socially Isolated
- Loud or Abusive Language
- Inappropriate Sexual Behavior Cognitive Ability

13. Does the applicant socialize well with others? Yes No

14. Does the applicant have a history of aggression or threatening physical or verbal behavior? Yes No

15. Does the applicant feel remorse for his/her aggressive or threatening behavior? Yes No

16. If yes, please explain the frequency of this behavior, the possible causes/environment triggers, and the consequences of such activity.

17. How does the applicant handle disagreements? _____

18. Please describe any recent problems (behavioral, emotional, medical or otherwise) that we should be aware of. Be sure to include any helpful method, treatments, or practices that might better assist us in serving your camper.

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Please describe the applicant's independence level with regard to the following activities. Your complete honesty and accuracy are necessary for us to determine eligibility for camp admission. We want to be able to meet each camper's needs to the best of our ability.

Mobility

- Walks without assistance?
- Walks with use of cane?
- Walks with other device? *Please explain:* _____
- Uses a wheelchair

Can your child independently communicate their needs/wants? Yes No

If assistance is required, please describe: _____

Specify type and degree of assistance required in each area:

Eating: _____

Dressing: _____

Grooming: _____

Toileting: _____

Additional Information: _____

Does your child receive a One-to-One Aide during the school year? Yes No

If yes, please explain why? _____

CAMPER INTERESTS FORM

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SPORTS/ACTIVITIES/HOBBIES/ENTERTAINMENT

What are the applicant's favorite sports? _____

Describe applicants' level of participation in sports listed above: _____

Describe level of assistance/guidance needed for any of the activities listed above: _____

What are the applicants' favorite activities/hobbies? _____

Describe applicants' level of participation in activities/hobbies listed above: _____

Describe level of assistance/guidance needed for any of the activities listed above: _____

What are the applicants' favorite forms of entertainment? _____

DEMOGRAPHIC SURVEY (Optional) *Your answers help us keep Camp Wanaqua free. Thank you!*

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How did you hear about *Camp Wanaqua*?

What is your household zip code? _____

How many people reside in your household? 2 3 4 5 6 7+

Does the free round trip transportation make it possible for your child to attend camp? Yes No

What is your annual household income?

- \$10,000 - \$25,000 \$26,000 - \$50,000 \$51,000 - \$75,000
 \$76,000 - \$100,000 \$101,000+

What is the ethnicity of your camper(s)?

- African American, non-Hispanic Caucasian American, non-Hispanic
 Hispanic American Indian/Alaska Native
 Two or More Races Asian South Asian
 Other (please describe): _____

Do you receive one or more forms of government assistance?

If yes, please list: _____

CW2019 - Demographic Intake Survey

PHOTO/VIDEO RELEASE FORM

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Throughout the duration of Camp Wanaqua 2019, staff may take pictures of the children engaged in various aspects of camp programming. These pictures may be displayed:

- On our social media accounts: *Twitter* and *Instagram* (@nyise999)
- On the walls of the classrooms or other areas of the campus
- On our website: www.nyise.org
- On bulletin boards
- On DVDs
- In marketing materials, including our brochures and annual reports
- Additionally, local news photographers or television photographers may come to NYISE events and their photos/video recordings may be printed in local papers or on television/online broadcasts.

Child's Name: _____

- I **give** my permission to have this child's picture taken and utilized for NYISE purposes as described above.
- I **do not give** my permission to have this child's picture taken and utilized for NYISE purposes as described above.

Parent/Guardian Signature: _____

Print Name of Parent/Guardian: _____

Date: _____

RELEASE/PERMISSION FORM

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I hereby grant permission for my child _____ to:
(Please clearly print child's name.)

- Participate in off-campus trips and/or excursions accompanied by New York State Institute for Special Education staff in vehicles approved and authorized by the Institute, including the use of public transportation.

- I grant permission for the medical staff of the New York State Institute for Special Education to provide routine medical and nursing care for my child while attending day camp. The care might include dispensing prescribed medication (a doctor's order and properly labeled medication bottle must be received by NYISE), as well as the treatment of minor injuries and illnesses on campus.

Parent/Guardian Signature: _____

Print Name of Parent/Guardian: _____

Date: _____

SWIM INFORMATION FORM

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Camper Name: _____

Date: _____

Parents, please check the category that most applies to your son/daughter's swimming abilities.

- Pre-Level 1**
Enters the water hesitantly or not at all, clings to wall or caregiver, does not put face in the water, does not take feet off the ground
- Level 1**
Puts face in water hesitantly or when urged, moves away from the wall & plays, does not mind being splashed, attempts to swim
- Level 2**
Swims underwater; can roll from front to back; swims short distances above water with face in, takes a breath and resumes swimming without standing up, jumps in from the side of the pool into chest deep water.
- Level 3**
Swims 25 yards without stopping, does rhythmic breathing towards side but needs to work on it, swims ten yards on their back, can jump into deep water (over their head) and recover easily.
- Level 4**
Swims on front, back & side with basic form at least 50 yards, treads water three minutes in deep end; performs at least a sit dive in water 9 feet or more; performs the basics of sidestroke and breaststroke, can swim down to 7' and retrieve an object.
- Level 5**
Swims basics of all strokes including freestyle, breaststroke, backstroke, elementary backstroke, some sidestroke, beginning of butterfly; can perform a dive off the side; has been off a diving board; can tread water up to 4 minutes; can float on back.
- Level 6**
Can swim all strokes for 100 yards or more; perform dive off diving board; knows in water surface dives; understands and performs personal rescue skills; knows basic pool area first aid.

If already passed American Red Cross Learn to Swim Level, what is last level completed? & When?

Please state Health Issues, Secondary Disabilities & Precautions in Aquatic Environment: _____

Has this swimmer been on a swim team? Yes No

What is their stroke? _____

What is their best time for a 50-yard or meter swim (if applicable)? _____