



4900 West Oak Leaf Drive
Tulsa, OK 74131
918.446.4194
CampLoughridge.org

Providing Christian growth & spiritual renewal in nature since 1959

Autism Inclusion Camper Application

SELECT THE CAMP AND SESSION WEEK (circle one):

___ Summer Day Camp (age 6-10) Session: 1 2 3 4 5 6 7 8
___ Adventure Day Camp (age 11-13) Session: 1 2 3 4 5 6 7 8

CAMPER QUALIFICATIONS & ACKNOWLEDGEMENTS CHECKLIST

- Your camper has an autism spectrum disorder.
- Your camp is between the ages of 6 and 13.
- Your camper is toilet-trained, with or without assistance (no diapers / pull-ups)
- Your camper must be able to be away from his/her primary caregiver from 9:00a-5:00p every day for one week.
- Your camper must be able to tolerate extreme weather conditions (heat, severe storms, etc.)
- Your camper must be able to follow instructions of a one-on-one aide (most likely a young adult staff member in high school or college).
- Your camper must be able to participate in daily activities such as swimming, hiking, chapel, team sports, crafts, archery and other outdoor activities.
- Your camper is not allowed to bring a phone, portable gaming systems, education systems, video/dvd players (assistive technology devices used for communication are allowed).
- Your camper is attending a traditional summer day camp with support for inclusion. This experience is NOT a special needs summer camp.
- Requests for the autism inclusion program are filled on a first-come, first-serve basis and typically limited to one session so as many campers as possible get to attend.
- COMPLETED SECTION BELOW: PARENT QUESTIONNAIRE
- COMPLETED SECTION BELOW: CAMPER PROFILE QUESTIONNAIRE

Parent/Caregiver Acknowledgement & Representation

I acknowledge and represent the answers and content of this document are truthful. I understand capacity may be limited for my camper and spots are filled on a first-come, first-serve basis and the completion of this application does not guarantee a spot for my camper.

Signature: _____

Printed Name: _____ Date: _____



PARENT/CAREGIVER QUESTIONNAIRE

CAMPER

First Name: _____ Last Name: _____ Date of Birth: _____

Nickname: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Other Medical Conditions: _____

Primary Caregiver Contact:

First Name: _____ Last Name: _____

Relationship to Camper: _____

Email: _____ Cell Phone #: _(____) _____

Secondary Caregiver Contact:

First Name: _____ Last Name: _____

Relationship to Camper: _____

Email: _____ Cell Phone #: _(____) _____

Does your camper need a one-on-one aide in order to attend summer camp? **No Yes**

If YES, will your camper be participating in the following activities:

Morning Rally (music, skits)	No	Yes	Chapel	No	Yes
Nature Hikes	No	Yes	Canoeing	No	Yes
Field Sports	No	Yes	Challenge & Ropes	No	Yes
Court Sports	No	Yes	Games	No	Yes
Arts & Crafts	No	Yes	Dance	No	Yes
Archery	No	Yes	Swimming	No	Yes

Does your camper have a sibling also attending camp at the same time? **No Yes**

If YES, Sibling's Name: _____

Does your camper have a friend also attending camp at the same time? **No Yes**

If YES, Friend's Name: _____

Has your camper attended Camp Loughridge in the past? **No Yes**

If YES, last year attended: _____



Does your camper know how to swim? **No Yes**

If NO, please explain: _____

Can your camper communicate his/her wants and needs using speech? **No Yes**

If NO, please describe: _____

Does your camper communicate using verbal or visual prompts? **No Yes**

If YES, please describe: _____

Does your camper need visual or verbal prompts to follow simple directions? **No Yes**

If YES, please describe: _____

Does your camper ask for help? **No Yes**

If YES, please describe how: _____

Does your camper comprehend and acknowledge questions/directions? **No Yes**

If NO, please describe: _____

Does your camper easily transition from one activity to another? **No Yes**

If NO, please describe: _____

Does your camper communicate when they need a break? **No Yes**

If YES, please describe: _____

Does your camper communicate when they need to use the restroom? **No Yes**

Please describe: _____

Does your camper require assistance in using the restroom? **No Yes**

If YES, please describe: _____

Is your camper sensitive to certain or loud noises? **No Yes**

If YES, please describe: _____

Does your camper have emotional outbursts or tantrums? **No Yes**

If YES, how should we help them? _____

Does your camper pay attention to warnings of danger? **No Yes**

Please provide examples: _____



Does your camper show appropriate fear in unsafe situations? **No** **Yes**

Please provide examples: _____

Is your camper a "flight risk" or prone to wandering away? **No** **Yes**

If YES, please describe: _____

Which of the following levels of safety identifiers is your camper willing to wear?

Wristband ID	No	Yes	Shirt Nametag (front)	No	Yes
Temporary Tattoo	No	Yes	Shirt Nametag (back)	No	Yes
Shoe Label	No	Yes	Ankle Band ID	No	Yes

Does your child exhibit any of the following conditions? (please circle for each)

Cry	Never	Rarely	Sometimes	Frequently
Run	Never	Rarely	Sometimes	Frequently
Scream	Never	Rarely	Sometimes	Frequently
Use Expletives	Never	Rarely	Sometimes	Frequently
Throw Objects	Never	Rarely	Sometimes	Frequently
Spit	Never	Rarely	Sometimes	Frequently
Bite	Never	Rarely	Sometimes	Frequently
Pinch/Scratch	Never	Rarely	Sometimes	Frequently
Hit	Never	Rarely	Sometimes	Frequently
Head Butt	Never	Rarely	Sometimes	Frequently
Kick	Never	Rarely	Sometimes	Frequently
Undress	Never	Rarely	Sometimes	Frequently
Refuse to Walk	Never	Rarely	Sometimes	Frequently
Self-Injury/Harm	Never	Rarely	Sometimes	Frequently

PLEASE DESCRIBE WHAT THIS SUMMER CAMP OPPORTUNITY MEANS TO YOUR CAMPER:

Parent/Caregiver Signature: _____

Printed Name: _____ Date: _____



CAMPER PROFILE QUESTIONNAIRE

First Name: _____ Last Name: _____

Age: _____ Diagnosis: _____

To facilitate a successful experience for your camper, we will use the principles of positive reinforcement. We will encourage and reward appropriate behaviors and be proactive, with limited reaction to inappropriate behaviors. To help our staff, please share the following:

Please list your camper's favorites by topic (leave blank if they don't have one):

Superheroes: _____	Toys/Games: _____
Sports/Athletes: _____	Bands/Musicians: _____
TV Shows/Characters: _____	Songs: _____
Video Games/Characters: _____	Pets/Animals: _____
Hobbies/Activities: _____	Other: _____

Which of the following rewards would motivate your camper to exhibit appropriate behavior?

Favorite Camp Activity	No	Yes	If YES, please describe: _____
Reward chart/points	No	Yes	If YES, please describe: _____
Verbal praise / High 5s	No	Yes	If YES, please describe: _____
Toys/small items	No	Yes	If YES, please describe: _____
Sensory items	No	Yes	If YES, please describe: _____
Food/Snacks/Candy	No	Yes	If YES, please describe: _____
Earn screen time at home	No	Yes	If YES, please describe: _____
Other	No	Yes	If YES, please describe: _____



Will your camper work better with access to a daily schedule they can review and "check off" all day?

No **Yes** If YES, please describe: _____

Will your camper work better with special assignments like "line leader" or "head adventure spy?"

No **Yes** If YES, please describe: _____

What is your camper most excited to experience at Camp?

What are your fears/concerns for your camper?

Does your camper have a meltdown if they perceive they are not winning or scoring?

What are the warning signs that your camper may be on the brink of a meltdown?

What else would you like our staff to know about your camper?
