



100 State Street, Suite 352, Montpelier, VT 05602
(802) 223-6263 | campdaybreak@pear-vt.org | www.campdaybreak.org

Camp Daybreak is program of the Vermont Association for Mental Health and Addiction Recovery.
It is open to all children who meet the criteria for acceptance without regard to
race, color, national origin, age, sex or disability.

CAMP DAYBREAK 2017 APPLICATION

(PLEASE RETURN BY APRIL 1, 2017)

Campers arrive at CAMP DAYBREAK on **Monday, August 7th and depart on Sunday, August 13th.**
Additional information is also available online at www.campdaybreak.org.

Camp Daybreak operates at no charge to campers or their families

Send application and direct all correspondence to: Dan Osman, Director Camp Daybreak
100 State Street, Suite 352, Montpelier, VT 05602
Office Phone: (802) 223-6263 x 104

Note: Please fill out this application as neatly, thoroughly, and as honestly as possible so that we can determine if Camp Daybreak is appropriate for this child. Our goal is to provide a successful and safe camp experience.

CAMPER INFORMATION:

Name: _____

Gender: _____ Age: _____ Date of Birth: _____ / _____ / _____

Address: _____ City: _____ Zip: _____

Sending School: _____

Parent/ Guardian: _____

Phone: (_____) _____ Email: _____

CAMPER T-SHIRT SIZE: (YOUTH) M L (ADULT) S M L XL

CAMPER'S NAME:

1. a. Has the child been to CAMP DAYBREAK before? Yes _____ No _____ When? _____
- b. Has the child applied to CAMP DAYBREAK before? Yes _____ No _____
- c. Has the child attended any other camp? Yes _____ No _____

If yes, please give a brief description of this experience:

- d. Each camper is given 1-on-1 support during camp by being assigned a Big Brother or Big Sister.

Please check box: Will the child benefit most from having a Big Brother or Big Sister ?

Please explain why (Please be aware that most of our volunteer staff are female):

2. Description of Referral Agency's involvement with child and family.

3. Briefly describe the child physically.

4. What are the camper's recreational and/or other interests?

5. In the space below (use additional paper if necessary) give a summary of all relevant information concerning this child, including personality characteristics, special needs, family background, and anything else that may assist the camp staff in understanding and working with this child. (Specific challenges will be listed later on in the form.)

CAMPER'S NAME:

6. Briefly explain the child's type of educational setting. Include basic information on special education services being provided (special class, resource room, tutor, etc.). It would be most helpful for us to know whether the child has an IEP but obviously, this information can only be shared if there is consent from the child's parent/guardian.

7. A summer camp environment contains many factors that influence a child's behavior, including other children, outdoor activities, adult attention, physical and emotional stimulation, and cooperation and competitive opportunities. Please describe how you anticipate this child would respond to such an environment. Are there particular foods that the child is averse to? (Use additional paper if necessary.)

8. Transportation:

Who will be responsible for transporting the child **TO** camp? (PLEASE PRINT CLEARLY.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Email: _____

Who will be responsible for transporting the child **FROM** camp? (PLEASE PRINT CLEARLY.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Email: _____

CAMPER'S NAME:

9. Who is filling out this form? (PLEASE PRINT CLEARLY.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Email: _____

Referral Agency: _____

10. In order to best use our camp staff and your valuable information, we ask that you identify a number of specific challenges, or challenge areas, that our staff could begin working on immediately. **List these in the space provided. Please use additional paper if necessary:**

CHALLENGE IDENTIFICATION:

A very short statement identifying the challenge.

CHALLENGE DESCRIPTION:

An objective and subjective description of the challenge identified, how it affects them (or others), etc.

SUGGESTED PLAN:

This could be a brief description of a strategy currently in use, or a suggested plan in dealing with the identified challenge.

1. Challenge Identification:

Challenge Description:

What might trigger this challenge/behavior?

Helpful Techniques:

CAMPER'S NAME:

2. Challenge Identification:

Challenge Description:

What might trigger this challenge/behavior?

Helpful Techniques:

3. Challenge Identification:

Challenge Description:

What might trigger this challenge/behavior?

Helpful Techniques:

4. Challenge Identification:

Challenge Description:

What might trigger this challenge/behavior?

Helpful Techniques:

CAMPER'S NAME:

5. Challenge Identification:

Challenge Description:

What might trigger this challenge/behavior?

Helpful Techniques:

6. Challenge Identification:

Challenge Description:

What might trigger this challenge/behavior?

Helpful Techniques:

APPLICATION DEADLINE: APRIL 1, 2017

FAILURE TO COMPLETE THE APPLICATION WITH DETAILED INFORMATION MAY JEOPARDIZE THE
APPLICANT'S CHANCES OF ATTENDING CAMP.