

# CAMP ATLANTIC

The Beach Camp



Camp Atlantic  
P.O. Box 7273  
Mclean, Virginia 22106-7273

Tel: (703) 863-9485  
[www.campatlantic.org](http://www.campatlantic.org)  
[campatlantic@cox.net](mailto:campatlantic@cox.net)

## Camper Information Form

Full Name of Camper: \_\_\_\_\_

Name of person completing the form: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

### Contact Information for Camper:

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Sex: \_\_\_\_ Male \_\_\_\_ Female

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Your Contact Information:

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

*Below are questions about the camper's physical, medical, and social abilities. Please be as candid and objective as possible when providing this information.*

What is the camper's primary disability (e.g. intellectual disability, attention deficit disorder, autism spectrum, Down syndrome)?

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At what grade level would you estimate the camper functions in terms of reading and writing?

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Describe the camper's physical and medical limitations

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Please use this space to provide us with additional information about the camper

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If the camper is still in school:

Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_

If the camper is working, please describe the camper's job and his or her duties:

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*Use the scale below to rate the camper on the following: (Space provided is for you to add comments about your ratings at the end of this section)*

Relationships with others:

1	2	3	4	5
Has difficulty establishing relationships			Very social	

Ability to control own interests, impulses, and desires:

1	2	3	4	5
Low, limited control			High, strong control	

Level of awareness of own limitations (e.g., knows what he or she can or cannot do):

1	2	3	4	5
Oblivious of limitations			Very aware of limitations	

Does the camper have difficulty transitioning from one activity to another? If yes, what techniques are helpful in making the transition?

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Use the scale below to rate the camper's skills and abilities in the following areas

1                      2                      3                      4                      5  
Low                      Neither high nor low                      High

- \_\_\_ Initiate conversations using the telephone
- \_\_\_ Converse on the telephone using more than monosyllables to answer questions
- \_\_\_ Dial a family member or friend's telephone number  
(OR Dial 911 and knows when it is appropriate to dial it)
- \_\_\_ Check for traffic before crossing the street
- \_\_\_ Take or use public transportation (bus or metro) by himself / herself
- \_\_\_ Make own bed
- \_\_\_ Brush teeth
- \_\_\_ Shower by himself / herself
- \_\_\_ Keep clothes organized
- \_\_\_ Remember medicine schedule
- \_\_\_ Follow simple directions
- \_\_\_ Accept supervision from females
- \_\_\_ Accept supervision from males

Describe the camper's special interests or talents

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Describe the camper's emotional stability. What triggers anger or intense feelings? What are effective techniques to manage the camper's behavior?

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May we share the camper's email address and/or phone number with other campers who are interested in staying in contact?

E-Mail:  Yes  No

Phone number:  Yes  No

Please email the completed form to [campatlantic@cox.net](mailto:campatlantic@cox.net) or mail hard copy to:

Tom Ingoldsby  
Camp Atlantic  
P.O. Box 7273  
McLean, Virginia 22106