



Camp Runamuk October 9-12, 2009 Family Application Form

Applications must be returned with a 25% deposit to *S.E.E.K. Arizona* at
1830 S. Alma School Rd. Suite 130, Mesa, AZ 85210.
Applications are accepted on a first come, first serve basis. *See Flyer for Camp Fees.*
All fees are due in full and non-refundable after August 1st.

Family Contact Information:

Name: _____

Address: _____

City: _____ State/Zip: _____

Home Phone: _____ Cell Phone: _____

Insurance Information:

Primary Insurance:

Name of Insurance Co: _____ Policy #: _____

Name of Policy Holder: _____ Relationship: _____

Names of Covered Individuals: _____

Secondary Insurance:

Name of Insurance Co: _____ Policy #: _____

Name of Policy Holder: _____ Relationship: _____

Names of Covered Individuals: _____

Please use additional paper if family has additional coverage. All individuals attending camp must have insurance information on file.

Family Profile: Please complete the following information thoroughly on all family members attending camp. *If more than 2 adults are attending, please use additional paper to provide this necessary information.*

Adult 1	Adult 2
Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Dietary Considerations: _____ _____	Dietary Considerations: _____ _____
Allergies: _____	Allergies: _____
Mobility Considerations: _____ _____	Mobility Considerations: _____ _____
<i>Camp T-shirts must be pre-ordered and will be available for \$5 at check-in.</i>	
T-shirt size (please circle):	T-shirt size (please circle):
Adult S M L XL XXL	Adult S M L XL XXL

Adult Activities: In the mornings, while children are attending their group activities, optional adult activities will be offered. Parents may also use this quiet time to read, hike, or just relax. During the evenings, camp pals will be available to supervise children in their rooms so that parents may participate in the evening adult activities that will be offered. To help us plan for your ideal camp experience, please indicate activities you might be interested in, below.

Please check any that the adults attending might enjoy:

Morning:

- _____ Cooking class
- _____ Family support get-togethers
- _____ Scrapbooking
- _____ Rec Activities (Ping pong/pool)
- _____ Aerobics/ Yoga
- _____ Lectures (ABA, Sensory, Financial)
- _____ Museum outings
- _____ Massages (# of adults interested _____)

Evening:

- _____ Movie night
- _____ Dance
- _____ Game Night (Poker, Board games)
- _____ Girls' Night (Manicure/Pedicure)
- _____ Whiskey Row (Downtown Prescott)
- _____ Jacuzzi
- _____ Other _____

We are always looking for assistance in setting up and leading group activities.

I would like to volunteer to help lead a parent or group activity. (Yoga, exercise, GFCF cooking, Scrapbooking, DJ for dance, etc)

How might you help out? _____

Campers with Special Needs:

Child 1	Child 2
Name: _____	Name: _____
Date of Birth: _____ Gender: M F	Date of Birth: _____ Gender: M F
Diagnosis: _____	Diagnosis: _____
Support Coordinator: _____	Support Coordinator: _____
Grade in School: _____	Grade in School: _____
Need a GFCF meal? Yes No	Need a GFCF meal? Yes No
Other Dietary Considerations: _____ _____	Other Dietary Considerations: _____ _____
<i>Camp T-shirts must be pre-ordered and will be available for \$5 at check-in.</i>	
T-shirt size (please circle):	T-shirt size (please circle):
Child S M L XL	Child S M L XL
Adult S M L XL XXL	Adult S M L XL XXL

Respite Providers:

Camp Pals will use 24 respite hours over the weekend. They will accompany their assigned special need's camper to morning activities, will assist for 2 hrs. during afternoon family activities, as well as 2 hrs. in the evening during adult activities. S.E.E.K. Arizona will assign Camp Pals to each child based upon need, unless a family has an existing respite provider that they would like to attend as their child's Camp Pal. All Camp Pals will need to become certified and employed through S.E.E.K. Arizona during the duration of their camp stay. *All providers will need to attend a training meeting the Saturday before camp begins.*

What are your Camp Pal needs?

I will bring my own Respite Provider

Provider Name:

Phone:

Are they a S.E.E.K. Arizona Provider? Yes

I will need a Respite Provider

Please complete a Camper Information Form for each child with special needs and submit it along with your Family Application and deposit.

Siblings:

Sibling 1	Sibling 2
Name: _____	Name: _____
Date of Birth: _____ Gender: M F	Date of Birth: _____ Gender: M F
Grade in School: _____	Grade in School: _____
Dietary Considerations: _____ _____	Dietary Considerations: _____ _____
Mobility Considerations: _____ _____	Mobility Considerations: _____ _____
<i>Camp T-shirts must be pre-ordered and will be available for \$5 at check-in.</i>	
T-shirt size (please circle):	T-shirt size (please circle):
Child S M L XL	Child S M L XL
Adult S M L XL XXL	Adult S M L XL XXL

Please complete a Camper Information Form for each child with special needs and submit it along with your Family Application and deposit.