

2012 CAMP DELAFIELD APPLICATION

Application Deadline: April 27, 2012

Application Fee: \$30

Applying for: ___ **Session 1 (6/4/12-6/29/12)** ___ **Session 2 (7/9/12-8/3/12)**

Camper Information

Camper Name _____ **Gender** _____

Address _____

City _____ **State** _____ **Zip** _____

Date of Birth _____ **Age** _____ **With whom does child reside** _____

What School is attended _____ **Current Grade in School** _____

Family Information

Parent/Guardian Name _____

Address (if different than above) _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Email Address _____

Parent/Guardian Name _____

Address (if different than above) _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Email Address _____

Sibling's Names

Age

School/Occupation

(List additional siblings on a separate sheet if necessary).

Do any other members of the family have learning disabilities speech/language difficulties? _____

Education Information

Name of Present School _____

Address _____ Phone _____

Public _____ Private _____ Grades Repeated (if any) _____

Other Schools Attended

Dates/Grades

Has the child received tutoring, counseling or other special therapy (speech, auditory, etc)?
(If yes, please provide Name, Address and Phone number of provider.)

What specific type of learning problems does applicant experience? _____

Describe applicant's difficulty with basic skills (reading, spelling, etc.). _____

Describe academic subjects, skills and talents in which the applicant does well.

Medical History and Information

Current Medications

Condition

Hospitalizations/Surgeries (include dates)

Diagnosis

Describe any significant medical conditions from infancy to present (including visual, hearing motor coordination limitations). _____

Describe any history of psychiatric, emotional or behavioral problems which the applicant has experienced. _____

Does your child need a modified physical program in regard to recreational activities? If yes, please explain. _____

List any activities to be avoided. _____

References

Please list three people we may contact to learn more about your child (teachers, tutors, coaches, etc.)

Name	Phone/email	Relationship to Applicant
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Please include the following items with your child’s application to camp:

- **A copy of the child’s most recent psycho educational testing**
- **A photo of your child**
- **A financial aid form, if applying for a camp scholarship**
- **A copy of most recent IRS 1040 form (If sending 2010 return, please include a copy of your most recent pay stub)**
- **\$30 application fee**

Return application and above material to:

**Camp Delafield Director
Dyslexia Institute of Indiana, Inc.
8395 Keystone Crossing, Suite 102
Indianapolis, IN 46240**

Signature of Parent/Guardian _____

Parent Name (Printed) _____ Date _____