

Wonder Valley GRACE Week
July 2025 REGISTRATION FORM

NO BLANK SPACES!

Name of Camper _____ DOB _____
Age _____ Sex: M F Tel. () _____ Height _____ Weight _____ lbs.
Camper Address _____
City _____ State _____ Zip Code _____

Medical Classification(s) / disability _____

Name of legal Guardian _____ Type of Guardian _____
Tel. () _____ Alt. Tel. () _____
Address _____
City _____ State _____ Zip Code _____

Insurance Carrier _____ Claim Number _____

We must have a **copy of your current insurance card on file.**

Insurance card copy attached? Yes ____ No ____

Both sessions will be very similar. This gives the campers the choice of which session they wish to attend. If you do not wish to choose a session, we will try to place you with the other campers who you have the most in common with, such as age, personality, and ability.

Session 1 (July 14 - July 16) Session 2 (July 17 - July 19) Either

Each camper, **who returns their registration by May 31st**, will receive a camp T-shirt at no additional cost. Please circle the following to better assist us in ordering.

T-shirt size? **Child** S M L **Adult** S M L XL 2XL 3XL 4XL

This year, we are excited to offer another option during recreation time for GRACE Week. Wonder Valley has a rock wall on property that we are able to use during a recreation time each session. If you would like to participate in the rock wall option this year, please indicate so below.

Yes, I would like to participate in the rock wall and have read the notes below: _____

No, I would not like to participate in the rock wall this year: _____

Please note:

1. Participating in the rock wall will take the place of swimming during one day of recreation. You can still swim on the second day, rain permitting.

2. Participating in the rock wall requires certain physical abilities such as leg, core, and upper body strength and balance. We understand that this is not ideal for all of our campers. Please know that we have many exciting activities that are available for everyone to participate in at this time as well and through the week.

RELIGIOUS BACKGROUND

Does camper attend church regularly? YES NO

Where? _____

Minister's Name: _____

Phone Number () _____

In our efforts to meet the spiritual needs of campers, during GRACE Week, we offer an opportunity for them to choose to follow Christ's example and be immersed in baptism. Should your camper make this decision, we will inform parent(s)/guardian by phone then follow your instructions as indicated below. If you have any questions about our belief of immersion, please call us and we will be very happy to speak with you.

If _____ chooses to be baptized by immersion:

_____ Has already been immersed. _____ May not be baptized.

_____ I authorize Wonder Valley to perform the baptism.

_____ I request to be present at the baptism.

_____ I prefer to have my minister perform the baptism at Wonder Valley.

_____ I prefer to have my minister perform the baptism at our home church.

Likes/Dislikes:

Names of brothers / sisters: _____

Pets: _____

Special hobbies / interest camper enjoys: _____

Likes: _____

Dislikes: _____

SELF HELP SKILLS	Independent	Needs verbal reminders/direction	Needs physical assistance
1. Washes hands and face			
2. Brushes teeth			
3. Takes a shower			
4. Shampoos hair			
5. Maintains body cleanliness			
6. Asks to go to toilet			
7. Uses the toilet appropriately			
8. Can apply, change and dispose of sanitary napkin			
9. Can discriminate between clean and dirty clothing			
10. Dresses self			
11. Ties shoes			
12. Can button and zip			
13. Makes bed			
14. Uses fork/spoon			
15. Uses knife for cutting			
16. Drinks from glass			
17. Walks			
18. Uses wheelchair			
19. Transfers			

BEHAVIOR	YES	NO	EXPLAIN
Can occupy free time without constant supervision			
Interacts with staff			
Interacts with other campers			
Does any certain thing cause your camper to have behavior issues? Explain			
If your camper is angry what does he or she do? How often does this occur?			
Please list and explain additional discipline/inappropriate behavioral concerns.			

COMMUNICATION *Required device(s) are to be provided by camper and are to be in safe and optimum operational condition.*

Camper is: Verbal Non-Verbal

Camper can express needs and wants with: No difficulty Minimal difficulty Much difficulty Not at all

Camper uses: Sign Language Communication board Other (List) _____

***** **EMERGENCY CONTACTS** *****

LIST 2 CONTACTS AND 2 PHYSICIANS

Name _____ Relationship to camper _____
 Address _____ Tel. () _____
 City _____ State _____ Zip _____ Alt. Tel. () _____

Name _____ Relationship to camper _____
 Address _____ Tel. () _____
 City _____ State _____ Zip _____ Alt. Tel. () _____

Physician's Name _____ Type of DR. _____
 Address _____ Tel. () _____
 City _____ State _____ Zip _____ Alt. Tel. () _____

Physician's Name _____ Type of DR. _____
 Address _____ Tel. () _____
 City _____ State _____ Zip _____ Alt. Tel. () _____

DIET

*Any special food or additives such as Thickener, Power Pudding, Pedialyte, Ensure, etc... or special eating/drinking utensils required for meals and snacks are **NOT** provided by Wonder Valley camp.*

Camper's type of diet is: Normal Chopped Blended/Pureed G-Tube fed

G-Tube fed campers please bring or attach a schedule of times and amounts.

Special Dietary Restrictions: YES NO List: _____

****PLEASE NOTE NOT ALL DIETARY RESTRICTIONS CAN BE MET OR ADHERED TO AT CAMP****

Any additional comments regarding campers diet (uses fingers, likes to use straws, dislikes, etc....)

Is camper a diabetic? YES NO

If Yes, is diabetes: diet controlled orally medicated insulin dependent

Allergies (Food, medical, or other)? YES NO List:

NAME OF MEDICATION AND DOSE OF EACH PILL	DOSAGE AT EACH TIME	TIME	ROUTE	REASON PRESCRIBED

Date of last tetanus? _____

AIDS USED **** Be sure to bring to camp. Camp does NOT provide****	YES	NO
Catheter Type:		
Urostomy		
Ileostomy		
Attends		
Bedpan		
Laxatives Frequency:		
Suppositories Frequency:		
Enema Frequency:		
Wheelchair Electric or Manual (circle one)		
Crutches		
Hearing aids bring extra batteries		
Glasses/contacts		
Ventilator CPAP, BiPAP, PSV, or PCV (circle one)		

HEALTH	YES	NO	UNKNOWN	EXPLAIN
Heart Defect / Disease?				
High Blood Pressure?				
Frequent Ear Infections?				
Mononucleosis?				
Shunt?				
Atlantoaxial Instability?				
Hepatitis B Positive?				
HIV or Aids Related Complex?				
Prone to constipation?				
Prone to diarrhea?				

Does camper have Asthma? YES NO List any specific triggers: _____

Does camper have any chronic or recurring illnesses or medical conditions? YES NO

Explain _____

Seizures? YES NO Date of last Seizure? _____ Frequency _____ Duration _____

Spasticity normal? YES NO Ticks normal? YES NO Any known triggers? YES NO _____

Describe Seizures _____

Date of last menstrual period. _____ Does camper have cramps with menstruation? YES NO

When caring for pads/tampons camper is (circle one) independent dependent needs verbal cues

Is camper prone to sleeping problems? YES NO

Explain _____

Is camper incontinent at night? YES NO Any special sleeping position? YES NO

Describe: _____

Any activities camper should **NOT** participate in? YES NO List/Explain _____

Does camper need special consideration beyond general supervision of a 3:1 ratio during hygiene and/or activities? YES NO

Use back for any additional comments regarding camper that could assist in their week.

SIGNATURES AND AGREEMENT

I give permission for _____ to appear in photographs and/or video recordings made during GRACE Week. This permission also extends to the use of those photographs and/or video recordings for camp presentations and / or personal keepsakes.

Camper Signature

Date

Parent/Guardian/Caregiver

Date

I certify that the information provided on the application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to _____. I will not hold Wonder Valley Christian Assembly or any "GRACE Week" staff responsible for any damage to or loss of said property. I request that Wonder Valley Christian Assembly obtain necessary emergency medical treatment for the above-named camper as needed.

Camper Signature

Date

Parent/Guardian/Caregiver

Date

Send this form and at least a \$10 registration fee to:

Wonder Valley Christian Camp, 7093 W. Wonder Valley Rd., Salem, IN 47167

Deadline **May 31st 2023**

For office use only

Comments: