



CAMP SEK APPLICATION FORM

Camper Basic Information:

First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____

Email Address: _____ Phone Number: _____

Home Address: _____

Completed by: _____ Relation to Camper: _____

About the Camper:

What are the camper's goals for the camp?

Camper's Strengths?

Camper's Weaknesses?

Camper's social involvement (community, church, sports, and where and how often)?

Camper's history of Mental Health or Substance Use?

Camper's level of religious or spiritual involvement?

Camper's level of outdoor activity?

Camper's favorite leisure time activities?

Any additional information you would like to share?

Background Information:

Place of Birth: _____

Parent's Ages, Occupations (If deceased, please include age, year, and cause of death):

Siblings in order of birth including the camper (If deceased, please include age, year and cause of death):

Current living arrangement: (where and with whom):

Current daily activities:

Problems with hygiene and grooming: ____ YES ____ NO If YES, explain:

Describe a typical day from the time you wake up in the morning until you go to bed a night.

Describe your support system, family, and friends at school and at home or church.

How many hours do you sleep at night: _____

Education History: (school name and year of completion)

Elementary School: _____

Middle School: _____

High School: _____

Extracurricular Activities:

Describe relationship with peers: (teased, bullied, well-liked, respected, etc.)

Special Education Classes: YES NO If YES, explain:

Repeat a grade: YES NO If YES, explain:

Suspended: YES NO If YES, explain:

Expelled: YES NO If YES, explain:

Legal History:

Youth court: YES NO If YES, explain:

Training School: YES NO If YES, explain:

DHS/CPS: YES NO If YES, explain:

Medical History:

Problems during the camper's mother's pregnancy or delivery ____ YES ____ NO

If YES, please explain:

History of physical/sexual/emotional abuse and/or neglect ____ YES ____ NO

If YES, please explain:

Any major childhood illnesses, injuries, or surgeries ____ YES ____ NO

If YES, please explain (dates and details):

Current medical/physical problems? ____ YES ____ NO

If YES, please explain (include allergies and medications):

Primary Care Physician _____ Date of last physical: _____

Family psychiatric history: (Please list any history of ADHD, anxiety, bipolar, depression, intellectual & developmental disabilities, drug/alcohol abuse, learning disorders, suicide attempts or completions, schizophrenia, incarceration or other.)

Siblings: _____

Father or relatives: _____

Mother or relatives: _____

Other: _____

Camper Psychiatric History: (including emotional, behavioral and substance use)

Previous psychological testing: _____ YES _____ NO

If YES, please explain (dates, location, psychologist name):

Previous outpatient treatment: _____ YES _____ NO

If YES, please explain (dates, location):

Previous inpatient treatment: _____ YES _____ NO

If YES, please explain (dates, location):

Current/past psychiatric medication? _____ YES _____ NO

If YES, please explain (names and dates of use):

Past suicide attempts? _____ YES _____ NO

If YES, please explain (dates):

Thank you for completing our application for Camp SEK where HOPE is found.