



SummerShine KIDS at Lutheridge

July 4-10, 2010

A one week residential camp for those age 13-25 with mild to moderate developmental delays
Please note that the program begins on Sunday at 3:30 PM and ends Saturday at 9:00 AM

Mail this completed form & either the **full fee** (see below for rate) or **minimum of \$125** deposit to address listed below:

| | | | |
|-------------------------------------|-------------------------------|-------------------------------|------------------------------|
| If paid in full on or before Mar 15 | If paid in full Mar 16-Apr 15 | If paid in full Apr 16-May 14 | If paid in full after May 15 |
| \$443.00 | \$468.00 | \$478.00 | \$505.00 |

**Lutheridge Registration—28 Spruce Drive; Arden, NC 28704
or fax to 828-684-5196**

**PLEASE READ PROGRAM DESCRIPTIONS BEFORE REGISTERING
TO ENSURE THAT YOUR CAMPER FITS SUMMERSHINE KIDS!**

PLEASE PRINT ALL INFORMATION. This is a two-page document. Both pages are required.

Camper's Name _____ Male ___ Female ___
(Circle name used, add nickname if any)

Date of Birth _____ **Current Age** _____ (SummerShine Kids are age 13 - 25)

This will be year number _____ at Lutheridge for this camper. (Please guess!)

Where camper resides: ___ Parent's home ___ Foster home

___ Group home (Name) _____

___ Institution (Name) _____

___ Other (Name) _____

Camper Address _____

City _____ **State** ___ **Zip** _____ **Phone where camper lives** _____

Name of person filling out application _____ **Relationship to camper** _____

Your Preferred Phone number _____ **Additional phone number** _____

Your email address _____

Person to call if camper has problems while at camp _____

Name of Parent or Guardian (if different from above) _____

Address _____ **City** _____ **State** ___ **Zip** _____

Parent/Guardian day phone _____ **evening phone** _____ **cell phone** _____

Roommate Request _____

Please list no more than ONE. Each roommate must list the other on their registration form.

Camper's Home Church: _____

City & State: _____ **Pastor:** _____

(If the camper is not affiliated with a church, simply write NONE)

The information on the next page must be complete in order for this registration form may be processed. Thank you.

For Office Use Only

Date Received _____ Fee _____ Amt Rcvd _____

Pmt Type _____ Sch _____ Bal Due _____

SSKids ~ Camper's Name: _____ (Please Print)

PLEASE FILL THIS OUT AS COMPLETELY AND ACCURATELY AS POSSIBLE. THANK YOU!

| SELF CARE / MOBILITY | YES | NO | Assistance Needed/Comments: |
|---|-----|----|-----------------------------|
| Cares for self at toilet | | | |
| Bathes/showers independently | | | |
| Brushes teeth & combs hair | | | |
| Dresses independently | | | |
| Wakes up cooperatively | | | |
| Goes to bed cooperatively | | | |
| Needs afternoon nap | | | |
| Walks independently: | | | |
| on level ground | | | |
| on hills/trails/rough terrain | | | |
| for longer distances | | | |
| Enjoys running/active games | | | |
| | | | |
| MEALTIME NEEDS | YES | NO | Assistance Needed/Comments: |
| Completely independent at meals | | | |
| Has dietary restrictions (Please explain) | | | |
| SOCIAL SKILLS | YES | NO | Assistance Needed/Comments: |
| Desires to come to Camp | | | |
| Makes friends | | | |
| Follows directions easily | | | |
| Participates in group activities | | | |
| Will stay with counselor & group | | | |
| Communicates clearly using speech | | | |
| Is cooperative and compliant | | | |

Please share any concerns or observations about this camper that may help us assess program needs.

Thank you for your honesty and care in filling out this form.
 A more comprehensive health/behavior form will be sent to you with registration confirmation.