



Camper Application 2026

Camper Name: _____ Date of Birth: _____ Age: _____ Gender: _____

Street Address: _____ Town: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian Email Address: _____

May we contact you at this email regarding upcoming activities or other camp news? __Yes __No

Would you be interested in volunteering with the planning or implementation of any of our fundraisers?

__Yes __No

Emergency Contact Person: _____

(Other than Parent/Guardian)

Home Phone for Contact: _____ Cell Phone for Contact: _____

Camper Information:

1. Is your child able to swim? _____ Is your child toilet trained? _____

2. Does your child have any physical limitations? If so, what are they?

3. Is your child taking any type of medication? _____

4. Will your child need to take medication at camp? _____

5. Has your child ever had a seizure? (if so, please explain) _____

If yes, when was their last seizure? _____

6. Does your child have any allergies or dietary restrictions? (if yes, please explain)

Dates your child will attend camp: _____

How will your child get to camp? _____

(If by Meriden/Wallingford bus please indicate the bus stop)

I GIVE MY PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE USED FOR PUBLICITY

PURPOSES IN CONNECTION WITH THE JOHN J. NERDEN R.T.C. CAMP (e.g. brochures, newspaper, civic club organizations, website, etc.) Yes _____ No _____

May we release your child's name and Camp attendance if your town requests this information for funding purposes? Yes _____ No _____

Please provide contact information for your town (i.e. director of parks & rec., director of special education, director of finance, etc.) so camp can contact someone in regards to funding:

By signing below, you agree that you have read all of the information in the cover letter.

Signature: _____

Date: _____

For Returning Campers: In a few brief sentences, please write something about your child which might help us better understand his/her likes, dislikes, etc. (please write on back of application)

For New Campers: Please also complete the new camper application page so we can have more detailed information about your child!

New Camper Application 2026

How did you hear about our camp?

Please identify your child's diagnosis.

Please describe the school and/or program your child attends:

Please provide the name and contact information for the teacher/program facilitator:

Please describe your child's level of communication:

Does your child have any type of physical aggression? If yes, please describe:

Please describe the level of independence or support your child requires for activities:

Does your child need assistance with eating?

Will your child need medication at camp? *(If yes, make sure **med form II** is completely filled out and sent in with this application. Also make sure medication with packaging and label is brought in by you on your child's first day)*

Can your child swim independently, with flotation devices, or not at all?

Does your child need any assistance with toileting? (i.e. reminders, schedule, wiping, etc.)

On the back of this paper please write something about your child which might help us better understand his/her likes, dislikes, etc