



REGISTRATION FORM SUMMER 2022



Camp Dates: June 20-24, 2022, 8:30am – 3:00pm

Please paste photo here

Registration Due Date: ~~May 13, 2022~~ **EXTENDED to June 13, 2022**

Camp Location: NMSU – Las Cruces, NM

Ages: 6-17 years

Application Fee: \$25 (Scholarships Available – Contact Hearts for Autism)

Contact: Courtney Degler, Camp New Amigos Director at
campnewamigos@gmail.com for any questions regarding camp

SUBMIT YOUR APPLICATION to heartsforautismLC@gmail.com or drop it off at 301 Perkins Dr. Suite B, Las Cruces, NM along with APPLICATION FEE (\$25) or you may pay online.

CAMPER / STUDENT INFORMATION

Camper's Name: Last _____, First _____

What name does your child respond to (for name tag)? _____

Date of Birth _____ Age _____ Gender _____ Approx. Height _____

Approx. Weight _____

PARENT / GUARDIAN INFORMATION

Primary Contact: _____ Relationship: _____

Email: _____ Address: _____

Cell Phone: _____ Business _____

Phone: _____ Secondary Contact: _____

Relationship: _____ Email: _____

Address: _____ Cell Phone: _____

Business Phone: _____

TRANSPORTATION INFORMATION

Person(s) Authorized to Pick Up Child _____

Phone: _____ Person(s) Authorized to Pick Up Child _____

Phone: _____

MEDICAL INFORMATION

Child's Primary Physician: _____ Physician Phone: _____

Child's primary diagnosis: Please provide evidence of an ASD diagnosis, such as a Psychoeducational Study, Assessment Report from an outside agency, or child's IEP (we only need the 1st page of the IEP or the page that lists the diagnosis – we **do not** need the full report).

Allergies: _____

Medications take at home: _____

*Camp New Amigos Counselors cannot administer ANY medications.

Date of Last Tetanus: _____

Injury or illness that might limit your child's physical activity or participation in the camp programs:

Please Provide any other information Camp New Amigos should have in order to safeguard the health of your child:

When swimming, does your child need safety equipment such as life vest, ear plugs, etc.? If so, please list:

Please list any activities that your child finds aversive such as loud places, crowded places, beach, movies, etc.:

Please list any activities that your child particularly enjoys:

What are your child's favorite art projects or craft materials?

COMMUNICATION NEEDS/ABILITIES:

Can your child communicate their wants and needs? Speech YES NO Describe: _____

Gestures YES NO Describe: _____

Does your child use any communication systems?

YES NO Describe: _____

Does your child ask for help? How?

YES NO Describe: _____

Does your child follow simple directions? Does he/she require prompts or gestures?

YES NO Describe: _____

BEHAVIORAL NEEDS:

Is Your child prone to emotional upsets/tantrums? How can we assist your child if they become upset?

YES NO Describe: _____

Does your child:	Never	Rarely	Sometimes	Frequently
Head Butt				
Hit				
Pinch/Scratch				
Kick				
Bite				
Spit				
Use Expletives				
Run				
Scream				
Cry				

Self-Injury				
Throw Objects				
Undress				
Refuse to Walk				

Does your child transition from one activity to another?

YES NO Describe: _____

Does your child pay attention to warnings of danger? Please explain.

YES NO Examples: _____

Does your child show appropriate fear of unsafe situations? Please explain.

YES NO Examples: _____

Does your child require assistance with toileting?

YES NO Examples: _____

Please Select a T-Shirt Size for Your Child:

Child T-shirt: Youth Small Youth Med. Youth Large Youth XL

Adult T-shirt: Small Medium Large XL 2XL

**Please select a shirt size, if a size is not selected a T-Shirt will not be guaranteed.*

Parent/Guardian Signature: _____

CONSENT FOR VIDEO and FLASH PHOTOGRAPHY

I, _____ hereby allow my child, _____ to be photographed and/or videotaped for Camp New Amigos publicity, media, and other camp purposes. I understand there is no financial compensation for these photographs and/or video tapes.

Parent or Guardian Signature: _____

Child's Name and Age: _____