



UPWARD BOUND CAMP

2018 Returning Camper Form

P.O. Box C, Stayton OR 97383
Phone (503) 897-2447 Fax (503) 897-4116

OFFICE USE ONLY	
Received by:	_____
Date received:	_____
Payment received:	Y N
Receipt No.:	_____
Brokerage:	Y N
SA Status:	_____

Camper's Full Name: _____ Birth Date: _____ MM/DD/YYYY

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____

Contact Person: _____

Emergency Contact Phone #: _____

Contact Email: _____

Contact Address: _____ City: _____ State: _____ Zip: _____

Is camper own guardian? Y N Guardian Name: _____ Phone: _____

Guardian Address: _____ City: _____ State: _____ Zip: _____

Gender of Camper (check one): Male Female

Camper T-Shirt Size (check one): S M L XL 2X 3X

Bunk Space Requested (check one): Tent Bottom Indoor Bottom Indoor Top Brings Own Tent

Would you like to subscribe to our e-newsletter?	
Yes Please	No Thank you

Registrations received AFTER January 1, 2018

REGISTRATIONS REQUIRE A REGISTRATION DOWN PAYMENT OF \$232.25 TO COMPLETE REGISTRATION.

REGISTRATION DOWN PAYMENT WILL BE APPLIED TO BALANCE OF CAMPER FEES.

Balance of June, July and August camp fees are DUE IN FULL BY JUNE 1, 2018

Summer respite is available ONLY for July at \$232.25 per day/night

Partial scholarships are available depending on need & availability of funding.

Additional application is required for scholarships.

Please contact the office for more info on campership applications.

Sending in THIS registration form DOES NOT guarantee camper placement.

PLEASE ALLOW A MINIMUM OF 2 WEEKS FROM TIME OF RECEIPT FOR PROCESSING.

Name of person completing this form: _____ Phone #: _____

Number of anticipating sessions attending: _____

Please Number Your Top Choices using 1 as your first choice, 2 & 3.					
	June 20-23		July 23-26 *Horses		August 20-24 *Horses
	June 25-29 *Horses		August 1-4		October 26-29 *Harvest Camp
	July 2-6 *Horses		August 6-10 *Horses		November 21-25 *Thanksgiving Camp
	July 22-26 *Horses		August 13-17 *Horses		December 24-26 *Christmas Camp

Camper's favorite activity at home: _____

Favorite activity away from home: _____

Other camps camper has or will attend: _____

How do you know the camper wants to attend UBC? _____

We want you to see your friends at UBC. Is there someone you would prefer to be schedule to attend the same time with?

Are there any obstacles to scheduling we should be aware of (i.e. personal conflicts with other attendees, etc.)?

Mark Y (yes) or N (no) for the following questions:

Able to toilet self w/o cues or assistance?	Y	N	Uses eating utensils independently?	Y	N
Participates in a group environment?	Y	N	Communicates needs?	Y	N
Sleeps all the way through night?	Y	N	Will sleep in room with others?	Y	N
Able to follow one or two part directions?	Y	N	Usually wakes up before 7AM?	Y	N
Has medications more than 2X daily?	Y	N	Usually goes to sleep after 9PM?	Y	N
Behaviors that are injurious to self/others?	Y	N	Usually takes a mid-day nap?	Y	N
Uses wheelchair/complete mobility assistance?	Y	N	Uses a CPAP?	Y	N

Please check all that apply:

Camper may participate in Swimming	Y	N	Camper may participate in Wading	Y	N
Camper may participate in Boating	Y	N	Camper may participate in Archery	Y	N
Camper may participate in Horseback Riding (<i>Not offered at all sessions</i>).				Y	N

General Comments/Expectations/Concerns:

Special Needs with regard to vision, hearing, mobility or communication:

Dietary Needs: (i.e. Gluten free, no dairy, no meat, diabetic diet):

Behavioral Supports needed:

Health changes since last attended UBC:

Please Explain:

Has living situation/caregiver or household address changed since last attending: Y N

Please Explain:

PAYMENT INFORMATION

How will you pay for Camp?	Self-Pay	Brokerage	County DDS
Other (specify):	_____		
Agency Name:	_____	Agency Contact:	_____
Agency Phone:	_____	Agency Email:	_____
Agency Fax:	_____	Agency Address:	_____