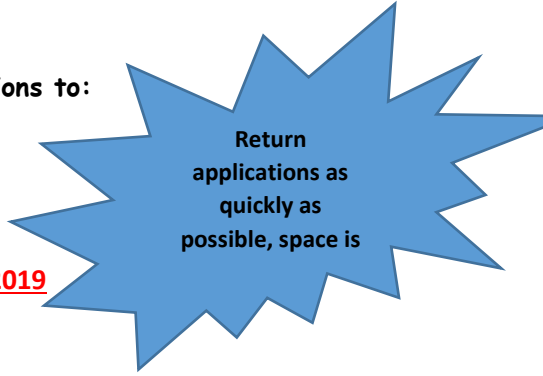




Please return completed applications to:
 Charlotte Smock Brooks
 SLCH/Camp Rhythm
 One Children's Place
 St. Louis, MO 63110
Applications DUE BY May 15, 2019



Dear Potential Senior Counselor:

Thank you for your interest in Camp Rhythm! We are excited to launch our camper applications for our sixteenth year of camp. It's going to be another stellar summer with new and old friends connecting special hearts. Our camp will be held at Camp Wyman in Eureka, MO. You will hear back from us in June with our fun themes, pick up/drop off details and additional information.

You are applying to be a Senior Counselor (18 or older at start of Camp):

Monday, July 22 1:00pm-Saturday, July 27 noon

Name: _____

Please Circle One: Male Female

Current Grade in School: _____ Date of Birth (mo/day/yr): _____

What age will child be on first day of camp?: _____

Home Address: _____

City _____ State _____ Zip _____

Guardian Name: _____

Day _____ Evening _____ Cell _____

E-mail address: _____

Guardian Name: _____

Day _____ Evening _____ Cell _____

E-mail address: _____

Please make sure these are correct e-mail addresses, as the camper acceptance packet will be sent electronically

Name of cardiologist: _____

Phone Number: _____

Clinic name/address: _____

Camper's Cardiac Diagnosis _____

Medications: Please attach additional medications on a separate page

Name	Dose	Frequency

Please note: This medication list is for informational purposes only. A detailed medication sheet will be filled out upon acceptance to Camp rhythm and arrival at camp.

Is this your first time attending Camp Rhythm? Please circle: YES NO

Allergies:

Medical _____

Food _____

Environmental: _____

Camp Rhythm encourages participation in a variety of activities that help the camper develop skills and a sense of accomplishment. Activities are adapted to each child's abilities and promote the development of new friendships and individual growth. All camp activities are supervised in a safe and nurturing environment.

Participation Level: Does your child..... (Please circle Yes or No)

1. Yes/No have the ability to bathe, dress, and feed him/herself unassisted?
2. Yes/No have the ability to self-toilet (is your child potty trained)
3. Yes/No function at his/her age level? If not, what is their functioning age level? _____
4. Yes/No participate in a physical activity program at school?
5. Yes/No know how to swim? Circle one: excellent good fair poor
6. Yes/No have the ability to walk 100 yards without extreme fatigue?
7. Yes/No have a general knowledge of his/her heart condition?
8. Yes/No have any emotional, social, or behavioral issues?
9. Yes/No receive special education services or accommodations at school (IEP or 504 plan). If yes what modifications are made through the plan?

Please share details about any emotional or behavioral concerns you have for your child

Please share details about any physical or non-cardiac health concerns you have for your child

What else should we know to ensure a safe, fun camp experience for your child?

My signature verifies the above information to be current and accurate. I am authorizing Camp Rhythm to contact my cardiologist regarding my medical care.

Signature: _____ **Date:** _____

The application deadline is May 15, 2019. Please return applications as soon as possible, space is limited.

If you have any questions, please call us at 314.454.2485 or charlols@bjc.org.

Remember to LIKE 'Camp Rhythm' on Facebook!