



# Camp Grace Bentley 2025 Youth Camper Application

### Camp Sessions

Each session is \$750.00; a non refundable \$50.00 deposit is required upon acceptance to camp.  
*Deposits are not required for those who have camp paid by an agency however you must provide us a letter of authorization from your organization.*

### Payment in full is required by **MAY 1st**

*Refunds will be granted if cancelled prior to June 1st, all funds will be returned via Check less the \$50.00 office fee.*

Please number the sessions you want from highest to lowest, please put an X for any sessions you are not interested in.

\_\_\_\_\_ August 3-8

**Please Provide your Shirt size for Tie Dye (Haynes Men's Shirts) \_\_\_\_\_**

**Do you have a 504, IEP, or Wrap Around Plan? YES NO (Please circle one)**

### Camper Info

Camper's Name \_\_\_\_\_  
Last First Middle

Please Select

- Male
- Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of January 1 2025 \_\_\_\_\_

Camper Diagnosis \_\_\_\_\_

Can the camper function on a 3-1 Camper/Counselor ratio \_\_\_\_\_

***We are not equipped to accept campers that require one-on-one care***

**Parent or Guardian info**

Name \_\_\_\_\_  
Last First Middle initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Adults to whom the camper can be released to? \_\_\_\_\_

Anyone the Camper cannot be released to? \_\_\_\_\_

**Medical info**

1. What is your diagnosis?

-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please indicate the following (associated problem)

Normal Impaired Limitations

Hearing Ability \_\_\_\_\_

Vision Ability \_\_\_\_\_

Memory \_\_\_\_\_

Time Concept \_\_\_\_\_

3. Perceptual Ability -- Communications:

\_\_\_\_\_ No Difficulty \_\_\_\_\_ Verbalizes, but may be difficult to understand

\_\_\_\_\_ Non Verbal \_\_\_\_\_ Yes/No Responses Only

Please Explain \_\_\_\_\_

4. General Health:

Does child have seizures? Yes No

If so, how long do they last? \_\_\_\_\_

Any respiratory difficulties? Yes No

Does child fatigue easily? Yes No

If so, symptoms to look for: \_\_\_\_\_

Tell us about your Care Needs

: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Special Equipment: (Circle those that apply)

Ambulation: Eating: Bracing: Other:

Crutches Special Cup Short leg Hoyer Lift

Cane Straw Long leg Toilet/Commode

Walker Special Dish AFO (Plastic) Shower Chair

Wheelchair Special Utensils Body Jacket Shunt

Electric Wheelchair Hand Splint

Amigo

Other: \_\_\_\_\_

9. Activities of Daily Living: (please check all that apply)

Independent Partial Assistance Needs Full Care

Eating \_\_\_\_\_

Ambulation \_\_\_\_\_

Dressing \_\_\_\_\_

Bathroom \_\_\_\_\_

Bowel & Bladder \_\_\_\_\_

9. Personal Care Information:

Child's approximate weight \_\_\_\_\_

Transfers: (please check)

\_\_\_\_\_ Can make transfers independently

\_\_\_\_\_ Can bear weight for pivoting

\_\_\_\_\_ Must be lifted, cannot bear weight

Circle any area where child may need assistance:

Showering Shaving

Brushing teeth Personal care during menstrual cycle

Other

\_\_\_\_\_

10. Adjustment to Camp: (please circle)

Has your child been to camp? Yes No

If so, did he/she adjust well? Yes No

Was he/she homesick? Yes No

Has your child ever been away from home before? Yes No

Do you think he/she is likely to be homesick? Yes No

12. Does your child have a history of emotional or behavioral problems? Please

Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How do you manage this behavior at home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. If a new camper, how did you hear about Camp Grace Bentley?

\_\_\_\_\_  
\_\_\_\_\_

*Upon receipt of this application, you will receive a tentative acceptance postcard and confirmation of the session of preference. Your final acceptance and checklist of what to bring to camp will arrive once you have a physical on file.*

Application to Camp Grace Bentley does not insure will be accepted a committee will review the application and determine if Camp Grace Bentley is equipped to handle the needs of your child. The Decision of the Committee is final.

I agree to the terms \_\_\_\_\_

Signature of Parent or Guardian

Please Mail to:

Camp Grace Bentley

8250 Lakeshore Rd.

Burtchville Twp, MI 48059

Email: [CampGraceBentley@gmail.com](mailto:CampGraceBentley@gmail.com)

Phone: 313-962-8242