CAMP VIA APPLICATION

APPLICANT INFORMATION

Application Date: _____ Teen Status: ☐ New ☐ Returning

Teen's Last Name: _____ Teen's First Name: _____

Teen's Email: _____ Teen's Phone Number: _____

Teen's Contact Preference: ☐ Text ☐ Phone Call ☐ Email

Address #1: _____

Address #2 *(if applicable)*: _____

Gender: _____ Birthdate: _____ Age: _____

Ethnicity: _____

Limited English Proficiency? ☐ Yes ☐ No Preferred Language: _____

PARENT/GUARDIAN INFORMATION

Mother/Father/Guardian Name #1: _____

Relationship to Teen: _____

Contact Preference: ☐ Text ☐ Phone Call ☐ Email

Address: _____

Phone Number: _____ Email: _____

Mother/Father/Guardian Name #2: _____

Relationship to Teen: _____

Contact Preference: ☐ Text ☐ Phone Call ☐ Email

Address: _____

Phone Number: _____ Email: _____

Legal Guardian *(for 18 years of age or older)*: ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

Emergency Contact *(other than Guardian)*: _____

Relationship to Teen: _____

Address: _____

Phone Number: _____ Email: _____

MEDICAL INFORMATION

Allergies: _____

Diagnosed Disability: _____

Does your teen take medication? ☐ Yes ☐ No

If yes, list all medications, dosage purpose and times taken:

Hospital of Choice *(in the event of an emergency)*: _____

Is your teen receiving the services of a therapist, counselor, psychologist, or psychiatrist? ☐ Yes ☐ No

If yes, provide the following information:

Doctor/Practice Name: _____

Purpose: _____

Doctor/Practice Name: _____

Purpose: _____

OTHER PROVIDER INFORMATION

Does your teen have a Supports Coordination Organization (SCO)? ☐ Yes ☐ No ☐ I don't know

If yes, SCO Agency Name: _____

Supports Coordinator Name: _____

Is your teen registered with the Office of Vocational Rehabilitation (OVR)? ☐ Yes ☐ No ☐ I don't know

EDUCATION INFORMATION

Home School District *(the district teen lives in)*: _____

School Attending: _____

Teacher or Case Manager Name: _____

Teacher or Case Manager Phone: _____

Teacher or Case Manager Email: _____

Current Grade/Education: _____

PROGRAM DETAILS

Staff to Teen Ratio: ☐ One (1) staff to one (1) teen *($210/day)* ☐ One (1) staff to three (3) teens *($150/day)*

Funding Source for Teen: ☐ Family Self-Sufficiency (FSS) ☐ Private Pay ☐ Extended School Year (ESY)

If FSS, which county approved funding: ☐ Lehigh ☐ Northampton ☐ Monroe ☐ Unsure

If ESY, was ESY approved by the school: ☐ Yes ☐ No ☐ Unsure

Is your teen interested in the scholarship? ☐ Yes ☐ No

Program day(s) preference from 9am to 2pm *(select all that apply)*: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Teen T-Shirt Size *(adult sizes)*: ☐ Extra Small ☐ Small ☐ Medium ☐ Large ☐ Extra Large ☐ Extra Extra Large

ADDITIONAL INFORMATION

Behavioral Concerns *(elopement, physical aggression, self-injurious behaviors, property destruction, inattentiveness, etc.)*:

Additional Information *(sensory needs, medical concerns, or anything else that would be beneficial for us to support your child)*:

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Via's Mission: Helping the people we serve reach their full potential.