

# Rocky Mountain Camp

720-980-4805 email: mj@durangomountaincamp.com

Photo of your child



Enclose a copy of your child's most recent diagnostic testing with a \$100 Processing Fee to:  
RMC 44000 Hwy 550, Durango, CO 81301

## Application for Admission

Name of camper: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age as of June 1st \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ e-mail: \_\_\_\_\_

Name of father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Name of mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell \_\_\_\_\_

## Education Information

Present school: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Who referred you to RMC? \_\_\_\_\_

Most recent tutor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information

Camper's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Any serious illnesses/injuries? \_\_\_\_\_

\_\_\_\_\_

Any current medical conditions? \_\_\_\_\_

\_\_\_\_\_

Any current medications? \_\_\_\_\_

\_\_\_\_\_

Any psychological or emotional conditions that you would like us to know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Camper's Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T. shirt Size \_\_\_\_\_

## Social Information

*Please explain in full. Use additional pages if necessary.*

Has your child been away from home for any length of time? Homesickness? \_\_\_\_\_

\_\_\_\_\_

What group or individual activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any history of behavioral difficulty with family, peers, or in the academic setting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's chief strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's areas of greatest needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents, please write a brief statement of what you expect from this summer involvement:

Campers, please write a brief statement of what you expect from this summer involvement:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please enclose a copy of your child's latest diagnostic testing and test scores.

Send this completed application with a \$100 processing fee to:

Rocky Mountain Camp, 44000 Hwy 550 Durango, CO 81301

970-385 1778 email: [mj@durangomountaincamp.com](mailto:mj@durangomountaincamp.com)