

Cherokee Choices Summer Camp Application 2019

Date _____ Child's Name _____ Birth date _____

Cherokee Name/or Nick Name _____ Height _____ Weight _____
Sex: Male or Female Ethnicity: Native American Caucasian Other T-shirt Size _____ (youth/adult)

Is your child an enrolled member of the EBCI? Yes No Unsure

Primary Care Taker _____ Relationship (parent, grandparent, foster parent): _____

Phone Number: _____ Alternate #: _____

E-mail: _____ Mailing Address _____

Please answer the following questions as honestly as possible. Participants are selected based on need including physical, mental, emotional, and financial wellbeing. All information is CONFIDENTIAL.

Child's Family History: (father, mother, or sibling) _____ Diabetes _____ Heart Disease _____ High Blood Pressure _____ High Cholesterol _____ Cancer _____ Other _____

Please check if your child has ever had a diagnosis of any of the following: _____ Overweight/Obesity

_____ Type 2 Diabetes _____ Pre-Diabetes _____ High Blood Pressure _____ High Cholesterol _____ Autism

_____ High Triglycerides _____ Asthma _____ ADHD _____ Hyper/Hypo Thyroid Other _____

Are you eligible for Medicaid, food stamps, or WIC? Yes No Unsure

Does your child have any food allergies? _____ If yes, please list _____

Has your child ever tried to lose weight by vomiting, using laxatives, or diet pills? Yes No Unsure

Does your child lose control of how much food they eat? Yes No Unsure

Does your child hide or sneak food? Yes No Unsure

Does your child feel guilty after they eat or overly concerned about their weight? Yes No Unsure

Is there currently or has there been an absent parent from the home? (i.e. illness, incarceration, treatment)

Yes No Unsure

Has your child had a traumatic experience or exposure to traumatic experience? Yes or No
(ie, physical, sexual, or verbal abuse; bullying; death of loved one: _____)

Is there a history of drug/or alcohol abuse in the child's home or within the family? Yes No Unsure

Comment: _____

Does your child have any legal issues? Yes or No

Has your child ever been in ISS, OSS, expelled, or suspended at school? Yes No

If yes, please explain: _____

Does your child have an IEP (Individual Education Plan)? Yes No

Has your child been in a physical altercation (i.e. fight) in the last year? YesNo

If yes, please explain: _____

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For Child to Complete:

Can you swim? Yes No Some

Are you afraid of heights? Yes- A LOT A little No

Do you speak Cherokee? Yes- A LOT A few words/Sometimes Rarely /Never

What are your hobbies/what do you do in your free time and what are your extracurricular activities?

- Sacred Path Youth Council Music: _____ Sports: _____
 Awards: _____ Other Extra Curricular activities: _____
 Crafts/Art: _____ Hobbies _____

What is your career dream? _____

Tell us why you would like to be a part of the Cherokee Choices summer camp:

What Kid's Clubs are you most interested in participating in? Please Mark Your TOP 2 Choices (#1 & #2) You will be assigned to one Kid's club (*we will do our best to give you your top choice-but NO promises*)
Everything is provided for kids club – no special fees or equipment is needed!

___ Gardening & Farm to Table

___ Kid's In the Kitchen

___ Arts & Crafts

___ Golf Club (@ Sequoyah National Golf Course)

___ Bigger Faster Stronger (*Strength Training, etc*)

Commitment to attend the parent night on May 21st 5-6pm & full participation in the Summer Camp program is mandatory.

Please sign showing commitment to attend a minimum of **9 out of 10 days** of the Cherokee Choices Summer Camp.

Participant Signature/Date: _____

Applications due May 6th!

Submit to yolasaun@nc-choerokee.com; rosejame@nc-choerokee.com; or robibail@nc-choerokee.com
Cherokee Choices: 806 Acquoni Road Cherokee NC 28719 or FAX #828-359-0059

CONFIDENTIAL INFORMATION