

Wolf Creek Camp

Wolf Creek Guest Ranch
at Fredericksburg, TX

Please Attach a Photo Here



Application for Admission

Name of Camper: _____

Date of Birth _____

Address: _____

Age as of June 1: _____ Current Grade: ____

City: _____

Home phone: _____

State: _____ Zip _____

Cell phone: _____

Email: _____

Name of father: _____

Occupation: _____

Address: _____

Home phone: _____

City: _____

Work phone: _____ State: _____

Zip _____

Cell phone: _____

Email: _____

Name of mother: _____

Occupation: _____

Address: _____

Home phone: _____

City: _____

Work phone: _____ State: _____

Zip _____

Cell phone: _____

Email: _____

Names and ages of siblings:

Emergency Contact Name: _____

Phone: _____

Cell: _____ Relationship: _____

Education Information

Present school: _____ Grade: _____

Address: _____ Phone: _____

Principal: _____ Dates attended: _____

Who referred you to come? _____

Most recent tutor: _____ Phone: _____

General 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 _____

Identifying marks: _____

Additional Comments or concerns you would like to share? _____

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

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

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

Wolf Creek Camp, 458 Wolf Way Fredericksburg, Texas 78624 Ph: 720-980-4805

email: joyce @ frontier.net

Parent Signature: _____ Date: _____

Thank you for your time and effort with this application.