



## Application for Admission 2023

July 1 thru August 12

**Address:**

476 Skiff Mountain Road, Kent, CT 06757 (*Marvelwood School campus*)

*Camp Dunnabeck is a non-profit organization of the Kildonan Organization*

**Camp Office:** 845-373-2002 - **Email:** [campoffice@kildonan.org](mailto:campoffice@kildonan.org)

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### **APPLICATION CHECKLIST:**

- Completed Camp Dunnabeck Application
- Attach a recent photo of your child
- Send a copy of the most recent educational and psychological testing which includes the Wechsler Intelligence Test with subtest scores.  
Required for all applicants.
- Include a \$60 application fee (non-refundable).

If you have any questions about the admissions process or the application form, please contact the camp office.

*Kildonan's Camp Dunnabeck admits students of any race, gender, creed, and national or ethnic origin to all the rights, privileges and activities generally accorded or made available to campers.*

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# CAMPER INFORMATION

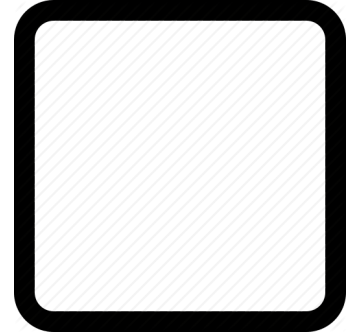
Applying for:  Boarding Camper

Full Day Camper

Half-Day Camper

Online Camper

Check one:  Male  Female



Date of Application: \_\_\_\_\_

*Please attach a current photo*

Applicant's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(NUMBER and STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (COUNTRY)

Names / ages of sibling(s) (if applicable): \_\_\_\_\_

Is there a history of Dyslexia in the family? \_\_\_ Yes \_\_\_ No If yes, please describe: \_\_\_\_\_

Does the applicant have any allergies? \_\_\_ Yes \_\_\_ No If yes, please describe: \_\_\_\_\_

How did you hear about Camp Dunnabeck? \_\_\_\_\_

Has the applicant attended Camp Dunnabeck before? \_\_\_ Yes \_\_\_ No If so, when? \_\_\_\_\_

Summer camps previously attended: \_\_\_\_\_

# EDUCATIONAL HISTORY

Applicant is currently enrolled in \_\_\_\_\_ grade; will be entering \_\_\_\_\_ grade next year.

Name of current school: \_\_\_\_\_ grades attended: \_\_\_\_\_

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

Does the applicant currently receive support services? \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_

# FAMILY INFORMATION

**Parent 1:** \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Address: \_\_\_\_\_  
(NUMBER and STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (COUNTRY)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Post-Secondary Education and Degrees: \_\_\_\_\_

**Parent 2:** \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Address: \_\_\_\_\_  
(NUMBER and STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (COUNTRY)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Post-Secondary Education and Degrees: \_\_\_\_\_

Are you planning to apply for Financial Aid?  Yes  No

Parents are  Together  Divorced  Separated

With Whom does the applicant live? \_\_\_\_\_

Please note any special circumstances: \_\_\_\_\_

\_\_\_\_\_

1. Please describe your child's difficulty with basic skills (e.g., reading, writing, spelling):

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2. Additional information that should be available to those working with your child:

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3. What does your child enjoy doing during his or her free time? What hobbies, interests, or activities are most important to him or her?

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**For campers applying for boarding only:**

4. Every camper at Dunnabeck is paired with a roommate. Describe the kind of person your camper would like to live with?

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**NOTICE:**

**CAMP DUNNABECK RESERVES THE RIGHT TO WITHDRAW A CAMPER'S ACCEPTANCE OR TERMINATE PLACEMENT IF INFORMATION PERTINENT TO YOUR CHILD'S APPLICATION HAS BEEN EITHER INTENTIONALLY OR INADVERTENTLY WITHHELD.**

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_