

# Camp CaPella<sup>★</sup>

Dear Friends:

I'd like to welcome 2017 with the joy of celebrating our 10<sup>th</sup> season since the re-opening of Camp CaPella! I hope that you are as excited over this achievement as I am. It is a wonderful time to be a part of Camp CaPella.

As I am sure many of you are aware, there have been some changes in the past few months here at Camp CaPella. I can assure you they are all positive changes that will allow camp to further expand on the astounding growth we have seen over the past 10 years.

Following the retirement of our Director, Dana Mosher, the leadership of Camp CaPella has seen some changes. I hope you will all join in me in welcoming Laurie Turner as the new Executive Director. Please do take the time to introduce yourselves and get to know her. I believe she has many wonderful qualities to offer our camp and our campers.

As a familiar face, or voice on the other end of the phone, I am so honored to have moved into the position of Camp Director. Over the past few years I've had the opportunity to watch your campers attend camp, and see the joy and sense of freedom it brings to each and every one of them. I am so thrilled to now be actively involved in creating those smiles all year long!

In addition to these staff changes at camp, you will notice a few changes to the application and the procedure in the application process. First and foremost, ALL applications must be received by April 1, 2017. Camp weeks will not be assigned until after this deadline. I assure you this change will allow all campers an equal opportunity at attending camp, and will assist in providing your camper the best possible experience while attending camp this summer.

Our nursing staff has requested that ALL medications sent with your camper, be in a blister/bubble pack as provided by your pharmacy. The pharmacy will be more than happy to assist with this upon your request. Please also note, that ALL campers must provide a current copy of their immunization records. The State of Maine will not allow us to accept any campers without proper immunizations records on file.

While many of our camp programs will remain the same, there will be some fun additions and new opportunities for your camper this summer. I am sure many of you will have questions and/or concerns, and please do not hesitate to contact me directly at camp: 207-843-5104, or by cell phone: 207-944-8912, or email [heidi@campcapella.org](mailto:heidi@campcapella.org). I look forward to hearing from you and seeing you all this summer as together, we create more memories for our campers!

Sincerely,

*Heidi L. Riggs*

Heidi L. Riggs  
Camp Director  
Camp CaPella

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# 2017 SUMMER CAMP APPLICATION

(A \$25.00 non-refundable registration fee is required with each application)

**IMPORTANT DEADLINE: ALL APPLICATIONS MUST BE RECEIVED BY APRIL 1, 2017!!**

**Return completed application to:**

Camp CaPella  
Attn: Heidi L. Riggs, Camp Director  
P.O. Box 552, Holden, ME 04429  
Phone 207-843-5104/Cell 207-944-8912  
Fax: 207-843-7413  
Email: [heidi@campcapella.org](mailto:heidi@campcapella.org)

**Camper Information:**

Did you come to camp in 2016? \_\_\_\_\_ Did you attend camp prior to 2016? \_\_\_\_\_  
Are you applying for: (Check All That Apply) Day Camp (Camper goes home each day) \_\_\_\_\_  
Overnight Camp (Camper lives at Camp CaPella for the week) \_\_\_\_\_ Teen Adventure Travel Camp) \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

School Attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Camp CaPella does NOT discriminate on the basis of ethnic background, race, religion, or sexual orientation. The following information is required of us to report to a funding source for the camp. We report only the total numbers involved.

Ethnic information: Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different from above)

E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different from above)

E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_



Case Workers Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

**Emergency Contact Information**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell

Relationship to camper: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell

Relationship to camper: \_\_\_\_\_

**Camper Eligibility Policy**

*(Please read, sign and return with the completed application.)*

*To be eligible to attend Camp CaPella, a camper must be able to meet all of the following requirements.*

The camper must:

- Be 5 years of age or older. There will be separate weekly sessions for campers based on age.
- Have a primary diagnosis of physical and/or intellectual disability.
- Be able to interact with others, individually or with assistance, and participate in a camp program.
- Be able to adapt to staff supervision ratio of 1 staff to 2 campers. We are prepared to provide 1 to 1 care when needed for feeding, bathing, toileting, etc., but we do not have the resources to serve campers who require constant 1 on 1 care throughout the day.
- We cannot accept a camper whose behavior may represent a danger to him/herself or others.
- Applicants who will be accompanied by a medical caregiver because of their specific medical needs will be considered on an individual basis.

**I agree that \_\_\_\_\_ meets the above requirements to attend Camp CaPella.**  
*(Camper name)*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Relationship to Camper (Parent, Guardian, etc.)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



## 2017 SUMMER SCHEDULE

For the **2017** camp season Camp CaPella will be offering a day camp experience for 12 campers, an overnight camp experience for an additional 12 campers, and for two weeks, a day travel camp for teens for up to 10 campers

*The day camp* will run daily from 8:30 am to 4:30 pm beginning on each **MONDAY** through **FRIDAY**. If transportation for your day camper is a problem, please call us.

*For the overnight camp*, Camp CaPella will offer an overnight weekly camp in addition to our day camp. Campers will need to be dropped off at Camp CaPella at 5:00 pm on **SUNDAY** and picked up on **FRIDAY** at 4:30 pm.

*Please circle your choice, and indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice weeks.*

WEEK	AGE GROUP	OVERNIGHT CAMP DATES	DAY CAMP DATES
1	Adults	June 25 to June 30	June 26 to June 30
2	5 to 10	July 2 to July 7	July 3 to July 7
3	11 to 15	July 9 to July 14	July 10 to July 14
4	5 to 10	July 16 to July 21	July 17 to July 21
5	11 to 15	July 23 to July 28	July 24 to July 28
6	16 to 20	July 30 to Aug 4	July 31 to Aug 4
7	Adults	Aug 6 to Aug 11	Aug 7 to Aug 11

### Teen “Wild Adventures” Travel Camp

Each day, campers will travel by bus to various outdoor adventures such as canoe trips, whale watching, exploring the bottom of Frenchman’s Bay with a professional diver using video equipment, wilderness hikes, and overnight tent camping. This is an extension of our “Wild Adventures” camp program that will provide environmental and experiential nature studies for our campers.

Travel camp will run each day, during the dates below. Campers need to be dropped off at **8:30AM** and picked up at **4:30 PM Monday to Friday**.

There is a pre-requisite of having previously attended Camp CaPella, and a special interest in the science and nature based “Wild Adventures” program to qualify for this travel camp. You will be notified once we are able to determine the appropriate week for your camper based on age (11-20), interest, safety and well being of all involved. Please circle the week preferred. Subject to change.

TRAVEL CAMP DATES  
Monday, July 10<sup>th</sup> to Friday, July 14<sup>th</sup>  
Monday, August 7<sup>th</sup> to Friday, August 11<sup>th</sup>



## Camp T-Shirt Order Form

### It's time to order your 2017 Camp CaPella T-Shirts!

Camp CaPella will provide 1 complimentary t-shirt for each camper. Please complete this form so your camper's shirt will be available when they arrive at camp. If you would like to order additional shirts for your camper, please return this form with \$15.00 payment per additional shirt.

**Camper Name:** \_\_\_\_\_

**Size Needed:** *(please check one)*

**Child:**    \_\_\_\_\_ **Small**            \_\_\_\_\_ **Medium**            \_\_\_\_\_ **Large**

**Adult:**    \_\_\_\_\_ **Small**            \_\_\_\_\_ **Medium**            \_\_\_\_\_ **Large**            \_\_\_\_\_ **X-Large**

\_\_\_\_\_ **XX-Large**            \_\_\_\_\_ **Other** *(please specify)*

**Order:**

<u>Item</u>	<u>Quantity</u>	<u>Cost</u>	<u>Total Due</u>
Complimentary t-shirt	1	No charge	0
Additional t-shirt(s)	_____	X \$15.00 each =	\$_____

**Please don't forget to include this order form and your payment with your completed application.**



**General Information**

Camper's Diagnosis: *(please be specific)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As you fill out this section, please keep in mind that Camp CaPella is a recreational opportunity in which campers participate in a wide variety of activities. These opportunities may include swimming, boating, recreational activities, music, arts/crafts, as well as daily special events. During ALL of these activities, we will provide a 1:2 staff to camper ratio. If the camper requires one to one supervision for safety, behavior, and/or personal care, You must provide an individual support person to attend with your camper. Please carefully consider all questions. Feel free to use an additional piece of paper if you need more space.

**Camper's will be expected to participate, within their abilities, in the activities mentioned above.**

Please list any known restrictions that may hinder this camper's participation in these activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK THE FOLLOWING STATEMENT THAT APPLIES TO YOUR CAMPER:**

- \_\_\_ 1. I feel comfortable this camper will be safe and adequately cared for with a 1:2 staff /camper ratio.
- \_\_\_ 2. I feel, at certain times, a 1:2 ratio will NOT be adequate supervision for this camper *(please list reasons below)*.
- \_\_\_ 3. I feel this camper is ALWAYS in need of 1:1 supervision for safety, behavior and /or personal care *(please list reasons below)*.

**Reasons for choosing statement number 2 or 3 above:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_

If one-on-one care is needed, an individual support staff person **must** attend with your camper. Camp CaPella is not able to provide one-on-one care. **Our ratio is 1 staff person to 2 campers.**

A personal support person will be attending camp with this camper.  No  Yes *If Yes, please fill out below:*

Name of support person: \_\_\_\_\_

Organization employed by: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**Health Information** (please circle answers)

**Movement:** Mobility: On their own Uses a walker Uses a cane/crutches

Wears braces: Yes No Able to put on and off themselves: Yes No

Uses a Wheelchair:

Manual Can maneuver own chair Yes No

Power Can drive power chair Yes No

Camper is able to get in and out of chair without help Yes No

If help is needed to transfer, please list how and what assistance is required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Personal care:**

Dresses Self: Yes No Feeds Self: Yes No

If no, please list what assistance is needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Toileting:**

Does camper need assistance in the bathroom: Yes No

If yes, please list what assistance is needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Communication:**

Speech or language impairment: Yes No Hearing impairment: Yes No Wears a hearing aid: Yes No

Visual impairment: Yes No Uses glasses or contact lenses: Yes No

**Seizures:**

Camper has seizures: Yes No Type: Grand Mal Petit Mal

Date of last seizure: \_\_\_\_\_

Describe your camper's seizure's \_\_\_\_\_

**General:**

Food Allergies: Yes No Special Diet: Yes No

Allergic to insects, animals, plants: Yes No Medicine Allergies: Yes No

History of behavioral problems: Yes No

**Please explain any "Yes" answers to General Questions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





**PERMISSION TO ADMINISTER TREATMENT / LOCATE APPROPRIATE FACILITY**

IN CASE OF A MEDICAL EMERGENCY I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IN THE EVENT THAT I CANNOT BE REACHED, I GIVE PERMISSION FOR A STAFF MEMBER OF CAMP CAPELLA TO TAKE THIS CAMPER TO AN APPROPRIATE FACILITY FOR TREATMENT? (please circle one)      Yes      No

PLEASE INDICATE IF YOU HAVE A PREFERENCE:      EMMC      MCMH      ST. JOSEPH'S      Other: \_\_\_\_\_

**PHOTO RELEASE**

DO YOU GIVE CAMP CAPELLA PERMISSION TO VIDEOTAPE OR PHOTOGRAPH THIS CAMPER WHILE ATTENDING CAMP CAPELLA FOR 2017 AND FUTURE PROMOTIONAL PURPOSES? (please circle one)      Yes      No

TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IS ACCURATE AND THIS CAMPER HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES, EXCEPT AS NOTED.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Relationship to Camper (Parent, Guardian, etc.)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date Signed*

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**2017 CAMP CAPELLA SUMMER CAMP**

**Physical Examination/Medical Release**

*(To be completed by a physician and returned with application.)*

Name of Camper: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**MEDICATIONS** (Attach additional sheets if needed. **Please Note** – All Medications must be in a blister/bubble pack from the pharmacy. The pharmacy will provide this for you upon request.)

	NAME OF MEDICATION	TIME GIVEN	DOSAGE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**FEMALE CAMPER INFORMATION:** Has this person menstruated? Yes \_\_\_ No \_\_\_

If not, has she been informed? Yes \_\_\_ No \_\_\_ If "Yes", does she require any assistance? Yes \_\_\_ No \_\_\_

Special considerations: \_\_\_\_\_

**IMMUNIZATON HISTORY:** Is your camper up-to-date with their immunizations? YES \_\_\_ NO \_\_\_

**\*\*PLEASE SEND IMMUNIZATION RECORDS\*\***

*(Your camper cannot attend camp if immunization records are not provided.)*

**SEIZURES**

Does this camper have seizures? Y N

Under control with medication? Y N

What type of seizure: \_\_\_\_\_

How often: \_\_\_\_\_

Duration of seizure: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Known Precipitating factors: \_\_\_\_\_

Describe the seizures \_\_\_\_\_

**HOSPITALIZATIONS**

Past surgical procedures: \_\_\_\_\_

Last hospitalization: \_\_\_\_\_

Reason: \_\_\_\_\_

**SIGNATURE OF PHYSICIAN:** I have examined the participant named above. In my opinion this participant is capable of participating in camp activities except for the restriction(s) stated above.

Name of Physician *(please print)* \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

*Signature of Examining Physician*

*Date*

# Camp CaPella<sup>★</sup>

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## **Personal Funding Sources**

The actual cost for campers is \$1500.00 per week of camp.

We realize that not all of our campers are able to pay this amount. We ask that families contribute **\$300.00 (or whatever they can afford)**. Any assistance the family can offer us in identifying a sponsoring business, or organization for their camper would be greatly appreciated. ***We will not deny admission to ANY applicant because of an inability to pay this fee.***

It is our mission to be able to provide the Camp CaPella experience for children and adults with disabilities regardless of a family's ability to pay the full cost. Due to the nature of the population we serve, the cost of providing a quality camping experience is expensive. A camper sponsorship fund has been established for campers needing financial assistance. Camperships have been provided by contributions from local service organizations, businesses, schools, foundations, and individuals. It is their support that makes Camp CaPella possible because we do not receive any state funding. Camp CaPella has not ever turned anyone away because of an inability to pay. If you wish to be considered for financial assistance, please complete the application form that is a part of this packet. (See Next Page).

***Here are some ways that other families have raised the \$300.00 and MORE to help us with the cost:***

- Ask for sponsors via the "Go Fund Me" website (one family raised the full \$1500 doing this!)
- Ask local community members to help sponsor your camper.
- Ask your church to help sponsor.
- Host a bake sale, yard sale or bottle drive.
- Ask your employer to help sponsor your camper.
- Ask your local community service club to help sponsor your camper (i.e. Kiwanis Club, Rotary Club, Lions Club, Snowmobile or ATV Club, etc.)

Community organizations and clubs are much more open to helping if they know who is going to directly benefit from their contribution. It never hurts to ask!

**YES** – you can help Camp CaPella by asking your local resources to help sponsor **YOUR** camper!



**Campership Application**

If you do not have the resources to pay the full cost of camp, please complete this brief application that will help us obtain financial assistance for your camper.

Campers Name: \_\_\_\_\_ Age \_\_\_\_\_

Camper's Diagnosis \_\_\_\_\_

Parent or Guardian's name(s) \_\_\_\_\_

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

\_\_\_\_\_

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

E-Mail: \_\_\_\_\_

*Are there any known sources of funding for this summer?*

What are they \_\_\_\_\_ How much would you expect to receive? \_\_\_\_\_

Parent's employer \_\_\_\_\_

May we contact your employer for possible funding? YES \_\_\_\_\_ NO \_\_\_\_\_

Church? \_\_\_\_\_

May we contact your church for possible funding? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a veteran? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a member of a community service organization? yes \_\_\_\_\_ No \_\_\_\_\_

If so, may we contact them for possible funding? Yes \_\_\_\_\_ NO \_\_\_\_\_

Organizations contact information \_\_\_\_\_

Are there any other suggestions as to whom we may be able to contact for a possible donation?



Has your camper attended Camp CaPella before? YES\_\_\_\_\_ NO\_\_\_\_\_

What years? \_\_\_\_\_

What other camp funding sources do you think you can receive? i.e.: flex funding; family; etc

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Please describe why you would like your camper to attend camp this summer:

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Are there any special circumstances that you think we should be aware of that you may need extra financial assistance?

Thank you for helping us with identifying potential sources of funding!