



2018 SUMMER CAMP APPLICATION

*A \$50.00 application fee is required with each application.
If we are unable to accommodate your request, a portion of the application fee will be returned.*

Incomplete applications will not be processed.

Return completed application to:

Camp CaPella
P.O. Box 552, Holden, ME 04429
Phone 207-843-5104/Cell 207-479-0442
Fax: 207-843-7413
Email: heidi@campcapella.org

IMPORTANT DEADLINE: ALL APPLICATIONS MUST BE RECEIVED BY APRIL 1, 2018!!

Please Print Carefully!

Camper Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Date of Birth: _____ Age: _____ Male Female

School Attended: _____ Grade Level: _____

Diagnosis: _____

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: _____

A staff member of Camp CaPella may contact you to discuss your camper application further. Please indicate below the best method of contact. Check one and provide required information. Please print carefully.

Telephone: _____

Home Phone: _____ Cell Phone: _____

Best time of day to call: _____

Email: _____

Email Address: _____



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 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.
- Can interact with others, individually or with assistance, and participate in a camp program.
- Can 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 present 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



Did you come to camp in 2017? _____ If yes, please circle one: Day Camp Overnight Camp

Did you attend camp prior to 2017? _____ If yes, when? _____

2018 SUMMER SCHEDULE:

For the **2018** camp season Camp CaPella will be offering day camp experience for 12 campers and overnight camp experience for an additional 12 campers. Camp sessions will run weekly.

The day camp will run daily beginning on each **MONDAY** through **FRIDAY**.

The overnight camp, will run weekly beginning on **SUNDAY** through **FRIDAY**.

For 2018, I am interested in:

Day Camp (camper goes home each day): _____

Overnight Camp (camper stays at camp all week): _____

Travel Camp Opportunities: _____

We are working on a variety of travel camp opportunities. If you are interested, we will reach out to you when they are available.

Please circle your choice, and indicate your 1st and 2nd choice weeks.

WEEK	AGE GROUP	OVERNIGHT CAMP DATES	DAY CAMP DATES
1	Adults	June 24 to June 29	June 25 to June 29
2	11 to 15	July 1 to July 6	July 2 to July 6
3	5 to 10	July 8 to July 13	July 9 to July 13
4	11 to 15	July 15 to July 20	July 16 to July 20
5	5 to 10	July 22 to July 27	July 23 to July 27
6	16 to 20	July 29 to Aug 3	July 30 to Aug 3
7	Adults	Aug 5 to Aug 10	Aug 6 to Aug 10



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 1:1 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.

Campers 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 1:1 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

Sign Language: Yes No

Seizures:

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

Date of last seizure: _____

Describe your camper's seizure: _____

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: _____

Is there anything additional we should know about your camper?

Camp Fees:

The cost for one camper to attend Camp CaPella is \$1500.00 per week. While we understand that this may not be feasible for many families/campers, we do request a minimum co-pay of \$300. It is our policy to never turn away a camper based on ability to pay, and that will never change. However, any contribution you can make toward camp fees will be greatly appreciated. We are more than happy to make payment arrangements and offer suggestions to help you raise your camp fees. Camperships are available. Please indicate below if you would like more information on camperships. Please check your answer.

I can pay the full price of \$1500. _____ I need to make payment arrangements for the \$1500. _____

I can pay the \$300 co-pay. _____ I need to make payment arrangements for the \$300. _____

I can pay a portion of camp fees _____ Indicate how much you hope to pay _____ I will need to make payment arrangements _____

I am unable to pay anything towards camp fees and would like information on camperships. _____

