



2019 CAMPER APPLICATION

A \$50.00 application fee is required with each application.

Make check payable to: Camp CaPella

If we are unable to accommodate your request, a portion of the application fee will be returned.

Please read carefully. Incomplete applications will not be processed.

Please do not omit information.

Important Information:

ALL APPLICATIONS MUST BE RECEIVED BY MARCH 15, 2019

- Applications are NOT processed on a first come, first serve basis.
 - Completed application does not ensure acceptance to camp.
- Applications are reviewed carefully by staff to determine if Camp CaPella is equipped to accommodate the needs of your camper.
 - Space is limited and many factors are taken into consideration.
 - Campers are accepted and placed in what we believe will offer them the best camp experience possible.
- We hope to be able to offer assistance with transportation for day campers.
- If you have any questions and/or concerns, please do not hesitate to reach out.

Applications received AFTER March 15th, will be processed on a first come basis, as space is available.

Return completed application to:

Camp CaPella
Heidi Riggs, Camp Director
PO Box 552, Holden, ME 04429
Fax: 207-843-7413
Email: heidi@campcapella.org

For Questions:
Call Camp at 207-843-5104
Heidi Cell at 207-479-0442 or
Email heidi@campcapella.org

Camper Eligibility Policy

Please read carefully. In order to attend Camp CaPella, all campers must be able to meet the following requirements. Contact us if you have questions about your camper's eligibility.

Please do not omit information.

The camper:

- Must have a primary diagnosis of an intellectual and/or physical disability, and is otherwise unable to attend a traditional summer camp program.
- Must be 5 years of age or older. There will be separate weekly sessions for campers based on age.
- Must be able to interact with others, individually or with assistance, and participate in the camp program.
- Must be free of physically aggressive behaviors.
- Must be able to adapt to staff supervision ratio of one staff to two campers. We are prepared to provide 1:1 care when needed for personal care, such as feeding, toileting, bathing, etc. ***We do not have the resources to serve campers who require constant 1:1 supervision and/or care throughout their stay at camp.***
- We cannot accept campers with emotional disturbance disorders.
- 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

Signature

Date

Camper Information (print carefully)

Name: _____

Diagnosis : _____

Age: _____ D.O.B. _____ Male ___ Female ___

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School or Program Attended: _____

Does camper require 1:1 support in school and/or program setting? YES NO

Emergency Contact: _____

Case Manager Name: _____

Agency: _____

Case Manager Email: _____

Office Phone: _____ Cell Phone: _____

I give permission for Camp CaPella to speak with case manager if needed.

Signature Date

Parent/Guardian Information (print carefully)

Name: _____

Relationship to Camper: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Email: _____

Preferred Method of Contact: _____

Best Time To Contact: _____

Parent/Guardian Information (print carefully)

Name: _____

Relationship to Camper: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Email: _____

Preferred Method of Contact: _____

Best Time To Contact: _____

If parent/guardian cannot be reached, who can we contact, in order of preference:

Name	Relationship	Phone Number(s)
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Name	Relationship	Phone Number(s)
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Name	Relationship	Phone Number(s)
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While at camp, parent/guardian will be:

_____ At home

_____ On vacation and may be reached at _____ dates _____

Persons camper can be released to:

Persons camper MAY NOT be released to:

Please Note: As you complete the camper application, please keep in mind that Camp CaPella is an accessible recreational opportunity in which campers participate in a wide variety of activities that may include swimming, boating, recreational games, music, arts-n-crafts, as well as, daily special events. During these activities we will provide a 1:2 staff to camper ratio.

If camper requires 1:1 supervision in order to participate, for safety or behavior, you **must** provide an individual support person to attend with your camper.

Please carefully consider all questions and do not omit information. Incomplete applications will not be processed.

Feel free to use additional paper if you need more space .

PLEASE CHECK THE FOLLOWING STATEMENT AS IT APPLIES TO YOUR CAMPER

_____ I feel comfortable this camper will participate in camp activities in a safe and appropriate manner , and will be adequately cared for our 1:2 staff to camper ratio.

_____ I feel, at certain times, a 1:2 ratio will not be adequate supervision. Please list reasons for additional assistance below.

_____ I feel this camper is always in need of 1:1 supervision. An individual support person will accompany this camper. Please complete additional information below.

My camper will need additional assistance at times for: _____

An individual support person will attend with my camper. YES NO

Name of support person:

Agency: _____ Phone: _____

Please note: if you are unsure at this time who the 1:1 support person will be, please be prepared to provide this information upon acceptance to camp.

Health, Behavior, Skills and More

To be completed by primary caregiver and submitted with application. Please print legibly.

Camper Name: _____

Disability/Diagnosis: _____

Mobility: please check all that apply

Ambulatory Uses Wheelchair Transfer Assistance
 Ambulatory with assistance Manual Chair Independent
 Staff Assistance Can propel self? Y N 1 person pivot
 Cane/Walker Power Chair 2 person pivot
 AFO (Type: _____) Hoya Lift

Activities of Daily Living/Personal Care (please check all that apply)

	Independent	Verbal Prompts	Hand Over Hand	Total Assist	Describe Assistance Needed
Dressing					
Tie Shoes	_____	_____	_____	_____	_____
Button/Zipper	_____	_____	_____	_____	_____
Showering					
Shampoos Hair	_____	_____	_____	_____	_____
Wash with Asst	_____	_____	_____	_____	_____
Teeth					
_____	_____	_____	_____	_____	_____
Toileting					
	Independent, no concerns	Reminders to use bathroom	Assistance with Wiping		
Aids Used (circle one)	Depends When?	Bedpan/Urinal (you bring)	Toilet Chair	Other:	_____
Bladder Control (circle one)	Continent	Occasional Accidents	Incontinent	Catheter & Type:	_____
Bowel Control (circle one)	Continent	Occasional Accidents	Incontinent	Bowel Program	_____
Eating					
	Independent, no Concerns	Needs Prompts to eat	Needs to be fed		
Utensils	Conventional Utensils	Adaptive Utensils (you bring)	Finger Foods Only		
Dietary Needs	Cut into bite size pieces	Mechanically chopped diet only	Pureed diet only		
	Gluten Free	Dairy Free	G-Tube	Other:	_____

For those campers on a gluten/dairy free or other restrictive diet, we will accommodate as best we can; however, please plan to bring supplemental foods to last throughout the week.

Other Dietary Restrictions: _____

Food Allergies: *(please list along with reaction)* _____

Communication Skills (please check all that apply)
Please bring any equipment needed for successful communication.

Expressive Communication:

- Verbal, can be clearly understood
- Verbal, is difficult to understand
- Non-Verbal
- Limited verbal vocab
- Uses Gestures
- Uses Sign Language
- Uses communication device

Receptive Communication:

- Can easily understand & follow directions
- Understands sign language
- Needs time to process & act on instructions
- Needs reminders & cues
- Cannot process/does not follow directions
- Other means of communication:

Additional Comments: _____

Behavioral Information (please check all that apply)

___ Has a behavior support plan (*please attach a copy*)

History of:

___ Verbal Aggression

___ Physical Aggression toward others

___ Biting

___ Hitting

___ Kicking

___ Other: _____

___ Wandering/Running Away from group

___ Self-injurious behaviors

___ Picking/Scratching

___ Head Banging

___ PICA (please explain) _____

___ Biting

___ Other behaviors to be noted: _____

___ No behavioral issues

Please list any behaviors we may see at camp: _____

How often do behaviors occur? _____

What causes the behavior? (triggers): _____

Recommended Redirection Techniques: _____

Night Time Routine (please check all that apply)

(Please note: A minimum of two counselors sleep in the bunkhouse with campers. There is no awake overnight staff.)

No concerns, sleeps through the night

Wakes to toilet independently

Wakes to toilet with assistance

Wanders at night

Wakes early; please note time: _____

Requires medication to help sleep

Requires bedrails

Requires adjustment/repositioning at night, please describe: _____

Additional Comments: _____

Adjustment to Camp (please circle one)

Has your child been to a summer camp before? YES NO

If so, did he/she adjust well? YES NO

Has your child ever been away from home before? YES NO

Do you think he/she is likely to be homesick? YES NO

Favorite Activities: _____

Least Favorite Activities: _____

Swimming Level: please check one

Non-swimmer/does not like water

Beginner

Intermediate

Advanced

Swimming Comments: _____

Medical Information

This form must be completed by parent/guardian and physician. This form must be signed by physician, and must be returned with completed application.

Camper Name: _____

Disability: _____

DOB: _____ Male: _____ Female: _____

Physician Name: _____

Address: _____

Phone Number: _____

Allergies: please list allergy and reaction

Medication Allergies: _____

Food Allergies: _____

Other Allergies: (hay fever, animals, insect bites or stings, etc.) _____

Seizures:

Is this camper subject to seizures? YES NO If yes, please attach any special protocol.

Seizure Type: _____ Frequency: _____

Seizure Triggers: _____

How long do seizures last? _____

Notify parent/guardian: ___ after every seizure ___ after seizure lasting ___ mins ___ no notice

Health History: Please check all that apply

Heart Defect/Disease

Mononucleosis

Chicken Pox

Diabetes

Frequent Ear Infections

Poison Ivy

Measles

High Blood Pressure

Asthma

Hay Fever

Insect Stings

Mumps

Hospitalization

Other

Explain: _____

Assistive Devices

Eyes: Does camper wear glasses? YES NO If yes, color of frame? _____
Ears: Does camper wear hearing aids? YES NO If yes, what support is needed? _____

Orthotics: Does camper wear AFO or other braces? YES NO
If yes, what support is needed? _____

Other assistive devices used: _____

Medical Conditions Requiring Notification of Guardian and Physician: _____

Operations or Serious Injuries or Mental Health Concerns: _____

Specialized Health Care Procedures

Does the camper require a specialized health care procedure while attending camp (i.e. nebulizer treatments, catheterization, etc.): YES NO If yes, please complete the following:

Name of Procedure: _____

Description of Procedure: Please include time intervals and conditions or symptoms that warrant repeating the procedure _____

List any precautions staff must be aware of before, during or after the procedure: _____

Female Camper Information

Has this camper menstruated? YES NO
If not, has she been informed? YES NO
If yes, does she require assistance? YES NO

Additional Comments: _____

Health Care Recommendations From Physician

Blood Pressure _____ Weight _____ Height _____

In my opinion, this individual is capable of participating in camp activities except for the restrictions stated below. YES NO

Limitations or Restrictions:

Medical Concerns or Treatments to be monitored during camp: _____

Date of Most Recent Physical: _____

I certify that I have completed a physical of this person on the date listed above, which is within one year of the expected camp participation date. This person is in satisfactory condition to participate in an active summer camp program for and with people with disabilities. I am aware of all medications prescribed to this camper, as listed on the medication form, and see no contraindications.

Physician Signature

Date

Physician Name and Title (Printed)

Address

Phone

Camper/Parent/Guardian Authorization

I have reviewed this completed medical form. All information provided is correct to the best of my knowledge, and the participant herein described has permission to engage in all activities except as noted.

In the case of emergency, I understand every effort will be made to contact me/the listed contact person. In the event I cannot be reached, I give permission to Camp CaPella to secure proper treatment, including hospitalization, necessary tests, anesthesia, surgery or injections of medication for me/this participant. Permission is given to transport me/this participant for medical assistance as deemed necessary by Camp CaPella staff. I understand I am responsible for payment of all medical treatments. This form may be photocopied for camp use.

By signing below, I understand the above guidelines and agree to follow them.

Signature of Camper/Parent/Guardian

Date

2019 Summer Camp Schedule

Overnight Camp will run weekly from **Sunday** afternoon to **Friday**.

Day Camp will run weekly from **Monday** to **Friday**, 8:30am to 4:30pm.

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

AGE GROUP	OVERNIGHT CAMP	DAY CAMP
Adults	June 26 to June 28*	June 26 to June 28*
Adults	June 30 to July 5	July 1 to July 5
15-18 yo	July 7 to July 12	July 8 to July 12
12-15 yo	July 14 to July 19	July 15 to July 19
5-10 yo	July 21 to July 26	July 22 to July 26
10-12 yo	July 28 to Aug 2	July 29 to Aug 2
18-25 yo	Aug 4 to Aug 9	Aug 5 to Aug 9
25-40 yo	Aug 11 to Aug 16	Aug 12 to Aug 16

*June 26 to June 28 is a special 3 day camp option for adult campers who may benefit from a shorter camp experience.

Overnight camp space is very limited.

Is day camp an option if overnight camp is full? YES NO
(Transportation assistance may be available for those in Greater Bangor area.)

Did you attend camp in 2018? YES NO DAY OVERNIGHT

Did you attend camp prior to 2018? YES NO If yes, when? _____

Are you or your camper interested in Travel Camp Options? YES NO

Travel camp opportunities may include day trips, as well as, overnight retreats. Travel camp opportunities will be available in the Spring, Fall and Winter months. If you are interested, please circle Yes or No and we will reach out when they are available.

Permission

Photo Release: Do you give Camp CaPella permission to video tape or photograph this camper while attending camp for 2019 for future promotional purposes? YES NO

Please Note: Photos taken are for Camp CaPella Use Only

Field Trip Release: Do you give permission for your camper to leave camp grounds for the purpose of a camp related field trip? YES NO

Transportation Release: Do you give permission for Camp CaPella staff to transport your camper for field trips, travel camp or emergency purposes? YES NO

Camper/Parent/Guardian Signature

Date

Camp Fees

The cost to attend one week of camp is \$1500.00. It is our policy to never turn away a camper based on ability to pay. We do ask all of our campers to contribute a co-pay of \$300. We understand that this may not be feasible for some of our campers and their families and any contribution you can afford will be greatly appreciated.

We are more than happy to make payment arrangements and offer suggestions to help you raise your camp fees.

Please let us know how much you anticipate to pay towards camp fees. Please check your answer.

I can pay the full price of \$1500 _____ \$1500 with payment arrangements _____

I can pay half at \$750 _____ \$750 with payment arrangements _____

I can pay the \$300 co-pay _____ \$300 co-pay w/ payment arrangements _____

I can pay a portion of my camp fees _____ Indicate how much you hope to pay _____

I will need to make payment arrangements _____

Additional Comments: _____

