



2022 CAMPER APPLICATION

A \$50.00 application fee is ***required*** with each application.
Make check payable to: Camp CaPella

Please read carefully.

Incomplete applications will not be processed.

Please **do not** omit information.

Important Information:

- Due to COVID-19 Requirements ***space may be limited***
- COVID-19 Restrictions and Protocols Are In Place and MUST Be Adhered
- All camp sessions are subject to change if COVID-19 Regulations change.
- Applications are reviewed carefully and information requested is used by staff to determine if Camp CaPella is a good fit for your camper.
- Campers are accepted and placed in what we believe will offer them the best camp experience possible.
- If you have any questions and/or concerns, please do not hesitate to reach out.

Return completed application to:

Camp CaPella
PO Box 552, Holden, ME 04429
Email: info@campcapella.org

For Questions:
Call: Camp at 207-843-5104 or
Email; info@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.

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.
- Day campers start at the age of 5. Overnight campers start at the age of 8. 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 three 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.**
- Must be able to follow COVID19 Rules and Regulations. (see page 3)
- 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
(Camper Name)
Camp CaPella.

Print Name

Relationship to Camper

Signature

Date

COVID19 Camp Requirements:

- Camper **MUST** be able to follow the COVID19 Guidelines to attend Camp CaPella.
- Camper **MUST** be able to provide proof of negative COVID19 test within 72 hours of assigned camper session.
- Face coverings will be required for most camp activities.
- 6' physical distancing will be implemented for most camp activities.
- Campers will be assigned cohorts and must remain in their cohort for the entire camp session.
- Camp activities will be staggered among cohorts to reduce exposure and intermixing.
- Hand washing and/or sanitizing frequently will be implemented.
- Frequent cleaning of camp spaces and equipment will be implemented.
- Health screenings will be implemented upon arrival, or prior to boarding transportation.
- If camper is not feeling well, please do not attend camp.
- If a camper becomes sick at camp, they will be quarantined and must be picked up promptly. Please plan accordingly for this possibility.

The following recommendations are encouraged:

- It is strongly encouraged that all campers be vaccinated for Covid-19
- It is **strongly** encouraged that all campers and family members; guardians and house mates isolate and practice low risk behaviors and mitigation efforts as much as possible for the 10-day period prior to campers assigned camp session.
- It is **strongly** encouraged that all day campers and family members; guardians and house mates maintain isolation, practice low risk behaviors and mitigate efforts as much as possible during assigned day camp session.

Please report any COVID19 symptoms to camp director as soon as possible.

Other:

- Campers will be divided into cohorts with assigned counselors and will remain with this cohort for their entire camp session.

Please discuss concerns with attending camp with your medical doctor and camp director to be sure it will be a good fit for your camper.

Camper Information (print clearly)

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

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

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)
------	--------------	-----------------

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 1:3 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 by our 1:3 staff to camper ratio.

_____ I feel, at certain times, a 1:3 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: _____

Health, Behavior, Skills and More

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

Camper name: _____

Disability/Diagnosis: _____

Mobility (please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Uses Wheelchair | <input type="checkbox"/> Transfer Assistance |
| <input type="checkbox"/> Ambulatory with assistance | <input type="checkbox"/> Manual chair | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Staff assistance | <input type="checkbox"/> Can propel self. Y N | <input type="checkbox"/> 1 person pivot |
| <input type="checkbox"/> Cane/Walker | <input type="checkbox"/> Power chair | <input type="checkbox"/> 2-person pivot |
| <input type="checkbox"/> AFO (Type: _____) | | <input type="checkbox"/> Hoyer 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 *please send adequate number of supplies, if needed*

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 feel free to bring supplemental foods to last throughout the week.

Other dietary restrictions: _____

Food allergies: (please list along with reaction)

Food:	Reaction:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Communication Skills (please check all that apply)

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: _____

Have there been any life changes you would like to share with us that may be helpful to ensure a successful camp session? (i.e. new home, new school, marriage, divorce, death, health changes, etc.)

Please tell us what COVID adjustments you, or your camper, have faced in the past year. (i.e. Has program been cancelled? Has there been limited social interactions? Has school been remote, hybrid or in-person? Etc) _____

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: _____

Reminder: 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.

Adjustment to Camp (please circle one)

Has your child been to a summer camp (other than Camp CaPella) 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

If you think homesickness will be an issue, please give us some suggestions on how to best help your camper adjust. _____

Favorite camp activities _____

Least favorite camp activities: _____

Swimming Level: please check one

Non-swimmer/does not like water

Beginner

Intermediate

Advanced

Swimming comments: _____

Nighttime 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: _____

2022 Summer Camp Schedule

Space is limited. Please indicate a FIRST and SECOND Choice.

Overnight Camp Sessions run from Sunday evening to Friday afternoon.

Day Camp Sessions run from Monday to Friday, 9:00am to 4:00pm.

****ALL CAMP SESSIONS ARE SUBJECT TO CHANGE
IF COVID19 REGULATIONS CHANGE****

AGE GROUP	OVERNIGHT	DAY	CHOICE (circle one)	
Adults 21+	June 19 to 24	June 20 to 24	First	Second
Adults 21+	June 26 to July 1	June 27 to 1	First	Second
5 -10 yr.	July 3 to 8	July 4 to 8	First	Second
10 - 12 yr.	July 10 to 15	July 11 to 15	First	Second
12 -15 yr.	July 17 to 22	July 18 to 22	First	Second
15 - 18 yr.	July 24 to 29	July 25 to 29	First	Second
18 - 21 yr.	July 31 to Aug 5	Aug 1 to 5	First	Second

Adults 21+ Aug 7 to 12 Aug 8 to 12 First Second
 If overnight camp session is full, would you be able to attend day camp? YES NO

Did you attend Camp CaPella in 2021? YES, NO DAY OVERNIGHT

Did you attend Camp CaPella prior to 2021? YES NO If yes, when? _____

TRANSPORTATION:

Transportation for day camp will meet at Brewer Walmart Monday to Friday. Pick Up and Drop Off Times might vary depending on how many campers will require transportation. We will notify you of these times as your camp session draws near.

Please let us know:

I will use transportation. _____

I will not use transportation. _____

Undecided at this time. _____

Camp Fees

The cost to attend one week of **overnight camp is 2000.00, Day camp is \$1500.** Camp fees include meals and snacks unless a special diet is required.

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 **minimum co-pay** of \$500. 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 Overnight camp of \$2000 _____ \$2000 with payment arrangements _____

I can pay Day camp of \$1500 _____ \$1500 with payment arrangements _____

I can pay half _____ \$1000/\$750 Half with payment arrangements _____

I can pay the minimum \$500 co-pay _____ \$500 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: _____

Note: Camp CaPella has done an actual cost analysis of Campership. Due to the increasing costs across the board, we have determined that per camper per week the cost to provide camp to our campers is actually 2497.00. Our Mission has always been to provide camp regardless of the ability to pay. We continue this mission today and just want all our folks to have a clear view of our budget requirements. Camp CaPella believes in financial transparency and will continue to make sure we are here for all of our Campers well into the future.

Permission Forms:

Photo Release: Do you give Camp CaPella permission to video tape or photograph this camper while attending camp for 2022 for future promotional purposes? YES NO
Please Note: Photos taken are for Camp CaPella Use Only

Transportation Release: Do you give permission for Camp CaPella staff to transport your camper for emergency purposes? YES NO

Medical Release: 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. The medical forms within this application may be photocopied for camp use. YES NO

Immunizations: Are there any immunization exemptions due to religious, medical or other reasons? YES NO
If yes, please explain: _____

*I understand and accept the risks of my camper not being fully immunized. I understand if there is an outbreak, I will be required to pick up my camper from the camp program.

Parent/Guardian Signature Date

I have reviewed this completed application. 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.

By signing below, I understand the guidelines as outlined within this application, and agree to follow them.

Signature of Camper/Parent/Guardian Date

Camp T-Shirt Order Form

It's time to order your 2022 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.

Camper Name: _____

Size Needed: (please check one)

Child: _____ Small _____ Medium _____ Large

Adult: _____ Small _____ Medium _____ Large

_____ XL _____ XXL _____ Other (please specify)

**If you would like an EXTRA 2022 Camper T-Shirt, the cost will be \$20 per shirt.
Please indicate quantity and size(s) below.
Please send payment, check made payable to Camp CaPella.**

EXTRA 2022 Camper T-Shirt: Qty: _____
Size(s): Adult: _____ Child: _____
Payment Enclosed: _____



The following five pages are **required** medical forms.

They **MUST** be completed by your physician. Please do not complete yourself and then ask physician to sign.

Acceptance to camp cannot be finalized until completed medical forms have been returned to camp.



Medical Information

The following pages **MUST** be completed and signed by a physician.

Acceptance to camp cannot be finalized until all medical forms are returned.

***Medical Provider - Please complete this form and send to Camp Capella directly, Camp CaPella PO Box 552 Holden, ME 04429. Please do not sign a form completed by camper, parent or guardian. Camp CaPella requires medical information from medical provider only.**

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? _____ Date of most recent: _____

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

Health History (Please check all that apply)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Poison Ivy |
| <input type="checkbox"/> Measles | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Other |

Explain other: _____

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: _____

Mental Health Information

Is there a history of mental health issues? YES NO

Have there been any recent issues? YES NO If yes, date of occurrence: _____

Has there been any hospitalization, or stay at a mental health facility, due to mental health issues? YES NO If yes, date of occurrence: _____

If yes to any of the above, please explain more.

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: _____

Immunizations (you may attach immunization record in place of form)

	Year of Basic Immunization	Year of Last Booster
DTap	_____	_____
Tetanus	_____	_____
Polio (IPV)	_____	_____
MMR	_____	_____
Pneumococcal (PCV)	_____	_____
Haemophilus Influenza (HIB)	_____	_____
Hepatitis B	_____	_____
Varicella (Chicken Pox)	_____	_____
Meningitis	_____	_____
COVID19 Vaccine	_____	_____
Other	_____	_____

Are there any immunization exemptions due to religious, medical or other reasons? Y N
If yes, please explain: _____

*I understand and accept the risks of my camper not being fully immunized. I understand if there is an outbreak, I will be required to pick up my camper from the camp program.

Parent/Guardian Signature

Date

Medication

Please note - camper must be on a stable medication regime, and not in the process of changing medication or altering the dose of current medication, for at least one month prior to attending camp.

___ This camper takes no medications on a routine basis.

___ This camper takes medications as listed below. Attach additional sheets if needed.

Name of Medication	Dosage	Time Given
_____	_____	_____
_____	_____	_____

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: _____

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: _____

***Medical Provider - Please complete this form. Please do not sign a form completed by camper, parent or guardian. Camp CaPella requires medical information from medical provider only.**

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

COVID19 Regulations for Summer 2022

- Camper must provide proof of negative COVID19 test within 72 hours prior to camp session. Vaccinated campers must follow testing requirements. The only exception will be to any camper who has tested positive for COVID19 in the 90 days prior to camp session.
- Must pass daily health screening prior to entering camp.
- Must be able to wear a face covering for most camp activities.
- Must be able to maintain 6' physical distancing for most camp activities.
- Must be able to properly wash hands and/or use hand sanitizer frequently.
- All campers and camper families are encouraged to practice low risk behaviors for a 10 day period prior to camp session, and during assigned camp session.
- Camp CaPella will implement camper cohorts with dedicated staffing for duration of camp session.
- All campers are encouraged to speak with their medical provider to determine if it is safe for them to attend camp.
- All campers who are eligible for the vaccine are encouraged to speak with their medical provider on receiving the vaccine prior to attending camp.

As the primary care provider, you are most familiar with the medical status of this camper and the risks for camp participation, particularly in the context of the current COVID19 environment.

Camp CaPella has created a summer camp program for 2021 that adheres to CDC/State of Maine guidelines for both Youth Day Programs and Overnight Camps. We ask you to consider carefully as you complete the camper medical forms and specifically address three questions:

1. Is this camper's medical status appropriate for participation in a summer camp program?
Yes _____ No _____ Medical Provider Initials _____

2. If yes, would this camper be able to participate in either a day camp program or overnight program? Would you have a preference for which program they would participate? Day _____ Overnight _____ Medical Provider Initials _____

3. Are there any particular precautions Camp CaPella should take to further assure this camper's safety while participating in the camp program?

Signature of Medical Provider

Date