



2024 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:

- All camp sessions are subject to 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: If you would

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

If you would like to talk in detail about your campers application, please call the Camp Director, Mikele Block, at 207-631-1837 or email at mikele@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.**
- 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

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 | 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 |

If your camper requires assistance with Mobility, please describe how we can assist your camper appropriately:

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 assist	_____	_____	_____	_____	_____
Teeth	_____	_____	_____	_____	_____

If your camper requires assistance with ADL's (dressing, showering, brushing teeth), please describe how we can assist your camper appropriately:

Toileting: Independent Requires Assistance with Wiping Needs Reminders/Prompts

Aids Used: Depends Bedpan/Urinal Toilet Chair Other: _____

Bladder Control: Continent Occasional Accidents Incontinent Catheter: _____

Bowel Control: Continent Occasional Accidents Incontinent

If your camper requires assistance with toileting, including any toileting programs, please describe how we can assist your camper appropriately:

***Please note that you will be responsible for providing appropriate and necessary supplies for the campers time with us**

Eating: Independent, No Concerns Needs Prompts during mealtimes Needs to be fed

Utensils: Conventional Utensils Needs adaptive utensils Finger foods only

Dietary Needs: Cut into bite size pieces Mechanically Chopped Pureed Diet

Gluten Free Diet Dairy Free Diet G-Tube

Other: _____

If your camper requires assistance with meal times, including any preferred and non-preferred foods or eating habits, please describe how we can assist your camper appropriately:

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.

Food allergies: (please list along with reaction)

Food: Reaction + Treatment

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Communication Skills (please check all that apply)

Expressive Communication:

Receptive Communication:

Verbal, can be clearly understood

Can easily understand & follow directions

Verbal, is difficult to understand

Understands sign language

Non-verbal

Needs time to process & act on instructions

Limited verbal vocab

Needs reminders & cues

Uses gestures

Cannot process/does not follow directions

Uses Sign Language

Other means of communication:

Uses communication device

If your camper requires assistance with communication, including phrases we can use that may be helpful to your camper, please describe how we can assist your camper appropriately:

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.)

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.

If your camper is experiencing agitation, frustration, anger, sadness or another extreme emotion, please list useful coping strategies including sensory tools that staff can assist camper with as needed. Please include any phrases that may help your camper during this time:

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: _____

Is there anything your camper would like to do or learn while at camp in 2024?

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.)

- | | |
|--|---|
| <input type="checkbox"/> No concerns, sleeps through the night | <input type="checkbox"/> Wakes to toilet independently |
| <input type="checkbox"/> Wakes to toilet with assistance | <input type="checkbox"/> Wanders at night |
| <input type="checkbox"/> Wakes early; please note time: _____ | <input type="checkbox"/> Requires medication to help sleep |
| <input type="checkbox"/> Requires bedrails | <input type="checkbox"/> Requires adjustment/repositioning at night, please describe: _____ |

If your camper requires additional assistance at bedtime, to fall asleep or prepare for sleep, or during the nighttime hours, please list how we can appropriately support your camper below:

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. _____

If there are any additional notes that we should be aware of in preparing to support your camper at Camp CaPella, please list those below. As always, feel free to contact us to discuss in detail as needed 😊

2024 Summer Camp Schedule

Space is limited. Please indicate a FIRST and SECOND Choice, Day or Overnight

Overnight Camp Sessions run from Sunday evening to Friday at Noon.

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

Note: Friday at noon we will have a cookout and ceremony starting at noon to 2pm.

****ALL CAMP SESSIONS ARE SUBJECT TO CHANGE****

AGE GROUP	OVERNIGHT	DAY	CHOICE (circle one)	
Adults 21+ <i>A Week at the Oscars/Movie Week</i>	June 16 to 21	June 17 to 21	First	Second
Adults 21+ <i>Mardis Grais Week</i>	June 23 to June 28	June 24 to 28	First	Second
18 -25 yr. <i>Hawaiian Luau Week</i>	June 30 to July 5	July 1 to 5	First	Second
10 - 12 yr. <i>Pirate Week</i>	July 7 to 12	July 8 to 12	First	Second
12 -15 yr. <i>Mad Science Week</i>	July 14 to 19	July 15 to 19	First	Second
15 - 18 yr. <i>Olympic Week</i>	July 21 to 26	July 22 to 26	First	Second
5 - 10 yr. <i>Carnival Week</i>	July 28 to Aug 2	July 29 to Aug 2	First	Second
Adults 21+ <i>Christmas in August Week</i>	Aug 4 to 9	Aug 5 to 9	First	Second

If overnight camp session is full, would you be able to attend day camp? YES NO

Did you attend Camp CaPella in 2023? YES NO DAY or OVERNIGHT?

Did you attend Camp CaPella prior to 2023? YES NO If yes, when? _____

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 2023 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