



Camper Application Camp Harkness 2009

125 Sachem St.
Norwich, CT 06360
Tel: (860)889-4435
Fax: (860)889-4662

Camper Information: Please complete **one application** form for each camper.

All camp forms are available at our website: www.thearcnlc.org

Name of Camper: _____ DOB: _____ Sex: _____

Is the camper a DDS client? _____ If yes, DDS Client number _____

Will the camper be using funds available through the Individual and Family Support (IFS) Wavier? _____
If yes, please provide the name and number of the DDS Case Manager.

Case Manager Name _____
Phone Number _____

Mail Correspondence to:

Phone: _____

Fax: _____

Contact Person: _____ Email: _____

Relationship to Camper: _____

How would you like to receive the camp medical forms? (circle one)

Download from website **Mail**

Camp Fees:	Regular Camp Session	\$715*
	Special Needs Camper	\$745
	Youth Week Session	\$745
	Day Camp Session	\$490

* Campers who are dues paying members to any Arc organization are eligible to receive a discounted rate of \$660. Please provide a copy of the **current Arc membership card or a letter from your local organization** confirming current status with this application form. **Discount only applies to Regular Camp Session.**

Refund Policy: No refund of camp fees will be made in connection with the following circumstances: failure to attend scheduled session, late cancellations (cancellations must be made at least one week prior to the start of the camper's session), late arrivals or early withdrawals or dismissal due to misconduct.

An exception to this policy will be made to campers who are unable to attend due to physical illness or injury. The camper must produce documentation from a physician or nurse certifying that he or she was unable to participate in camp activities. Campers who arrive late or leave early due to injury or illness will receive pro-rata refunds only. Homesickness is not considered as a basis for a refund.

Each Fee contains a non-refundable \$150.00 administrative charge

General Eligibility Requirements:

In addition to the regular Camp Program, we offer a limited Special Needs Program. The Special Needs program is designed for campers who require a one to one staffing ratio.

Note that we will not be able to accommodate the following in either program:

- **Campers under the age of 8 years old**
- **Campers with significant behavior difficulties**
- **Campers with significant medical needs**

Regular Camp Program: 3:1

- May have mild or moderate Mental Retardation
- May have mild physical disabilities
- Proficient daily living skills such as bathing, dressing, eating, grooming, and toileting (briefs)
- Capable of communication
- May have mild visual or hearing impairments or infrequent seizures
- May not have behavior difficulties that infringe on other campers' ability to enjoy their camping experience

Special Needs Program: 1:1

- May have **severe or profound** Mental Retardation
- May have significant physical disabilities
- May be non-verbal
- May have more severe vision or hearing impairments
- May have **limited** behavioral difficulties
- May require **total assistance and constant supervision**

The following information will be used to assign sessions to campers. It is The Arc's intent to balance the sessions based on campers' medical needs and overall assistance needed.

Camper Profile

Medical Needs

	Oral	*Topical/Other
1. Number of medications camper takes per day	_____	_____

The Special Needs rate will be applied to camper's fee if **total** medications exceeds **ten medications** upon registration for the camp session.

Other medical needs: _____

Assistance Needs (Not Applicable for Special Needs Campers)

Please circle the number to represent the camper's overall assistance needed throughout the day including daily living skills and interaction with peers.

- 1 Camper is highly independent with all daily living skills. Camper is able to actively participate in camp activities with little staff assistance.
- 2 Camper requires verbal prompts with daily living skills. Camper is able to participate in activities with assistance and encouragement from staff.
- 3 Camper requires significant or total assistance with daily living skills. Camper requires complete support to participate in activities. *(Camper may qualify for the Special Needs Program)*
Please explain: _____

Registration for Camp Sessions

1.	Please check which program the camper needs. <i>A description of each program is listed on the previous page.</i>	<input type="checkbox"/> Regular	<input type="checkbox"/> Special Needs
2.	How many TOTAL sessions would you like (one or two)? _____ Special Needs campers are only eligible for <u>one</u> session. Youth campers may only register for sessions 7 and/or 8.		
3.	Review the session dates below. Decide which session(s) camper would like to attend.		
4.	Please select the preferences for the camper's <u>first session</u>. Session Number _____ If this session is unavailable, what is the camper's second choice? Session Number _____		
5.	<i>Fill out this section ONLY if camper wants to attend TWO sessions.</i> Please select the preferences for the camper's <u>second session</u>. Session Number _____ If this session is unavailable, what is the camper's second choice? Session Number _____		

Your selections are not guaranteed.

You will be notified of your assigned session(s) through a confirmation letter.

Campers may attend consecutive sessions, but MUST be picked up Friday by 4:00 pm and may return to camp on Sunday at 2:00 pm. NO WEEKEND COVERAGE IS PROVIDED!

Session #	Dates
Session 1 (One Week)	Begins: Sunday June 21- 2:00pm Ends: Friday June 26- 4:00pm
Session 2 (One Week)	Begins: Sunday June 28- 2:00pm Ends: Friday July 3- 4:00pm
Session 3 (One Week)	Begins: Sunday July 5- 2:00pm Ends: Friday July 10- 4:00pm
Session 4 (One Week)	Begins: Sunday July 12- 2:00pm Ends: Friday July 17- 4:00pm
Session 5 (One Week)	Begins: Sunday July 19- 2:00pm Ends: Friday July 24- 4:00pm
Session 6 (One Week)	Begins: Sunday July 26- 2:00pm Ends: Friday July 31- 4:00pm
Session 7 (One Week) <u>Residential</u> <u>YOUTH WEEK</u> ages 8-21	Begins: Sunday August 2- 2:00pm Ends: Friday August 7- <u>2:00 pm</u>
Session 8 (One Week) <u>Day Camp</u> <u>YOUTH WEEK</u> ages 8-21	<u>Day Hours 8:00 am – 5:00pm</u> Begins: Sunday August 9-1:00 pm –4:00pm Monday – Thursday 8:00 am – 5:00 pm Ends: Friday August 14- 8:00 am - <u>2:00 pm</u> Fee: \$490

Registration Procedure:

1. Prepare Deposit: Please prepare a deposit in the amount of \$150.00 for EACH session requested. **Make checks payable to The Arc of New London County.** Be sure to provide appropriate documentation with this application if requesting the discounted rate for Arc members.

2. Submit Application: Send the deposit and this completed application form to the following address:

Arc of New London County
c/o Jen Hickey
125 Sachem St.
Norwich, CT 06360

3. Complete & Submit Packet Information: Upon receipt of your completed application and deposit, you will be mailed a confirmation letter. You will either download the forms from our website OR the forms will be mailed to you. (Be sure you circled your preference on the first page.) Complete and submit all forms included in the packet as soon as possible.

Important Note on Medical Forms:

- Each Camper is required to submit an updated physical annually. **The physical form must be signed by a physician in the state of Connecticut** and submitted to The Arc/NLC no later than one week before the scheduled session. **We strongly suggest that you make doctor appointments now for late March and April 2009.**

In addition, ALL physicals and doctor's orders MUST be recorded on The Arc's forms. No other forms will be accepted!

- Changes in medications made subsequent to submitting the registration packet must be updated with **written Doctor's Orders signed by a physician in the state of Connecticut** at least two weeks prior to the camper's arrival.

4. Payment of Balances: Please remit full payment no later than June 1, 2009. All balances **MUST** be paid in full to be admitted into camp at the beginning of the assigned session!

If you have questions regarding this application, need additional forms, or would like further information regarding the Arc at Camp Harkness please contact:

Jen Sullivan Hickey, Camp Administrator
jhickey@thearcnlc.org (preferred mode of contact)
Tel: (860) 822-0801 (home)

Enrollment Checklist:

Before mailing please review the following checklist to ensure that the application is complete:

- I have completed all the information on this Application Form including name, address and phone number of the camper and contact person.
- I have selected a first choice and alternate choice for attendance.
- I have enclosed a deposit in the amount of \$150.00 for each week the camper will attend.

I have read and understand the information set forth in the preceding application form ***including the refund policy.***

Signature of Applicant or Representative

Date

Unsigned applications will not be accepted. We recommend that you keep a copy of this application for your records.