



# Camper Application Camp Harkness 2010

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](http://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 DMR 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**

<b>Camp Fees:</b>	<b>Regular Camp Session</b>	<b>\$760*</b>
	<b>Special Needs Camper</b>	<b>\$790</b>
	<b>Residential Youth Week Session</b>	<b>\$790</b>
	<b>CTFSC Day Camp Session</b>	<b>TBD</b>
	<b>Sponsored by Connecticut Family Support Network</b>	

\* Campers who are dues paying members to any Arc organization are eligible to receive a discounted rate of \$700. 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, late arrivals, 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**
- **Campers who require awake staff during the night time hours**

**Regular Camp Program: 3:1 (campers to staff)**

- Completes activities of daily living independently or with verbal prompting from staff
- May have mild visual or hearing impairments or infrequent seizures
- Can participate safely in a large group setting with minimal support from staff
- May not have behavior difficulties that infringe on other campers' ability to enjoy their camping experience

**Special Needs Program: 1:1**

- Needs **total assistance** with activities of daily living
- May have **limited** behavioral difficulties
- Requires **total assistance and constant supervision** to participate in large group activities
- Needs **individual support** all day long

**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**

	<b>Oral</b>	<b>*Topical/Other</b>
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: \_\_\_\_\_  
\_\_\_\_\_

2. DDS LON Score: \_\_\_\_\_ (Level of Need Score assigned by DDS)

**Assistance Needs**

**Please circle the number to represent the camper's overall assistance needed throughout the day at camp 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

<b>1.</b>	<b>Please check which program the camper needs.</b> <i>A description of each program is listed on the previous page.</i>	<input type="checkbox"/> Regular	<input type="checkbox"/> Special Needs
<b>2.</b>	<b>How many TOTAL sessions would you like (one or two)?</b> _____ Special Needs campers are only eligible for <u>one</u> session. Youth campers may only register for sessions 6 and/or 7.		
<b>3.</b>	<b>Review the session dates below. Decide which session(s) camper would like to attend.</b>		
<b>4.</b>	<b>Please select the preferences for the camper's <u>first session</u>.</b> <b>Session Number</b> _____ If this session is unavailable, what is the camper's second choice? <b>Session Number</b> _____		
<b>5.</b>	<i>Fill out this section <b>ONLY</b> if camper wants to attend <b>TWO</b> sessions.</i> <b>Please select the preferences for the camper's <u>second session</u>.</b> <b>Session Number</b> _____ If this session is unavailable, what is the camper's second choice? <b>Session Number</b> _____		

**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 27- 2:00pm Ends: Friday July 2- 4:00pm
Session 2 (One Week)	Begins: Sunday July 4- 2:00pm Ends: Friday July 9- 4:00pm
Session 3 (One Week)	Begins: Sunday July 11- 2:00pm Ends: Friday July 16- 4:00pm
Session 4 (One Week)	Begins: Sunday July 18- 2:00pm Ends: Friday July 23- 4:00pm
Session 5 (One Week)	Begins: Sunday July 25- 2:00pm Ends: Friday July 30- 4:00pm
Session 6 (One Week) <b><u>YOUTH WEEK</u></b> <b>Residential</b> ages 8-21	Begins: Sunday August 1- 2:00pm Ends: Friday August 6- <b><u>2:00 pm</u></b>
Session 7 (One Week) <b><u>YOUTH WEEK</u></b> <b>Day Camp</b> ages 8-21	<b><u>Day Hours 8:00 am – 5:00pm</u></b> Begins: Sunday 8/8-1:00 pm –4:00pm Monday 8/9 – Thursday 8/12 8:00 am – 5:00 pm Ends: Friday, 8/13- 8:00 am - <b><u>2:00 pm</u></b> <b>Fee: to be determined</b>

## 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 April and May 2010.**

***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, 2010. 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 Director**  
**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.