



SKY LAKE 2018

SPECIAL NEEDS CAMP APPLICATION FORM

Send completed application to:

Sky Lake Camp & Retreat Center
501 William Law Road
Windsor NY 13865
607.467.2750 / 607.467.4612 (fax)
registrar@skylakecenter.org

NOTES

- The information given on this application will be used to assess our ability to care for the applicant and to ensure the safety and well-being of all our campers and staff. We are unable to accommodate campers needing one-on-one care. Helping Hands campers must need only minimal assistance with toileting and transferring. Independent toileting and mobility skills are required of all other special needs campers. Please consult pages 19-20 of the Upper New York Summer Camp 2018 brochure for session descriptions and additional eligibility requirements.
Fully complete this application and submit it along with a copy of the applicant's ISP (Individualized Service Plan), IEP (Individualized Educational Program), or IPOP (Individual Protective Oversight Plan) to the Sky Lake Office promptly. Deadline for applications to be received by the Sky Lake Office is the 9th of each month beginning in March, and will continue as long as space is available.
Camper placement is decided on or before the 20th of each month, beginning in March; at which time decision letters and health forms will be mailed.
There is no fee to apply, so please do not send any money with application. A \$75 non-refundable deposit (due by end of month in which decision is made) will be required of those who are offered a space in one of our special needs camps. Remainder of balance is due prior to attendance at camp. A list of due dates will be included with the decision letter.

CAMPER INFO

Camper's Name Preferred Name
Camper Address (Street, City, Zip)
Date of Birth Male Female Age at Camp Cabinmate Request
Camper Resides With: Mother Father Both Parents Guardian(s) Group Home Other
Does the camper share a room with anyone at home? Yes No Roommate(s) at home:
If roommates/housemates are attending same session of camp, should they be placed in separate groups? Yes No
Name of Church City Denomination
I first heard about camp through: Church Brochure Website Family Friend Newspaper Agency Other
Please consult brochure for descriptions/eligibility. Mark in order of preference which session the camper would like to attend (1st , 2nd, and 3rd Choice):
Buddies Camp (June 24-29) Special Needs One (July 8-13)
Amigos Camp (July 1-6) Special Needs Two (July 22-27)
Helping Hands Camp (July 1-6) Friends (August 5-10)

CONTACTS INFO

Parent 1/Guardian Parent 2/Guardian
Home Phone Home Phone
Work Phone Work Phone
Cell Phone/Pager Cell Phone/Pager
E-mail E-mail
Address (if different than camper) Address (if different than camper)
Call me first, in case of emergency Completed form
Social/Case Worker House Manager
Home Phone Home Phone
Work Phone Work Phone
Cell Phone/Pager Cell Phone/Pager
E-mail E-mail
Agency Address Address (if different than camper)
Call me first, in case of emergency Completed form

SIGN

Parental/Guardian Permission:

I hereby give my permission for my child (named above) to attend the camp session for which he/she is registering; for my child's name/address/e-mail address to be shared with his/her program group and United Methodist agencies; and for still/video pictures of my child to be used for promotional purposes. In event of accident/illness, the camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that a properly completed health form is required for attendance. I understand that summer camp programs may include off site travel and/or off site swimming.

SIGNATURE OF PARENT/GUARDIAN DATE

FOR OFFICE USE ONLY

CAMPER NAME

POSTMARK DATE

R/C/D

LIFE AT HOME

When not at camp, the camper : (check all that apply) Attends school Works Attends a dayhab/respite program Other _____

What are the camper's areas of interest (e.g., hobbies, talents, favorite movies, etc.)?

Briefly describe the level of supervision the camper requires: 1) at home; 2) in the community:

Please list any church, social, and recreational activities the camper attends on a regular basis:

How well does the camper get along with family members/fellow residents?

What responsibilities does the camper have at home (i.e. setting table, vacuuming, etc.)?

At home, the camper usually **goes to bed** around _____**pm** night and **wakes up** for the day around _____**am**.

Please describe any sleeping disorders the camper might have (e.g., sleep-walking, insomnia, etc.)?

The camper wets the bed: Frequently Occasionally Rarely Never

Level of assistance needed for each:	Total Support	Assistance	Supervision	Independent
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The camper uses the following adaptive equipment: (Check all that apply and attach instructions for any specialized adaptive equipment with which camper may need assistance.) Communication Device Wheelchair Computer Eating Utensil(s) Hearing Aid Eye Glasses Other _____

Which of the following disabilities does the camper have? (check all that apply)

- Developmental Disability Down Syndrome Severe Learning Disability Autism Spectrum
- Cerebral Palsy Physical Disability Other _____

For those applying for Helping Hands Camp only:

Briefly describe the physical disability (e.g., cause, type, severity, level of mobility, etc.) and what adaptive equipment s/he uses (e.g., motorized wheelchair, a walker, a cane, crutches, braces, or the like):

PERSONALITY

Briefly describe the camper's general personality/temperament:

Briefly describe any of the camper's unusual or peculiar habits /behaviors:

Briefly describe the camper's prior experiences at Sky Lake and/or other camps:

How does the camper react to drastic changes in routine?

PERSONALITY CONT

How often is the camper prone to moodiness? How does the camper's moodiness present itself? What are its common triggers? How can we best help the camper counteract moodiness?

How often is the camper prone to violent or aggressive behavior? How might this behavior present itself? What are its common triggers? What is the best way to respond to this camper if s/he becomes violent or aggressive?

Please list any specific fears the camper may have (e.g., fear of falling, darkness, strangers, weather, water, etc.):

What helps calm the camper if he/she is afraid?

Is the camper able to clearly state his/her needs verbally? Yes No

If not, what alternative method(s) of communication does the camper use (e.g., American Sign Language, computer, picture book, etc.)?

HEALTH & DIET

Please note that our non-medical staff members are not able to view camper health forms. Providing the following information will help ensure campers are well cared for by them.

Will the camper be taking any medication(s) while at camp? Yes No

If yes, what times? (check all that apply) Wake-up Breakfast Lunch Afternoon Supper Bedtime Other _____

For female campers, has menstruation begun? Yes No If not, has she been told about it? Yes No

Please describe any special dietary needs the camper may have (*including choking prevention food consistency requirements*):

Please list any serious allergies the camper may have:

Please list any activity restrictions for the camper:

OTHER

Is there anything else that would be helpful for us to know about the camper? If so, share that here or on the back of this page!