



SKY LAKE 2018

SPECIAL NEEDS NON-SUMMER REGISTRATION

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

CAMPER INFO

Camper's Name _____ Nickname _____

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 _____

CONTACT 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) _____
<input type="radio"/> Call me first, in case of emergency <input type="radio"/> Completed form	<input type="radio"/> Call me first, in case of emergency <input type="radio"/> 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 _____
Address (if different than camper) _____	Address (if different than camper) _____
<input type="radio"/> Call me first, in case of emergency <input type="radio"/> Completed form	<input type="radio"/> Call me first, in case of emergency <input type="radio"/> Completed form

PAYMENT

2018 Fee: \$265.00 per person

Make checks payable to "UNYAC" with "Sky Lake" in the memo line.

Method of payment:

Check # _____

Visa

MasterCard

Amount to be placed on card (if other than full amount): _____

Card Number: _____

Security Code: _____ Expiration Date (mm/yy): _____

Name on Card (please print): _____

Cardholder's Signature: _____

If different from mailing address:

Billing Address: _____

City: _____ State: _____ Zip: _____

SIGN

Parental/Guardian Permission:

I hereby give my permission for my camper (named above) to attend the camp session for which he/she is registering; for my camper'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 camper 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.

› SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

FOR OFFICE USE ONLY

CAMPER NAME _____

EVENT _____

POSTMARK DATE _____

R.C.I.D. _____

LIFE AT HOME

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

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 supervision needed for each:	Total Support	Assistance	Supervision	Independent
Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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_____

Briefly describe the camper's general personality/temperament:

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?

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:

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!