



SKY LAKE 2019

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 \_\_\_\_\_ O Male O Female Age at Camp \_\_\_\_\_ Cabinmate Request \_\_\_\_\_
Camper Resides With: O Mother O Father O Both Parents O Guardian(s) O Group Home O Other \_\_\_\_\_
Does the camper share a room with anyone at home? O Yes O No Roommate(s) at home: \_\_\_\_\_
If roommates/housemates are attending same session of camp, should they be placed in separate groups? O Yes O No
Name of Church \_\_\_\_\_ City \_\_\_\_\_ Denomination \_\_\_\_\_
I first heard about camp through: O Church O Brochure O Website O Family O Friend O Newspaper O Agency O 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) \_\_\_\_\_
O Call me first, in case of emergency O Completed form O Call me first, in case of emergency O 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) \_\_\_\_\_
O Call me first, in case of emergency O Completed form O Call me first, in case of emergency O Completed form

PAYMENT

2019 Fee: \$275.00 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.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!