



SKY LAKE 2021

# SPECIAL NEEDS CAMP APPLICATION FORM

Send completed application to:

Sky Lake Camp & Retreat Center  
501 William Law Road  
Windsor NY 13865  
607.467.2750  
registrar@skylakecenter.org

PHE-DOH

## 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 either the Sky Lake Website or accompanying flyer for session descriptions and additional eligibility requirements.
- ▶ We anticipate the NYS DOH COVID-19 guidelines we will be required to follow this summer will be released in early May. Those guidelines will determine if masks and/or vaccination will be required. In the meantime, we encourage submitting an application to reserve a spot this summer.
- ▶ **Fully complete this application and return it to the address above, or email a scan of it to: registrar@skylakecenter.org**
- ▶ If there have been any *major* changes to the applicant's ISP (Individualized Service Plan), IEP (Individualized Educational Program), or IPOP (Individual Protective Oversight Plan since Summer 2019, please mail or email those changes with the application.
- ▶ Camper placement is decided on Wednesday mornings, *beginning April 28th*; 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 within 21 days from time the decision is mailed) 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 the flyer or website for descriptions/eligibility. Mark in order of preference which session the camper would like to attend (1st, 2nd, and 3rd Choice):

\_\_\_\_\_ Helping Hands Camp (July 5-9) \_\_\_\_\_ Special Needs 1 (July 12-16) \_\_\_\_\_ Special Needs Two (July 19-23)

\_\_\_\_\_ Friends (July 5-9) \_\_\_\_\_ Amigos Camp (July 12-16) \_\_\_\_\_ Buddies Camp (July 19-23)

## CONTACTS INFO

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

## 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. I understand that summer camp programs may include off site travel.

▶ SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY

CAMPER NAME \_\_\_\_\_

POSTMARK DATE \_\_\_\_\_

RC/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 developmental delays 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 mobility impairment (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 CON'T**

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.)?

**COVID-19**

*Please note that we will not know until early May whether masks or vaccinations will be required by NYS DOH. Providing the following information will help ensure campers are well cared for at camp.*

Briefly describe how the camper has been able to adapt to changes brought about by the Covid-19 pandemic, along with how our summer staff will best be able to support the camper with any possible requirements:

If required, is the camper able to wear a mask which fully covers their mouth and nose for extended periods of time?  Yes  No

Will the camper be fully vaccinated by the time they attend camp this summer?  Yes  No

**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!