



SKY LAKE 2025

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 either the Sky Lake Website or accompanying flyer for session descriptions and additional eligibility requirements.
- ▶ We are learning to live with Covid-19. One of the things we are continuing to practice at Sky Lake is strongly encouraging everyone to remain current with their Covid-19 vaccinations/boosters and require everyone to pack at least one mask for each day one will be at camp (just in case the need arises.)
- ▶ **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 the last time the applicant was here, please mail or email those changes with the application.
- ▶ Camper placement is decided on a twice monthly basis, beginning March 5th; 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 Non-binary 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 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 (June 30 - July 4) _____ Buddies Camp (June 30 - July 4) _____ Special Needs One (July 7-11)

_____ Amigos Camp (July 7-11) _____ Special Needs Two (July 14-18) _____ Friends Camp (August 4-8)

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) _____
<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 _____
Agency Address _____	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

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

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 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.)?

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:

COVID-19

Please note that we recommend that masks be packed, but will only be required if an exposure occurs at camp. Providing the following information will help ensure campers are well cared for at camp. All staff working directly with campers will be fully vaccinated.

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

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!