



SKY LAKE 2026

SPECIAL NEEDS GETAWAY REGISTRATION

Send completed **registration** to:

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

This form is for our Special Needs Getaway only. For our summer programs, please complete a separate summer camp application available on 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 _____ 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	Parent 2/Guardian _____ 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
Social/Case Worker _____ 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	House Manager _____ 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

PAYMENT

2026 Fee: \$340.00 per person Make checks payable to "UNYAC" with "Sky Lake" in the memo line. Method of payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Visa <input type="checkbox"/> 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 _____

RCD _____

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:

Is the camper fully vaccinated against Covid-19? ☐ Yes ☐ No

Is the camper able to wear a mask which fully covers their mouth and nose for extended periods of time? ☐ Yes ☐ No

OTHER

Is there anything else that would be helpful for us to know about the camper? If so, share that here attach an addition page.