



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:
 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

RC'D

HEALTH & DIET

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.)?

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

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

OTHER