



Camper's Name: _____

Please keep this form for your reference

***RUN OR WALK FOR SOMEONE SPECIAL IS APRIL 12, 2026 WITHOUT THE RUN THESE CAMPS WOULD NOT BE POSSIBLE. WE WOULD LOVE TO SEE YOU ALL AT THE SYKESVILLE TOWNHALL ON APRIL 12th Registration at 1:30pm, Run at 3pm (VISIT jcarc.org to register today and to donate)**

Dear Parent or Guardian,

This is the application to take part in The Arc of Jefferson and Clearfield County's 2026 Camp Friendship Program. Camp Friendship is a FREE summer day camp for any individual with an intellectual and/or developmental disability residing in Jefferson or Clearfield County. In order for your camper to attend this application must be completed in full, signed and returned to our Camp Director by the due date of, May 8th (busing will be provided if application is returned by 5/8)

Please note that you MUST provide any behavioral support and medical support that your camper needs while at Camp. We are not a school district and do not provide these services. If your camper is in need of these services and you haven't provided them unfortunately, they will not be able to attend. Names of all support staff accompanying your camper must be included on this application.

Lunch and snacks will be provided each day for all campers and Camp Friendship staff and volunteers. However, if your camper has a very specific diet, you may need to provide alternate foods.

Camp Friendship is located at 8 Oven Rd, Reynoldsville, off Route 322. All participants are welcome to ride the bus from their appropriate pick-up location (support staff are also welcome to ride the bus as long as noted on application). The times are listed on the attached registration form and must be followed.

The dates for this year's camp are:

Autism School Age Camp: June 1st -5th

Punxsutawney/Brookville School Age Camp: June 8th - 12th

DuBois School Age Camp: June 15th - 19th

Stepping up Adult Camp: June 22nd - 26th Camper 18 yrs. old and older

We are excited to let you know that Jeanine DiPietro will be our Camp Director for all 4 camps again this year!

Please come to the Run Walk on April 12th; you can hand in your application at the Run or get help with any questions you have! Look for Jeanine at the 50/50 raffle table.

Sincerely,

The Arc of Jefferson and Clearfield Counties

Camper's Name: _____

What Camp(s) Will My Camper Attend?

***Your child must have completed Kindergarten in 2026 in order to attend the school age camps.**

***If your child will attend Autism Camp it must be circled on this application**

The Arc offers four separate camps throughout the summer months. These camps are separated based on the areas they service, which are listed below. **If school age, your child must attend the camp in their school district or closest district.**

* Please circle below which camp(s) your camper will attend

Autism School Age Camp: June 1st - 5th

Must have autism diagnosis to attend

Punxsutawney/Brookville School Age Camp: June 8th - 12th

Punxsutawney

Brookville

Brockway

Falls Creek

Reynoldsville

DuBois School Age Camp: June 15th - 19th

Clearfield

Sykesville

Treasure Lake

Penfield

Rockton

Curwensville

Stepping Up Adult Camp - June 22nd- 26th

Any camper 18 years or older

Camper's Name: _____

Camp Friendship Transportation provided IF application is received by May 8th

*** Please circle your DEPART and DROP OFF time**

***Please arrive 10 minutes prior to bus departure**

_____ **Check Here if Self Transport (cannot drop off before 9am)**

Autism School Age Camp: June 1st - June 5th

BUS 1- **Punxsutawney Community Center** - DEPART@ 8:45 am / DROP OFF @ 2:40pm

BUS 1- **CG Johnson Elementary** - DEPART @ 9:15am / DROP OFF @ 2:10pm

BUS 2 - **Brookville EUM Church** - DEPART @ 8:15am / DROP OFF @ 3:00pm

BUS 2 - **DuBois Middle School** - DEPART @ 8:55am / DROP OFF @ 2:30pm

Bus 2 - **Falls Creek Catholic Church** - DEPART @ 9:05 am / DROP OFF @ 2:15pm

Punxsy/Brookville School Age Camp: June 8th - 12th

BUS 1- **Punxsutawney Community Center** - DEPART @ 8:40am / DROP OFF @ 2:40pm

BUS 1- **Reynoldsville Parking Lot by RR Tracks** - DEPART @ 9:15am / DROP OFF @ 2:10pm

BUS 2 - **Brookville EUM Church** - DEPART @ 8:15am / DROP OFF @ 3:00pm

BUS 2 - **Hazen Church** - DEPART @ 8:30am / DROP OFF @ 2:50pm

BUS 2- **Brockway Presbyterian Church** - DEPART @ 8:45am / DROP OFF @ 2:30pm

BUS 2 -**Falls Creek Catholic** - DEPART @ 9:05am / DROP OFF @ 2:15pm

DuBois School Age Camp: June 15th-19th

BUS 1- **DuBois Middle School** - DEPART @ 9:00am / DROP OFF @ 2:20pm

Stepping Up Camp (age 18 & older) June 22nd - 26th

BUS 1- **Punxsutawney Community Center** - DEPART@ 8:45 am / DROP OFF @ 2:40pm

BUS 1- **CG Johnson Elementary** - DEPART @ 9:15am / DROP OFF @ 2:10pm

BUS 2 - **Brookville EUM Church** - DEPART @ 8:15am / DROP OFF @ 3:00pm

BUS 2 - **DuBois Middle School** - DEPART @ 8:55am / DROP OFF @ 2:30pm

BUS 2 - **Falls Creek Catholic Church** - DEPART @ 9:05 am / DROP OFF @ 2:15pm



Camper's Name: _____

Please sign and return this set of forms to Director by 5/8

Camp Friendship Registration Form 2026

Please complete ENTIRE application. If the information/question does not apply, please write N/A. PLEASE print neatly. It is very important that all information can be read!

Camper's Name: _____ (circle one) Male or Female

Address include City and ZIP: _____

Parent/Guardian: _____ Phone: (____) ____ - ____

Emergency Contact Name: _____ Phone: (____) ____ - ____

Email Address: _____ (Please provide an email address that is checked regularly.) Camper's Age: _____

Camper's Date of Birth: _____ Camper's Grade in School: _____

Medical Information: If your camper has a medical need a nurse must accompany them at camp. If medication must be given during camp hours, meds must be sent in the original bottle from the pharmacy with the original label on the bottle and handed to the Director.

Physician's Name: _____ Phone: (____) ____ - ____

Medical Insurer: _____ Policy Number: _____

Diagnosis: _____

Allergies (Please list any food, drug, plant, animals, insects, etc.) List any symptoms or reaction.

List Medication that will be handed to Camp Director:

Name of Medication _____ Dosage administered at camp _____

Other information we need to be aware of regarding medication administration:

In the event of an emergency, I give permission for an ambulance to be called and for my camper to receive medical treatment.

Printed Name: _____

Signature: _____ Date: _____

Camper's Name: _____

Medications:

Any medications that can be administered at home before or after camp should be given at home. If medication must be administered during Camp hours, parent/guardian/or medical personnel should accompany your camper to provide medication administration.

Please list any other medical information that you feel is important for Camp Friendship staff to be aware of:

Diet:

Does the camper have any food restrictions? (Please circle one) Yes No

If yes, please explain: _____

Does the camper have any difficulty chewing or swallowing? (Please circle one) Yes No

The camp will provide the campers with lunch.

The menu will be sent home.

Toileting: If your camper requires assistance, this must be provided by the parent.

Support Staff Workers: If your camper requires support staff, they must accompany your camper while at camp and they must register their name and information below by application due date.

Support staff will be attending camp with your son/daughter? (Please circle one) Yes No

Will support staff be riding the bus with camper? (Please circle) Yes or No

If yes, please provide the first and last name of all support staff who will be attending on your camper's behalf at any time:

Name: _____ Agency's name and number _____ Riding bus Y or N

Name: _____ Agency's name and number _____ Riding bus Y or N

Transportation - Please circle the scenario that applies to your transportation need:

1. The Camper will use provided transportation.
2. The Camper will need a wheelchair bus.
3. The parent/guardian will provide transportation.



Camper's Name: _____

Transportation Permission

I, _____ (please print your full name), the _____ (please print your relationship to the camper) of _____ (please print the full name of the your camper) give The Arc of Jefferson and Clearfield Counties permission to transport my camper while attending Camp Friendship. In the event that an accident occurs while traveling to and from Camp Friendship, I completely wave The Arc of Jefferson and Clearfield Counties, The Arc of Jefferson and Clearfield Counties driver, and The Arc of Jefferson and Clearfield Counties staff of any liability and will not sue either the named organization or people. Additionally, in the event that an accident occurs while at Camp Friendship or at another site, I completely waive The Arc of Jefferson and Clearfield Counties and their staff of any liability and I will not sue either the named organization or people.

Printed Name: _____

Signature: _____ Date: _____

Video/Photo Release:

Photographs and/or videotape footage of activities may be taken during the course of camp. These photos and or videotape footage will be used for educational or promotional purposes.

I hereby acknowledge that I have read and understand the terms of this release and give permission for my camper to appear in photographs and video footage used to promote Camp Friendship.

Printed Name: _____

Signature: _____ Date: _____

Parent/Guardian Consent:

I, _____ (please print full name) have read, completed, and will adhere to all information presented to me within this application.

Parent/Guardian's signature _____ date _____

***Please send completed application by May 8, 2026 to Our Camp Director:**

You may also hand this completed application to Jeanine at The Run or Walk for Someone Special on April 12th. Look for Jeanine at the 50/50 Raffle Ticket Table.

Jeanine DiPietro
109 Shermerhorn Ave
Punxsutawney, PA 15767
814-590-6514
jeaninedipietro@comcast.net