Dear Parent or Guardian,

This is an invitation to take part in The Arc of Jefferson and Clearfield County’s 2021 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.

Participants will attend daily art, music, nature, and physical education classes taught by certified teachers. In addition, attendees will participate in organized group activities. Past activities have included swimming, roller skating, bowling, camp birthday party, and horseback riding. Activities vary each year. Campers will also be joined by peer counselors for the week at camp.

A nutritious morning and afternoon snack as well as a hot lunch will be provided each day. However, if your camper has a very specific diet, you may provide alternate foods.

Camp Friendship is located near Reynoldsville, off Route 322. All participants are welcome to ride the bus from their appropriate pick up location (aides/TSS/BHS/nurses are also welcome to ride the bus). The approximate times are listed on the attached registration form.

The dates for this year’s camp are:

**Punxsutawney: June 7-11**

**DuBois: June 14-18**

**Brookville: July 19-23**

**Early Intervention: July 26-30**

**Autism: Aug 2-6**

An activity schedule and menu for camp will either be sent in the mail prior to camp or given to campers on the first day of camp.

Please fill out the attached application and return it to the address listed below by May 28 (Autism camp please return by July 1st). If the camper is eligible and would like to attend more than one camp, we ask that you fill out separate applications for each camp, and send them to the appropriate camp directors. All applicants are accepted unless otherwise notified. If you have any questions regarding Camp Friendship, please call 814-952-8376. I encourage you to consider Camp Friendship as a summer opportunity for your child.

 Sincerely,

 Camp Friendship Directors and Staff

**What Camp(s) Will My Child Attend?**

The Arc offers four separate camps throughout the summer months. These camps are separated based on the areas they service, which are listed below.

\* Please circle below which camp your child will attend \*

**Punxsutawney Camp Includes:**

Punxsutawney

**DuBois Camp Includes:**

Clearfield

Sykesville

Treasure Lake

Penfield

Rockton

Curwensville

**Brookville Camp Includes:**

Brookville

Brockway

Falls Creek

Reynoldsville

**Early Intervention Camp Included:**

DuBois, Brookville, Brockway, Punxsutawney

 **Autism Camp Includes:**

All areas listed above

Must have autism diagnosis to attend

 **Camp Friendship Transportation:**

**Campers will be provided transportation to/from camp or are welcome to have a parent/guardian provide independent transportation to camp as well. Each camp and its corrresponding transportation locations are listed below.**

**\*\* Please Circle the transportation pick up/drop-off location that your child will be using for their camp. \*\***

**If you will be self transporting your child please circle that option instead.**

**Punxsy Camp:**

Punxsutawney Community Center - Pickup 8:30am daily/Drop Off 3:15

Self Transport

**DuBois Camp:**

DuBois Middle School - Pickup 8:45/Drop-Off 3:15

Salem United Methodist Church - Pickup 8:45/Drop Off 3:00
Self Transport

**Brookville Camp:**
Brookville EUM Church - Pickup 8:15/Drop-Off 3:30

Hazen Church –Pickup 8:30/Drop-Off 3:15
Brockway Presbyterian Church - Pickup 8:45/Drop-Off 3:05
Falls Creek Catholic Church - Pickup 9:05/Drop-Off 2:45
Reynoldsville Parking Lot by RR Tracks - Pickup 9:15/Drop-Off 2:35

Self Transport

**Autism Camp:**
DuBois Middle School - Pickup 8:45/Drop-Off 2:50
CG Johnson Elementary - Pickup 9:15/Drop-Off 2:25
Brookville EUM Church - Pickup 8:15/Drop-Off 3:20

Falls Creek Catholic Church - Pickup 9:05/Drop-Off 2:35
Punxsutawney Shop n Save - Pickup 8:40/Drop-Off 3:00

**Preschool Camp:** Self Transport

**Camp Friendship Registration Form 2021**

**Camp Friendship**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: (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: \_\_\_\_\_\_\_\_\_\_

T-shirt Size: (Please circle one) YS, YM, YL, S, M, L, XL,XXL,3X

**Medical Information:**

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_

Medical Insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (Please list any food, drug, plant, animals, insects, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please List any signs/ symptoms of a reaction:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications:**

The Arc of Jefferson & Clearfield Counties provides a nurse who will dispense medication at camp. The nurse will follow parent/guardian directions for medication. Any medications that can be administered at home before or after camp should be given at home. If changes in medication are made between the time this form is completed and the start of camp please notify the director in writing before sending the camper to camp. Please list all medications the camper is taking, even if the camper will not be taking it during camp hours.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Medication** | **Dosage** | **Time Given** | **How is it Administered?** | **Reason for Medication** | **Will the medication be administered at Camp? Y/N** |
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Please circle any condition that applies to the camper:

Hepatitis AIDS

Asthma Blood Pressure

Heart Disease Diabetes

Other infectious diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seizures:**

Does the camper have seizures? (Please circle one) Yes No

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe a typical seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print your full name), the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print your relationship to the child) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print the full name of the your child) give The Arc of Jefferson and Clearfield Counties permission for my child to receive over the counter medication, if necessary, from the camp nurse including Benadryl, Tylenol, and Advil.

**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 with the children on Monday.

**Toileting:**

The Camper is (please circle one) Independent Needs assistance Not trained

**TSS Workers:**

Will a TSS or aide be attending camp with your son/daughter? (Please circle one) Yes No

Will a TSS worker be riding bus with camper? (Please circle) Yes or No

If yes, please provide the first and last name of the TSS/Aide Worker:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agencies Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_

**\*\*If you plan on having a TSS worker attend the camp with your camper, the agency needs to approve the extra services. You must call the agency supervisor and request a TSS worker for your son/daughter week at camp. \*\***

**Transportation:**

Please circle the scenario that applies to your child:

1. The Camper will use the transportation provided by the camp.

2. The parent/guardian will provide transportation.

3. Other: (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Permission**

During camp, your child will be participating in various activities in the community. A finalized list of activities will be sent home with your child on Monday. In order for your child to participate in the various off site activities the following needs to be completed:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print your full name), the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print your relationship to the child) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print the full name of the your child) give The Arc of Jefferson and Clearfield Counties permission to transport my child from Camp Friendship in Reynoldsville to various sites during the weeks of camp. In the event that an accident occurs while traveling to a site, 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 child to appear in photographs and video footage used to promote Camp Friendship.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send the completed applications by May 28, 2021 (Austim camp by July 1, 2021) to Your Camp Director:

 **Punxsy/DuBois Camps Autism Camp Brookville/Early Intervention Camp**

|  |  |  |
| --- | --- | --- |
| Betsy Buffington | Cassie Orndorff | Denise Ross |
| 600 Rockland Ave | 341 Dry Top Road | 6659 Route 36  |
| Punxsutanwey, PA 15767 | Bellefonte, PA 16823 | Sigel, PA 15860 |
| betsygaffney@hotmail.com | cassiebarton@yahoo.com | rossteam@gmail.com |