

Camper's Name: _____

Please keep this form for your reference

***RUN OR WALK FOR SOMEONE SPECIAL IS APRIL 13, 2025 WITHOUT THE RUN THESE CAMPS WOULD NOT BE POSSIBLE. WE WOULD LOVE TO SEE YOU ALL AT THE SYKESVILLE TOWNHALL ON APRIL 13th REGISTRATION AT 1:30, RUN AT 3:00 (VISIT JCARC.ORG)**

Dear Parent or Guardian,

This is the application to take part in The Arc of Jefferson and Clearfield County's 2025 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 child to attend this application must be completed in full, signed and returned to our Camp Director by the due date of, May 10th (busing will be provided if application is returned by 5/10)

Please note that you MUST provide any behavioral support and medical support that your child needs while at Camp. We are not a school district and do not provide these services. If your child 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 child 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 approximate times are listed on the attached registration form.

The dates for this year's camp are:

Autism: June 2-6

Punxsutawney: June 9-13

Brookville: June 16-20

DuBois: June 23-27

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.

If your child will attend more than 1 camp you must circle each camp and return by due date of 5/10.

We are excited to announce that Jeanine DiPietro will be our Camp Director for all 4 Camps. Jeanine has been our Brookville and Autism Camp Director for a few years and has provided a very fun, well organized, and safe camp so we are certain this year will be the same.

Therefore, all questions and communication will be with Jeanine....

Sincerely,

The Arc of Jefferson and Clearfield Counties

Camper's Name: _____

What Camp(s) Will My Child Attend?

***Your child must have completed Kindergarten in 2025 in order to attend.**

***If your child plans to attend more than 1 camp, BOTH camps 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. **Your child must attend the camp in their school district or closest district.**

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

Autism Camp Includes:

All areas listed below

Must have autism diagnosis to attend

Punxsutawney Camp Includes:

Punxsutawney

Brookville Camp Includes:

Brookville

Brockway

Falls Creek

Reynoldsville

DuBois Camp Includes:

Clearfield

Sykesville

Treasure Lake

Penfield

Rockton

Curwensville

Camper's Name: _____

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.

**** 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 check that option instead. Drop off no earlier than 9AM

Camps run from 9:30am-2:00pm

Autism Camp: June 2-6 ____ check if self-transport

DuBois Middle School - Pickup 8:45/Drop-Off 2:35

CG Johnson Elementary - Pickup 9:15/Drop-Off 2:10

Brookville EUM Church - Pickup 8:15/Drop-Off 3:05

Falls Creek Catholic Church - Pickup 9:05/Drop-Off 2:20

Punxsutawney Shop n Save - Pickup 8:40/Drop-Off 2:45

Punxsy Camp: June 9-13 ____ check if self-transport

Punxsutawney Community Center - Pickup 8:30am daily/Drop Off 3:00

Brookville Camp: June 16-20 ____ check if self-transport

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

Hazen Church - Pickup 8:30/Drop-Off 3:00

Brockway Presbyterian Church - Pickup 8:45/Drop-Off 2:50

Falls Creek Catholic Church - Pickup 9:05/Drop-Off 2:30

Reynoldsville Parking Lot by RR Tracks - Pickup 9:15/Drop-Off 2:20

DuBois Camp: June 23-27 ____ check if self-transport

DuBois Middle School - Pickup 8:45/Drop-Off 3:00

Salem United Methodist Church - Pickup 8:45/Drop Off 2:45

Check if applicable: _____ **Self Transport (Can NOT drop off before 9:00 am)**

_____ **Wheelchair Bus Needed**

Camper's Name: _____

Please sign and return this set of forms to Director by 5/10

Camp Friendship Registration Form 2025

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 child 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 child 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 child 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 child requires assistance, this must be provided by parent.

Support Staff Workers: If your child requires support staff they must accompany your child 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 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 child'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 child:

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

During camp, your child will be participating in 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 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 and
additional site 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: _____

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 10, 2025 to Our Camp Director:**

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