**Please keep this form for your reference**

**\*RUN OR WALK FOR SOMEONE SPECIAL IS APRIL 14,2024 WITHOUT THE RUN THESE CAMPS WOULD NOT BE POSSIBLE. WE WOULD LOVE TO SEE YOU ALL AT THE SYKESVILLE TOWNHALL ON APRIL 14th REGISTATION 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 2024 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 your child’s 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.**

Participants will attend activities such as; art, music, nature, outdoor and physical education fun as well as exciting programs organized by our Camp Directors. Campers will also be joined by counselors/volunteers for the week at camp.

A morning and afternoon snack as well as a nutritious lunch will be provided each day. 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:

**Punxsutawney: June 3-7**

**DuBois: June 10-14**

**Brookville: June 17-21**

**Autism: June 24-28**

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 please send the application to the first camp they will attend and that director will forward the application onto the Autism Director as soon as the application is received**. If you have any questions regarding Camp Friendship, please call your camp director. I encourage you to consider Camp Friendship as a summer opportunity for your child.

Sincerely,

The Arc of Jefferson and Clearfield Counties

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

**\*Your child must have completed Kindergarten in 2024 in order to attend.**

**\*If your child plans to attend more than 1 camp, BOTH camps must be circled on this application and must be sent to the Director of the 1st camp they will 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(s) 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

**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.**

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

**Punxsy Camp: June 3-7**

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

Self Transport

**DuBois Camp: June 10-14**

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

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

**Brookville Camp: June 17-21**  
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

Self Transport

**Autism Camp: June 24-28**  
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

**Self Transport**

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

**Camp Friendship Registration Form 2024**

**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: \_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 with the children on Monday.

**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 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 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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, 2024 to Your Camp Director:**

Punxsy and DuBois Camp Director Brookville and Autism Camp Director

|  |  |
| --- | --- |
| Betsy Goss 814-952-8376 | Jeanine DiPietro 814-590-6514 |
| 384 Willow Road | 109 Shermerhorn Ave |
| Punxsutawney, PA 15767 | Punxsutawney, PA 15767 |
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