
Special Camp for Special Kids 2010

Camper Application and Cover Sheets

31641 La Novia
San Juan Capistrano, CA 92675
Phone: (949) 661-0108, ext. 699 Fax: (949) 661-8637
www.specialcamp.org



Thank you for your interest in Special Camp for Special Kids 2010! Please take a moment to read through the following information regarding the Camper application process.

The Priority Deadline is March 1, 2010. Returning your application by this deadline allows for our staff to thoroughly review all applicants and begin the enrollment process for those individuals who are accepted. After March 1st, Special Camp cannot guarantee that there will be Camper positions available. Please note that applications are considered in the order that they are received.

APPLICATION OVERVIEW AND HOUSE VISITS

Our staff uses the Camper Application to learn essential information about each camp participant. In addition, all new Camper families (and some returning camper families) will be contacted by our staff to arrange a house visit. Confirmation of acceptance is contingent upon this visit (and additional visits, if necessary). House visits provide our staff, the Camper, and their family with the invaluable opportunity to get to know one another prior to the start of camp. In addition, the house visit allows our staff to form the best Camper-Counselor pairing possible. **Please note: both the Camper applicant and a parent or guardian must be present for the entire house visit.**

A copy of the application is given to the Camper's Counselor, who uses the information in determining the best means to assure that the Camper gets the most out of the Special Camp experience. Since diagnoses change and we have new staff members and volunteer Counselors each year, we ask that you thoroughly and clearly fill out the Camper application.

You will be notified via email once your application has been received by the Special Camp office. **Please provide a reliable email address at which you can receive updates and other communications from Special Camp.** Confirmations of acceptance will be sent via US Mail at a later date.

TUITION AND SCHOLARSHIPS

As of 2008, Special Camp for Special Kids is not a Regional Center Vendor. If you are a Regional Center Client and have respite hours, the Regional Center will reimburse you for the Camper's time spent at Special Camp. Please contact your caseworker for more information. **Camper tuition should be submitted with the application.** Please make checks payable to Special Camp for Special Kids. **All balances must be paid by Tuesday, June 1, 2010 and tuition becomes non-refundable thereafter.**

*****Please retain this page for your records*****

The Camper tuition fees are \$325 per session. This fee is used to partially underwrite the cost of meals, transportation, and activities at Special Camp. A Special Camp t-shirt is included with the cost of tuition.

Need-based Camper tuition scholarships are available. Please contact Lindsay Eres, Executive Director at (949) 661-0108, ext. 226 or via email at Lindsay.Eres@smes.org to receive a Scholarship Request Form.

SUPPLEMENTAL APPLICATION INFORMATION REGARDING THEME PARKS

When completing the **Theme Park** section of the application, please keep in mind the following:

- Campers are placed in small groups led by a staff member while at theme parks.
- These small groups are determined by the Camper's stated interest at theme parks.
- In the "Other Comments" section, please list any specific rides or types of rides the applicant should avoid.
- Please also use the Theme Park section to state whether or not your child will need to rent a stroller or wheelchair (specify which of these) or if you will be sending a personal stroller or wheelchair for use at a theme park.

CHOOSING A CAMP SESSION

Space in the sessions is limited. Please indicate your preference of sessions by labeling each session as your 1st, 2nd, 3rd, and 4th choice. If the applicant is unable to attend a session, label such session "n/a". Special Camp will make every effort to place Camper applicants in their preferred session. Due to the 2007 addition of a 4th session of camp, Special Camp can now accommodate a small number of camper applicants interested in participating in two sessions. Consideration for an extra session of camp is based on the order in which we receive the application, but not guaranteed.

By submitting the application, you are agreeing to commit for your entire session(s) of camp, should you be accepted. If you are unable to attend for any period of time, you will need to make prior arrangements with the Executive Director. **Notification of planned absences must be made by Tuesday, June 1st. Failure to do so may result in the Camper applicant's acceptance being rescinded.**

COUNSELOR SELECTION PROCESS

All Counselors are required to submit an application and a letter of recommendation to Special Camp. Prior to being accepted, each new Counselor is interviewed by a Special Camp staff member. Counselors also attend a mandatory Training Seminar led by our Counselor Coordinator and staff. Please contact Lindsay Eres, Executive Director, if you have any other questions regarding our Counselor selection process.

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IMPORTANT DATES AND TIMES

Special Camp New Family Orientation

Tuesday, June 22, 2010

7:00pm – 8:00pm

Session One
July 19 – 23, 2010

Session Two
July 26 – 30, 2010

Session Three
August 2 – 6, 2010

Session Four
August 9 – 13, 2010

Tentative Camp Hours:

Monday: 9:00am – 4:00pm

Tuesday: 9:00am – 4:00pm

Wednesday: 9:00am – 4:00pm

Thursday: 8:00am – 5:00pm

Friday: 9:00am – 5:30pm*

**Evening Family Picnic and Award Ceremony,
All Sessions: Friday 4:00pm – 5:30pm*

Volunteer Counselors:

Please see Counselor Application and Cover Sheets for important dates and information

CONTACT INFORMATION

Mailing Address: Special Camp for Special Kids
31641 La Novia
San Juan Capistrano, CA 92675

Web Address: www.specialcamp.org

Phone Number: (949) 661-0108, ext. 699*
**When calling during business hours (M-F 8am-4pm), please ask the St. Margaret's receptionist to connect you to Special Camp.*

Fax Number: (949) 661-8637*
**Special Camp shares a fax machine with St. Margaret's School. Please send a cover letter indicating that the fax is for Special Camp.*

Office Hours: January 1 – June 11, 2010: By appointment only
June 14 – August 18, 2010: 8:00am – 5:00pm

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ADMINISTRATION AND STAFF

Executive Director:	Lindsay Stump Eres <i>B.A., University of Southern California</i>
Camp Operations Director:	Stefani Baker <i>B.A., Cal State University San Marcos</i>
Nursing Director:	Patty Canright, RN <i>B.S.N., University of Arizona</i>
Asst. to the Directors:	Jessica Benes <i>B.S. Candidate, University of California, Davis</i>
Counselor Coordinator:	Carly Andler <i>B.A., Washington University in St. Louis</i>
Camper Coordinator:	Kristin Collier <i>B.A., Trinity College</i>
Asst Camper Coordinator:	Chrissie Massrey <i>B.A. Candidate, Tufts University</i>
Special Events Coordinator:	Laura Redmond <i>B.A. Candidate, University of California, Berkeley</i>
Activities Coordinator:	Katherine Clark <i>Dana Hills High School</i>
Camp Historian:	Michael Friedman <i>St. Margaret's Episcopal School</i>

SENIOR COUNSELORS

****To be announced June 2010****

VOLUNTEER COUNSELORS

The volunteer Counselors work one-on-one with the Camper participants. They are 200 of the best and brightest high school & college students from Orange County and beyond!

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CAMPER'S INFORMATION

Please be as detailed as possible. We have new volunteer Counselors and staff members each year.

What is the medical diagnosis of the disability? _____

Primary Diagnosis: _____ Date Diagnosed: _____

Secondary Diagnosis: _____ Date Diagnosed: _____

Extent and degree of disability (describe fully): _____

When was the onset of the disability (year and cause, if known)?: _____

COMMUNICATION

Check the statements that best describe the applicant's communicative ability:

_____ uses a communication board _____ only uses signs _____ uses signs and a few words

_____ uses only a few words _____ sometimes uses sentences _____ talks in sentences

If the applicant is non-verbal, does s/he use any special signs? _____

HEARING

Check the statements that best describe the applicant's hearing ability:

_____ hears well _____ wears a hearing aid _____ hearing impaired (fully)

Other comments pertaining to hearing and speech: _____

VISION

Check the statements that best describe the applicant's vision:

_____ wears glasses/contacts lenses _____ partially sighted _____ legally blind

Other comments pertaining to vision: _____

SPECIAL APPLIANCES

Does the applicant wear or use any special appliances? (circle one): Yes No

If so, please explain: _____ (ex: leg brace, colostomy bag, etc.)

WALKING

Check the statements that best describe the applicant:

_____ can walk independently _____ needs support to walk _____ uses a cane
_____ uses a walker _____ uses a wheelchair _____ is not ambulatory

DRESSING AND UNDRRESSING

Is assistance needed with dressing and undressing? (circle one): Yes No

If so, please explain how to best assist the applicant: _____

TOILET NEEDS AND PERSONAL CARE

Is the applicant toilet trained? (circle one): Yes No

Does the applicant wear diapers? (circle one): Yes No

Please give complete instructions if the applicant needs assistance: _____

Is there anything else regarding personal care that we should know? _____

CAMP ACTIVITIES

Please indicate the applicant’s experience with the following activities. How does s/he respond? Is s/he hesitant?
Please provide any information that would be helpful for our staff.

Theme parks, aquarium, zoo: _____

Beach activities: _____

Bowling: _____

Presentations and shows (stories, puppets, animals, magic): _____

Arts & crafts, sports, and games: _____

Information about other activities worth noting: _____

Please list any camp activities the applicant should not attempt (Doctor’s counsel): _____

THEME PARKS

****Please see application information sheets for important information****

Please indicate the applicant's interests at theme parks (circle all that apply):

- | | | | |
|----------------------------|----------------|-------------|------------|
| High Speed Roller Coasters | Moderate Rides | Water Rides | Dark Rides |
| Kids Rides | Shows | Arcades | Shops |

Will the applicant require a rented stroller or wheelchair for use at a theme park? (circle one): Yes No

OR, I will send a personal stroller or wheelchair for use at a theme park (circle one): Yes No

Are there any other difficulties the applicant might experience at a theme park? (ex: fear of crowds, automatic toilets; etc.)

Other comments: _____

SWIMMING

Is the applicant able to swim? (circle one): Yes No

Does the applicant fear the water? (circle one): Yes No

Has the applicant been to the beach recently (past 2 years)? (circle one): Yes No

Other comments: _____

OTHER PERSONAL INFORMATION

Please be thorough as this information is extremely helpful for our staff.

What are the applicant's hobbies and interests? _____

Has the applicant previously attended another camp or summer programs? (circle one): Yes No

If so, please describe how he or she reacted to the experience: _____

SCHOOL/EMPLOYMENT INFORMATION

Does the applicant attend school? (circle one): Yes No If so, where?: _____

Is the applicant employed? (circle one): Yes No If so, where?: _____

COUNSELOR PREFERENCE

****Please note that we cannot guarantee that you will receive your preference****

_____ No Preference _____ Female _____ Male

What type of volunteer Counselor would be ideal for the applicant? Please explain characteristics and other notable skills and attributes. Are there any characteristics of past Counselors that did or did not work well with the applicant?

GENERAL INFORMATION

Are there any behavioral concerns with the applicant? How is this best handled? Does the applicant have any particular fears (ex: habits, responses to particular environments, significant verbal patterns, or situations that might cause distress)? Are there any particular behaviors that you would like our staff and your child's volunteer Counselor to discourage?

How can the volunteer Counselors and our staff best help the applicant have a good time? What will be helpful for us to know in order to help the applicant grow, learn, and enjoy his or her Special Camp experience?

Other comments: _____

DIETARY NEEDS

Please provide any information about the applicant’s dietary needs.

****Please note that applicants with special diets are asked to bring their own lunch and snacks****

To what extent will the applicant need help with eating? _____

MEDICATION

Additional medical forms must be completed if the applicant will be taking medication during camp or is identified as having other special needs. Upon acceptance, these forms will be enclosed in your confirmation packet.

Please indicate any medication(s) the applicant currently takes or will be taking during camp. Please notify our staff immediately if any medication changes occur after you send in this application. **Please also notify our staff if the medication changes result in behavioral changes.**

Name of Medication	Dosage Time(s)	Administered during camp hours? <i>(circle one)</i>
		Yes / No
		Yes / No
		Yes / No
		Yes / No

Is it possible that the medications might change prior to Special Camp 2010? *(circle one)*: Yes / No

ALLERGIES

Please list any known allergies.

Allergy	Reaction	Method of Treatment <i>(medication?)</i>

CONDITIONS AND TERMS

Special Camp for Special Kids is open to persons of all races, religions, ethnic, and economic backgrounds with the limitations to providing such opportunities being the following:

- 1) The camp is capable of ensuring a safe atmosphere equally for all participants.
- 2) Those the camp finds to be "medically fragile" may not be accommodated.
- 3) The camp's financial and physical capacity allows for Campers and Counselors to be admitted to the program.

Applicants to the program must demonstrate the following:

- 1) An ability to participate in camp activities;
- 2) An ability to interact with others in the camp (careful emphasis is placed on the Camper's ability to work and interact with their Counselor;
- 3) An ability to attend camp with minimal specialized care which shall not interfere with camp operations;
- 4) The Camper will be six (6) years of age by the commencement of the camp sessions;
- 5) The Camper will not be over twenty-one (21) years of age by the commencement of the camp sessions.

The Executive Staff and Nursing Director of Special Camp for Special Kids review all applications prior to acceptance. The Executive Staff and Nursing Director reserve the right to decline an applicant's admittance to the program for the above stated reasons.

I hereby give my consent for my child to attend Special Camp for Special Kids at St. Margaret's Episcopal School. In consideration for acceptance of the above-named Camper, I hereby release and waive any claim or cause of action which may accrue against Special Camp for Special Kids at St. Margaret's Episcopal School and any employee of either one, and any person acting with permission of either, arising out of an injury and/or loss to the person or property of such child during his/her stay at the camp; in transit to and from said camp, or during an activity approved by any said persons, and I agree to assume all liability for any claims which said child in his/her personal capacity might have against any said persons for injury as herein stated.

I hereby agree and abide to the policies and guidelines of the Special Camp for Special Kids program. I understand that anyone demonstrating behavior that is threatening in nature or inflicts physical or mental harm, whether to themselves or to others, will be expelled from the camp and prohibited from attending any camp function. Special Camp for Special Kids reserves the right to rescind enrollment for such behavior without refund.

I hereby give consent for my child to be photographed for use in proper interest of the camp, or in the case of an adult applicant, I hereby agree for photos to be taken for use as above.

I hereby understand this is an application for admittance to be a Camper at Special Camp for Special Kids and that acceptance is not guaranteed. Furthermore, I understand that my admission is contingent upon my application, a house visit(s) (if necessary), and review by the Special Camp Executive Staff.

Tuition is non-refundable as of Tuesday, June 1, 2010.

Signature of parent,
responsible guardian,
or independent adult applicant: _____ Date: _____

CONTACT AND EMERGENCY INFORMATION

Applicant's Name: _____ Home Phone: _____

Other Phone: _____

Mother's Name: _____ Cell Phone: _____

Work Phone: _____

Other Phone: _____

Father's Name: _____ Cell Phone: _____

Work Phone: _____

Other Phone: _____

PLEASE PROVIDE TWO (2) EMERGENCY CONTACTS OTHER THAN THE PARENTS/GUARDIANS

The individuals listed must be available and willing to help if the parents/guardians cannot be reached

If the parents/guardians cannot be reached in the case of an emergency, Special Camp should notify:

Name: _____ Relationship to the applicant: _____

Home Phone: _____ Cell Phone: _____ Work/Other Phone: _____

Address: _____
Number Street City State Zip

Name: _____ Relationship to the applicant: _____

Home Phone: _____ Cell Phone: _____ Work/Other Phone: _____

Address: _____
Number Street City State Zip

INSURANCE

List below all Health and Accident Insurance Policies (including Medicare and Medicaid), which cover the individual applying for camp.
