



CAMP SOAR
REGISTRATION/APPLICATION INFORMATION
August 7-11 and 14-18, 2017
8:30am – 5:00pm

Dear Applicant, Parent(s), and Teacher(s):

Thank you for your interest in YMCA Camp Soar. **Camp Soar is a special week of day camp for teens with mild/borderline cognitive disabilities, ages 13-19.** Camp Soar combines traditional camp activities and special group activities into a structured daily setting. Special attention is paid to peer relations, building self-confidence, and learning new skills. Campers will be bussed from the Stevens Point Area YMCA departing at 9:00am to Camp Glacier Hollow and then return to the YMCA at 4:30pm. Before care is available in the YMCA gym starting at 8:30am and after care is available until 5:00pm also in the YMCA gym.

As a pilot program space is limited and acceptance is not guaranteed.

The Camper must meet the following general and specific guidelines:

- Ages 13-19 at camp time, who meet all the following requirements:
 - a) Educational placement in a program serving the cognitively disabled, or receiving other support services.
 - b) Educationally or socially functions as having a mild/borderline cognitive disability.
- Socially and behaviorally can be managed with a 1:5 staff to camper ratio.
- All campers must be fully toilet trained and independent in their self-care skills.

We are planning an exciting two weeks and hope that you will be able to join us. This letter and the enclosed application form will help you complete your application. **Scholarship assistance is available.**

REGISTRATION/APPLICATION PROCESS

1. Please complete and return:

- the four-page application form including parental permission for school information
- a copy of campers most recent IEP
- the Day Camp Health History and Care Form and Immunization Record
- and a **\$50 non-refundable deposit per week**

After we receive all of the above, a spot will be reserved for your child. If camp is full or for some reason your child is not accepted, your deposit will be refunded. **Since enrollment is limited to 8 campers, it is important that you return these materials promptly.**

2. We may also ask for school teacher feedback and information so that we can determine as closely as possible whether or not your child has needs which we can meet. We will notify you of your child's acceptance to camp as soon as we review the IEP and school information.

3. After your child has been accepted we will be sending general information, arrival and departure times, a list of things to bring, and additional information on camper medication.
4. **Weekly Fee: Price A: \$300 Price B: \$250 Price C: \$200** (YMCA Members Receive a \$15 discount.)
The \$50 deposit is applied to your balance due. Balance is due (4) four weeks prior to camp.

CHOOSE THE PRICE TIER YOU CAN BEST AFFORD.

We understand that different families have differing abilities to pay, so we have three pricing levels to better accommodate all financial needs. Please consider selecting the highest tier you can afford to allow YMCA Camp Glacier Hollow to best stretch our funding and continue to improve the quality of each camper's experience.

- **Price C** is our historically subsidized rate, which does not represent the true cost of camp, but has been our standard rate.
- **Price B** is a partially subsidized rate, but more clearly reflects the actual cost of camp.
- **Price A** most accurately reflects the cost of YMCA Camp Glacier Hollow.

Our Tier Pricing Program in no way influences the experience your child(ren) will receive! We simply feel it is important to share with parents the true costs of YMCA Camp Glacier Hollow and give families the opportunity to decide how much they can contribute toward their child's camp experience. **As always, further financial assistance is available for families through the YMCA Annual Campaign, United Way, and Y Camp Trust Fund.**

5. If the YMCA were to cancel Camp, a full refund will be given. If you cancel, the YMCA will return all but your deposit (if the cancellation is made (4) four weeks prior to camp). After four weeks refunds may not be available. **If you need to cancel please notify us immediately, so we can try to fill that reserved spot.**

Again, thank you for your interest in Camp Soar. We encourage you to apply soon as camp will fill quickly. If you have any questions regarding the application or other specific information about the program please feel free to contact us.

Hope to see you this summer!

Sincerely,

Pete Matthai
Camp Director
pmatthai@spymca.org





Stevens Point Area YMCA – Camp Glacier Hollow

CAMP SOAR – Registration/Application



Fully complete and return this registration/application form along with the required deposit to:
Stevens Point Area YMCA, 1000 Division Street, Stevens Point, WI 54481 (715) 342-2980 ext. 308

Check the weeks you are interested in:

- Monday- Friday August 7-11, 2017** **Monday- Friday August 14-18, 2017**

Please Print Clearly

Date of Application: _____

I. CAMPER/PARTICIPANT INFORMATION

Full Name _____ **Birth Date** _____ **Age** ____ M F

Street Address _____

City _____ **County** _____ **State** ____ **Zip** _____

Home Phone _____ **Email** _____ **Height** _____ **Weight** _____

II. PARENT/GUARDIAN/FAMILY INFORMATION

First Parent Name _____ **Second Parent Name** _____

Home Address _____ **Home Address** _____

City _____ **State** ____ **Zip** _____ **City** _____ **State** ____ **Zip** _____

Workplace _____ **Workplace** _____

Day Ph. _____ **Home Ph.** _____ **Day Ph.** _____ **Home Ph.** _____

Child resides with: Mother Father Foster Family Group Home Residential Facility

III. SCHOOL INFORMATION (Clarification on the following information can be made by contacting your child's teacher.)

Name of school attending now _____ **Grade at present time** _____

Street Address _____

City _____ **County** _____ **State** ____ **Zip** _____

School Phone (____) _____

Name of regular class teacher _____ **Name of special class teacher** _____

In what special program(s) is your child enrolled? (i.e. LD, ID/CD, ED,EBD, OHI, Title 1, or other...) _____

What type of service is child receiving? (i.e. Resource Room, Special class with integration, Self-contained, Supplemental help in mainstream, or other...) _____

About how much time per day is your child in a special program? (reading, math, language, other...) _____

IV. ADDITIONAL CAMPER INFORMATION

Please check off all statements that apply. You may check off as many as are needed, unless otherwise specified. Please answer thoroughly; giving examples as needed. Use and attach additional paper if necessary.

Has your child ever attended a camp? If yes, list camp name, place & dates: _____

I am a returning camper at Camp Glacier Hollow. This is my _____ year.

Does the camper read? Yes No Does the camper write? Yes No

Does the camper get along well with persons his/her age? Yes No

What are the camper's interests? _____

Activities

<input type="checkbox"/>	Swims well	<input type="checkbox"/>	Cannot swim, but will go into the water	<input type="checkbox"/>	Good fine motor skills
<input type="checkbox"/>	Will not get into water willingly	<input type="checkbox"/>	Fears water	<input type="checkbox"/>	Poor fine motor skills

Favorite outdoor activities are: _____

Favorite indoor activities/games are: _____

Activities camper does not like are: _____

Participation Level

<input type="checkbox"/>	Has typical attention span for his/her age	<input type="checkbox"/>	Has a very short attention span
<input type="checkbox"/>	Is under active (needs motivation to participate)	<input type="checkbox"/>	Is overactive
<input type="checkbox"/>	Stays with group	<input type="checkbox"/>	Tends to wander

Please describe how you manage his/her activity level, motivate participation, etc: _____

If wanders, what are ways to redirect their attention? _____

Mobility

<input type="checkbox"/>	Walks/runs independently	<input type="checkbox"/>	Needs assistance walking/running	<input type="checkbox"/>	Needs assistance on steps
<input type="checkbox"/>	Uses a walker	<input type="checkbox"/>	Wears AFO's or braces on legs	<input type="checkbox"/>	Uses wheelchair

Mobility Comments: _____

Communication

Verbal Non-Verbal Sign Language Gestures Language Device

Does the camper understand/respond to questions? Yes No

Can camper communicate his/her needs and wants? Yes No

Further instructions regarding communication: _____

Toileting & Dressing	Independently	With verbal cues	Some assistance	Total assistance
Uses toilet				
Putting on/taking off shirt				
Putting on/taking off shoes				
Putting on/taking pants				
Menstrual care (females only)				

Describe any assistance needs checked above: _____

Behavior/Social Interaction (please check all that apply)

<input type="checkbox"/> Outgoing	<input type="checkbox"/> Happy	<input type="checkbox"/> Initiates conversations	<input type="checkbox"/> Is a leader
<input type="checkbox"/> Helpful	<input type="checkbox"/> Eager to learn new things	<input type="checkbox"/> Enjoys social gatherings	<input type="checkbox"/> Uses appropriate touch
<input type="checkbox"/> Shy/withdrawn	<input type="checkbox"/> Unsure of new situations	<input type="checkbox"/> Needs continuous direction	<input type="checkbox"/> Able to accept responsibility
<input type="checkbox"/> Gets upset easily	<input type="checkbox"/> Self abusive	<input type="checkbox"/> Verbally aggressive/demanding	<input type="checkbox"/> Physically aggressive

Please describe in detail these or any other challenging behaviors we should know about: _____

Do you have specific ways of handling behaviors described above (time-outs, charts, 1-2-3, etc)? _____

What usually triggers challenging behaviors? _____

What are two or three effective rewards? _____

Nutrition

<input type="checkbox"/>	Can use utensils independently
<input type="checkbox"/>	Uses special utensils (please label and send to Camp)
<input type="checkbox"/>	Needs assistance serving food to self

<input type="checkbox"/>	Eats well
<input type="checkbox"/>	Has a poor appetite
<input type="checkbox"/>	Needs food cut

<input type="checkbox"/>	Overeats
<input type="checkbox"/>	Serves food to self
<input type="checkbox"/>	Needs help eating

- Is there anything else you feel our staff should know about your child? (Learning strengths and weaknesses, family situation, toilet habits, fears, medical/physical/behavioral conditions, etc...) Please be specific.

V. PARENTAL/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY DIRECTIONS:

Please carefully read and initial each parent/guardian consent section listed below, then sign and date on the "parent/guardian signature" line at the bottom of page.

PARENT/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY

____ **Initial Section #1: REASONABLE ACCOMMODATIONS CLAUSE:** Children with special needs or challenges will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or the child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child requires an unusual amount of one-on-one attention, whether due to special needs or behavior, my child may be removed from the program without refund.

____ **Initial Section #2: MEDICAL RELEASE:** In the event I cannot be reached, I give consent for YMCA staff to act on my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of all medical services rendered.

____ **Initial Section #3: RELEASE FROM LIABILITY:** I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment, and programs. However, participants and parents of children must recognize and accept that there are inherent risks when choosing to participate in day camp or any YMCA program; risks that could cause sickness, injury or death. I agree that my child's participation in the YMCA programs shall be undertaken at his/her sole risk, and that the YMCA and Camp Glacier Hollow, its directors, employees, volunteers, and agents shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or causes of action whatsoever, to my child or his/her property, arising out of or connected to participation in Day Camp including but not limited to transportation services, camping, canoeing/kayaking, hiking, swimming, biking, rock climbing, fishing, horseback riding/grooming, and other camp activities. I agree to hold harmless and indemnify the YMCA and Camp Glacier Hollow, its directors, employees, volunteers, and agents from any and all liabilities and claims resulting from participation in this program.

____ **Initial Section #4: PHOTOGRAPHIC/MEDIA RELEASE:** I give my permission for my child to appear in media coverage approved by the YMCA and for the YMCA to use photographs and video of my child for promotional purposes and social media.

____ **Initial Section #5: FIELD TRIP & TRANSPORTATION PERMISSION:** I give permission for my child to participate in walking, bus and YMCA Van field trips. I give permission for my child to be transported for field trips or any regular scheduled vehicle transportation.

____ **Initial Section #6: SUNSCREEN/REPELLANT:** I give permission for my child use sunscreen (NO-AD SPF30) and insect repellent (OFF Skintastic with 5% DEET) provided by the YMCA and/or the brands listed here (to be provided by me) and for my child to receive application assistance as needed. Sunscreen _____ SPF _____ Insect Repellent _____ DEET% _____

____ **Initial Section #7: PARENT HANDBOOK:** I have had an opportunity to review the parent handbook and policies of this child care center/day camp and a summary of the WI Rules for Licensing Child Care Centers. I have read the information and agree to abide by the policies and procedures therein.

____ **Initial Section #8: Pets:** I have been informed of the pets in the center and their degree of contact with my child. I will be informed by the YMCA if pets are added prior to the pet's addition to the center.

____ **Initial Section #9: PARTICIPANT ENROLLMENT ACCEPTANCE:** I hereby apply for a reservation for my child as a program participant. I agree to pay the total camp fee on or before the payment due date. Failure to pay by the due date may forfeit my application and deposit. Furthermore, if my child is forced to leave the program due to illness, injury, or inappropriate behavior a refund may not be available. Children must be picked up from camp at 6:00pm or I understand that an overtime fee of \$5 for every additional 15 minutes will be charged. YMCA membership must be valid at the time of registration and maintained through the program dates to receive member rates.

____ **Initial Section #10: ACCURATE/COMPLETE INFORMATION:** I hereby state that the information is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child's registration and/or participation in YMCA programs.

I have carefully read and initialed each of the above parent/guardian consent sections. I fully understand that by signing this form I have given my parent/guardian consent for my child on all sections contained within.

Participant Name – Please Print _____ Parent/Guardian Signature _____ Date _____

VI. SCHOOL RELEASE FORM and PAYMENT INFORMATION

A copy of the information form below may be sent to your child's school as described. Please print clearly and give complete information.

RELEASE OF SCHOOL INFORMATION FORM

Complete Name of School _____

Full Name of Principal _____

School Address _____

City _____ County _____ State _____ ZIP _____

School Phone (____) _____ School Fax (____) _____

Name of Student _____ Grade _____

I give permission for the above School and its staff to share information and provide copies of psycho-educational information, IEP's and other reports of the named student to YMCA Camp Soar. I also give permission for YMCA Camp Soar to send reports to my child's school.

Parent/Guardian Signature _____ Date _____

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Stevens Point Area YMCA – Camp Soar
 1000 Division Street, Stevens Point, WI 54481
 (715) 342-2980 ext. 308

pmatthai@spymca.org www.glacierhollow.com

PAYMENT INFORMATION <i>(Please see brochure or web site for information on fees or scholarships.)</i>	
Please Circle Price Option: A B or C \$ _____ YMCA Member Discount (\$15/week): \$ _____ TOTAL DUE: \$ _____	
All YMCA members are eligible for a \$15 / week member discount. Complete this information. <input type="checkbox"/> Participant is a YMCA Member. YMCA & Phone # _____ Member # _____ Exp. Date _____	(\$50/Week Deposit Required) Total Paid Now: \$ _____ <input type="checkbox"/> Charge My: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Amount: \$ _____ Card #: _____ Exp. Date: _____ Signature: _____

OFFICE USE ONLY

Date Deposit Received _____ \$ _____ Application Received _____

Payment Plan Dates _____ \$ _____ School Request & Parent Lt. Sent _____

Payment Plan Dates _____ \$ _____ School Info Received _____

Payment Plan Dates _____ \$ _____ Confirmation/Decline Sent _____

Payment Plan Dates _____ \$ _____ Final Mailing Sent _____

Date Paid in Full _____ \$ _____ Health Form Received _____
