

Step #1**CAMP FAIRLEE**

Easter Seals Delaware and Maryland's Eastern, Inc.

22242 Bay Shore Rd. Chestertown, MD 21620

Voice 410-778-0566 Fax 410-778-0567

Email: Fairlee@esdel.org Web: www.de.easterseals.com/fairlee

SUMMER RESPITE REGISTRATION FORM**Participant Information (Please print clearly or type)**

First Name	Last Name	<input type="checkbox"/> New Participant	<input type="checkbox"/> Returning Participant
Address			
City	State	Zip	County
Birthdate		Age	
Male/Female		Height	Weight
Ethnic Origin (Optional-please check one) <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other			

☐ Parent ☐ Guardian ☐ Care Provider Information (Please check one)

Name		
Home Phone	Cell Phone	Work Phone
Email Address:		

Emergency Contacts

Name	Relationship
Home Phone	Cell Phone Work Phone
Name	Relationship
Home Phone	Cell Phone Work Phone

2015 Summer Respite Camp Dates

Sessions are organized according to age.

Please check the session or sessions the participant wishes to attend.

- | | | | |
|---|-------------------------------|--------------------------------------|---|
| <input type="checkbox"/> June 21-26, 2015(6 day) | Adults 21+ | <input type="checkbox"/> \$1225(3:1) | <input type="checkbox"/> \$1825(1:1) |
| <input type="checkbox"/> June 28-July 3, 2015(6 day) | Autism(1:1)(6-21) | <input type="checkbox"/> \$1825 | <input type="checkbox"/> 79 Autism Waiver Hours |
| <input type="checkbox"/> June 28-July 3, 2015(6 day) | Adult Daily Adventure | \$1800(3:1 only) | |
| <input type="checkbox"/> July 5-10, 2015(6 day) | Adults 21+ | <input type="checkbox"/> \$1225(3:1) | <input type="checkbox"/> \$1825(1:1) |
| <input type="checkbox"/> July 5-10, 2015(6 day) | Youth Wilderness Camp | \$575(3:1) | |
| <input type="checkbox"/> July 12-23, 2015 | Youth/Adult (12 day) | \$2400(3:1) | |
| <input type="checkbox"/> July 12-17, 2015 | Week 1 Only(6 day) | <input type="checkbox"/> \$1225(3:1) | <input type="checkbox"/> \$1825(1:1)3 slots |
| <input type="checkbox"/> July 18-23, 2015 | Week 2 Only(6 day) | <input type="checkbox"/> \$1225(3:1) | <input type="checkbox"/> \$1825(1:1)3 Slots |
| <input type="checkbox"/> July 13-17, 2015(5 day) | Day Camp(6-21) | \$400 (Kent County, Maryland Youth) | |
| <input type="checkbox"/> July 26-30, 2015(5 day) | Youth (6-21) | <input type="checkbox"/> \$1030(3:1) | <input type="checkbox"/> \$1530(1:1) |
| <input type="checkbox"/> August 2-7, 2015(6 day) | Adults 21+ | <input type="checkbox"/> \$1225(3:1) | <input type="checkbox"/> \$1825(1:1) |
| <input type="checkbox"/> August 9-14, 2015(6 day) | Autism(1:1)(6-21) | <input type="checkbox"/> \$1825 | <input type="checkbox"/> 79 Autism Waiver Hours |
| <input type="checkbox"/> August 9-14, 2015(6 day) | Youth Daily Adventure (13-21) | \$1800(3:1) | |
| <input type="checkbox"/> August 16-20, 2015(5 day) | Adults 21+ | <input type="checkbox"/> \$1030(3:1) | <input type="checkbox"/> \$1530(1:1) |
| <input type="checkbox"/> August 16-20, 2015(5 day) | Adult Wilderness Camp | \$500(3:1) | |
| August 24-29, 2015(5 day) Adult Travel Trip(21+) (see website for more information and registration) | | | |

Referral Information ***Please complete....even if you are a returning participant.***

Name of Friend/Caseworker/Coordinator:

Agency:

Address:

Phone:

PAYMENT INFORMATION AND OPTIONS. Please check all that apply. This section must be completed and signed.☐ Choice 1: Full Payment Enclosed☐ Choice 2: \$50 deposit enclosed (for each session choose)☐ Choice 3: Paying by credit card. (Visa, MasterCard, Discover, and American Express) Please call with card information.☐ Choice 4: Paying balance monthly. (Must be confirmed with Administration and paid by December 1, 2013.)☐ Choice 5: Autism Waiver (A copy of your Plan of Care must be submitted to Camp with the number of hours needed.)

Amount Enclosed \$ _____ Balance left to be paid \$ _____

Signature of individual responsible for payments/balance _____

We encourage you to contact clubs, businesses, organizations and agencies for funding assistance. Please note: If a funding source is paying your deposit and or balance, a completed **Letter of Intent must be on file.**

☐ Choice 6: Balance to be paid by an agency or organization. (Please complete information below.) \$ _____☐ Choice 7: Deposit and balance to be paid by an agency or organization. (Please complete information below.) \$ _____

Agency/Organization Name _____ Contact Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

WAIVER AND RELEASE (Must have a signature in order to process the application.)

This document must be signed by either the participant and or the parent or legal guardian if applicable. All references to the participant include the parent or legal guardian.

As a condition of participation in the summer camp program, the participant agrees to the following:

Participant acknowledges that a wide variety of activities will be conducted, including swimming. Participant acknowledges that some of the activities may subject him/her to certain stresses and hazards not all of which can be foreseen. Participant desires and consents to take part in all such activities unless otherwise indicated in writing prior to the summer camp program. Participant assumes all the risks incident to the nature of the activities to be conducted and agrees that neither Easter Seals Delaware and Maryland's Eastern Shore, Inc., nor any of its representatives shall be held responsible for any damages or injuries resulting to the participant in the program in the event the program staff determine that the participant cannot meet the program eligibility requirements. Supervision and transportation resulting from dismissal of such participant are the responsibility of the participant.

Participant understands that Easter Seals and its representatives are not responsible for loss or damage to the personal property and possessions of the participant.

Participant is liable for any damage to the property of Easter Seals resulting from the acts of the participant.

Participant consents to the use of any film/photographs/video taken during the program, whether for advertising, social media, promotion and/or publicity purposes by Easter Seals unless otherwise indicated in writing prior to the program. The participant waives all claims of compensation for such use.

Permission is granted for participant to attend all program field trips upon notification. Participant acknowledges that transportation may be provided for program related purposes in a vehicle provide by Easter Seals and its representatives. It is the participant's responsibility to adhere to all safety requirements (using seat belts and remaining seated).

Participant represents that all of the information provided in this application, including the health forms, is true and correct and that Easter Seals and its representatives have full right and authority to rely on the information contained therein. Participant further recognizes that Easter Seals and its representatives reserve the right to reject any participant in the event of the failure or refusal of the participant to accurately complete and sign all of the required documents.

I have read and fully understand the program details, waiver and release.

Signature of Parent/Guardian

Date

Signature of Participant (18 or Older)

Date

Schedule and Descriptions

Adult Respite Week	June 21-26, 2015	6 Day	21 and over
Campers enjoy swimming, arts and crafts, sports and games, fishing and canoeing, evening activities and much more. 3:1 Ratio and 1:1 Ratio (limited slots)			
Autism 1:1/Youth Respite Week	June 28– July 3, 2015	6 Day	6-21
A session for youth with Autism or youth that require 1:1 supervision and care. Campers also enjoy the same traditional activities, swimming, canoeing, arts and crafts, sports and games, high ropes, fishing, horseback riding and special evening activities. 1:1 Ratio			
Adult Daily Adventure	June 28-July 3, 2015	6 Day	18+
A daily adventure will be taken off camp grounds each day to the beach, amusement park, baseball game or some exciting destination. 3:1 ratio			
Adult Respite Week	July 5-10, 2015	6 Day	21 and over
Campers enjoy swimming, arts and crafts, sports and games, fishing and canoeing, evening activities and much more. 3:1 Ratio and 1:1 Ratio (limited slots)			
Youth Wilderness Adventure Camp	July 5-10, 2015	6Day	6-21
A true wilderness/outdoor camp experience. Campers will be staying in a rustic screened-in cabin without electricity. campers will learn outdoor living skills and cook one meal per day on the open fire, learn safety skills and hike at the nearby wildlife nature preserve. Campers will shower, swim and participate in other camp programs on the main campus. 3:1 ratio			
Youth/Adult 12 Day Respite	July 12-23, 2015	12 Day	6 and over
A 11 night stay. Traditional camp activities will be the highlight of the stay, arts and crafts, sports and games, high ropes, swimming, and canoeing. Evening activities ie; dances, game night, murder mystery, camp fires, hayrides and much more. 3:1 ratio			
Week 1 only	July 12-17, 2015	6 Day	
For the participant who would like to only stay for 6 day's. 3:1 Ratio and 1:1 Ratio (limited slots)			
Week 2 only	July 18-23, 2015	6 Day	
For the participant who would like to only stay for 6 day's. 3:1 Ratio and 1:1 Ratio (limited slots)			
Day Camp	July 13-17, 2015	5 Day	6-21
This camp is for local youth of Kent County, MD. A day camp from 9am-3pm. Participants will be picked up and dropped off at a predetermined site in Chestertown, with special arrangements. 3:1 ratio			
Youth Respite Week	July 26-30 31, 2015	6 5 Day	6-21
A traditional camp week for adults. Campers will enjoy relaxing, arts and crafts, swimming, canoeing, high ropes and fun evening activities. 3:1 ratio and 1:1 ratio (limited slots)			
Adult Respite Week	August 2-7, 2015	6 Day	21+
A traditional camp week for adults. Campers will enjoy relaxing, arts and crafts, swimming, canoeing, high ropes and fun evening activities. 3:1 ratio and 1:1 ratio (limited slots)			
Autism 1:1/Youth Respite Week	August 9-14, 2015	6 Day	6-21
A session for youth with Autism or youth that require 1:1 supervision and care. Campers also enjoy the same traditional activities, swimming, canoeing, arts and crafts, sports and games, high ropes, fishing, horseback riding and special evening activities. 1:1 Ratio			
Youth Daily Adventure	August 9-14, 2015	6 Day	13-21
For youth 13-21. A daily adventure will be taken off camp grounds each day to the beach, amusement park, baseball game or some exciting destination. 3:1 ratio			
Adult Respite Week	August 16-20, 2015	5 Day	21+
A traditional camp week for adults. Campers will enjoy relaxing, arts and crafts, swimming, canoeing, high ropes and fun evening activities. 3:1 ratio and 1:1 ratio (limited slots)			
Adult Wilderness Adventure Camp	August 16-20, 2015	5 Day	21+
A true wilderness/outdoor camp experience. Campers will be staying in a rustic screened-in cabin without electricity. campers will learn outdoor living skills and cook one meal per day on the open fire, learn safety skills and hike at the nearby wildlife nature preserve. Campers will shower, swim and participate in other camp programs on the main campus. 3:1 ratio			

Ratio Descriptions

3:1 Ratio

This ratio applies to campers that need minimal, occasional or no assistance from staff, such as verbal prompts, reminders, or gestures during their daily camp schedule. Campers must be ambulatory and can walk independently or use a wheelchair and can transfer independently or with minimal assistance. Campers must also follow directions of their assigned staff on a regular basis, participate in activities on a regular basis with no disruptive behaviors and sleep at night in a group setting.

2:1 Ratio

This ratio applies to the camper that needs close supervision and regular assistance such as verbal prompts, reminders, gestures, schedules, hand over hand assistance during their daily schedule as well as meals and morning/night routines. Campers can be ambulatory or use a wheelchair and bear weight or need assistance from the staff such as a 1 or 2 person transfer. Camper must be able to follow direction or can be redirected easily by staff, participate in activities on a regular basis with no disruptive behaviors and sleep at night in a group setting.

1:1 Ratio

This ratio applies to campers that needs constant supervision and individual assistance such as verbal prompts, reminders, gestures, schedules, hand over hand assistance during their daily schedule as well as meals and morning/night routines. Campers can be ambulatory or use a wheelchair and bear weight or need full assistance from the staff such as a 1, 2, 3 person transfer or hoist lift. This also applies to the camper that has a history or current history of disruptive behaviors such as aggression to self or others, elopement, non-compliance, inappropriateness, sleeping issues or any behavior that could be considered disruptive to self or others. 1:1 ratio is required for campers who do not attend planned camp activities on a regular basis, or require hourly health services, such as tube feedings, overnight tube feedings or other health treatments that must be given by a nurse periodically throughout the day.

LETTER OF INTENT FOR FUNDING

for

Easter Seals Camp Fairlee

By completing this, your organization, agency, or group has agreed to provide funding for the participant named below, who will be attending Easter Seals Camp Fairlee during the time frame listed below.

Organizations, agencies, and groups such as yours, are vital in helping people with various disabilities enjoy the independence that a summer respite camping experience can provide. If you require any further information, please do not hesitate to contact us directly.

Please make sure this form is filled out completely. Mail or fax as soon as possible to **Desi Rochester** at: Camp Fairlee, 22242 Bay Shore Rd., Chestertown, MD 21620. Phone: (410) 778-0566. Fax: (410) 778-0567. Our Federal ID number is 51-0066728.

Participant Name _____

Address _____

Camp Session Date/s _____

Amount of Funding Requested \$ _____

This section must be completed and signed by the Organization/Agency/Group authorizing payment.

The following Organization, Agency or Group has agreed to provide funding in the amount of \$ _____ for the above participant who will be attending Easter Seals Camp Fairlee.

Organization/Agency/Group Name: _____

Organization/Agency/Group Contact: _____

Organization/Agency/Group Address: _____

Organization/Agency/Group Phone: _____

Signature of Authorizing Contact: _____

☐ Payment Enclosed

☐ Please send invoice to Organization at the above address.

Checks can be made payable to: **Easter Seals Delaware and Maryland's Eastern Shore**

On behalf of the people we serve, Camp Fairlee thanks you for your support.



PARTICIPANT INFORMATION

Participant Information (Please print clearly or type.)

Name	Last Name	Nickname
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Disability Information: Please check the **primary** and underline all that apply.

<input type="checkbox"/> Speech-Language <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Peripheral Nerve Injury/Disorder <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Central Nervous System Injury/Disorder <input type="checkbox"/> Stroke <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Head Injury <input type="checkbox"/> Spinal Cord Injury	<input type="checkbox"/> Neurological Condition(s) at Birth <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Social/Psychological <input type="checkbox"/> Autism <input type="checkbox"/> Behavior <input type="checkbox"/> Alcohol/Drug Disorders <input type="checkbox"/> Psychosis <input type="checkbox"/> Learning/Developmental Delay <input type="checkbox"/> Mental Retardation Level: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe/Profound	<input type="checkbox"/> Attention Deficit Disorder <input type="checkbox"/> Orthopedic Impairments at Birth <input type="checkbox"/> Postural Disorders <input type="checkbox"/> Heart, Circulatory, Respiratory <input type="checkbox"/> Asthma <input type="checkbox"/> Skin and Cellular Tissue Disorder <input type="checkbox"/> Allergic/Metabolic/Nutritional <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Geriatric Aging <input type="checkbox"/> Other Disabilities (please list) _____
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General Background: Please check all that apply.

Communication <input type="checkbox"/> Speaks Clearly <input type="checkbox"/> Uses Sign Language <input type="checkbox"/> Speaks may difficult to understand <input type="checkbox"/> Uses communication board <input type="checkbox"/> Gestures <input type="checkbox"/> Other: _____ Language Spoken/Understood _____	Vision <input type="checkbox"/> Normal <input type="checkbox"/> Mild/Moderate Loss <input type="checkbox"/> Severe/Total Loss Does participant wear corrective lenses? <input type="checkbox"/> Y <input type="checkbox"/> N Hearing <input type="checkbox"/> Normal <input type="checkbox"/> Mild/Moderate Loss <input type="checkbox"/> Severe/Total Loss Does participant wear hearing aids? <input type="checkbox"/> Y <input type="checkbox"/> N	Mobility <input type="checkbox"/> Walks independently <input type="checkbox"/> Walks with assistance <input type="checkbox"/> Walks with cane/crutches/walker <input type="checkbox"/> Walking ability affected, but walks independently <input type="checkbox"/> Uses Wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Uses AFO'S
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Personal Care Please check all that apply, and provide a complete description if participant requires assistance.

Task	Independent	Requires Some Assistance	Requires TOTAL Assistance	Description of Assistance Needed
Dressing				
Showering				
Teeth Brushing				
Shaving				
Transferring				
Menstruation				
Staff Support		<input type="checkbox"/> 1:1	<input type="checkbox"/> 2:1	<input type="checkbox"/> 3:1
Bathroom Assistance Needed		<input type="checkbox"/> No Assistance	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Aids Used (check all that apply)		<input type="checkbox"/> Diapers	<input type="checkbox"/> Bedpan	<input type="checkbox"/> Urinal <input type="checkbox"/> Toilet Chair
Bladder Control		<input type="checkbox"/> Normal	<input type="checkbox"/> Has Accidents	<input type="checkbox"/> Incontinent <input type="checkbox"/> Wets bed
Bowel Control		<input type="checkbox"/> Normal	<input type="checkbox"/> Has Accidents	<input type="checkbox"/> Incontinent <input type="checkbox"/> Colostomy
Eating Assistance		<input type="checkbox"/> No Assistance	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance <input type="checkbox"/> Can feed self finger foods
What adaptive devices are used for eating? (must be sent to camp) _____				
Does participant have difficulties swallowing: <input type="checkbox"/> Solids <input type="checkbox"/> Liquids <input type="checkbox"/> or Uses a Straw				
Does participant have any known food allergies or problems with foods? _____				

Additional Information

Has the participant previously attended a residential camp? ☐ Yes ☐ No

If Yes, what Camp: _____

If Yes, was it a positive experience? ☐ Yes ☐ No

If No, please explain: _____

Does the participant follow direction? ☐ Yes ☐ No ☐ Occasionally

If No or Occasionally, please explain: _____

Does the participant have any behaviors of which the staff need to be aware? ☐ Yes ☐ No

If Yes, please explain: _____

Are there key actions, words, or phrases used to stop behavior and redirect? ☐ Yes ☐ No

If Yes, please explain: _____

Is a behavior management plan currently being used with the participant? ☐ Yes ☐ No

If Yes, please send a copy with the application.

Does the participant sleep through the night? ☐ Yes ☐ No

If No, please explain: _____

Please list any strong fears the participant may have: _____

Please list any activities the participant especially dislikes: _____

Please list any activities the participant especially enjoys: _____

Please use this space for any other information you feel would be helpful in providing the best experience for the participant. _____
