

CAMP PARADISE

GENERAL INFORMATION:

- Camp Weeks begin at 9:00 AM on Mondays and end at 5:00 PM on Fridays. Pick up is between 4:00 PM-5:00 PM on Friday.
- Day Camp is 9:00 AM to 5:00 PM daily.
- All accessible facilities.
- Highly trained staff with a ratio of 4:1 during awake hours.

FEES

Buddy Week Special: Add a buddy (Buddies: 7-14 years) for an additional \$150.00 for overnight or \$100.00 for day camp.

- 1. Waiver Funded Services:** For Waiver funded services, a copy of the ISP designating SHC as the provider must be submitted prior to service date.

Camp Fee: Call for Waiver rates: (330) 722-1900 ext. 165
No Deposit Required

- 2. Non-Waiver Funded Services:**

Camp Fee: Overnight Rate: \$395.00/week
Day Camp: \$250.00/week
Non-refundable deposit: \$75.00/ week

Thanks to the generous support of United Way, local service organizations and donors, we are able to offer reduced rates for individuals who are not waiver recipients.

An affiliated chapter of



Camp Applications are available at our website: www.shc-medina.org

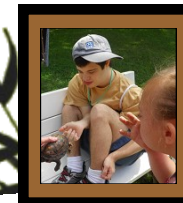
Or contact us at:

SHC/The Arc of Medina County
4283 Paradise Road, Seville, OH 44273
330-722-1900 ext 165 1-877-546-8568 ext 165

Email: Camp@shc-medina.org

CAMP PARADISE

...where Vacation begins!



2012 Summer Camp Schedule

Camp Paradise is a program of SHC/The Arc of Medina County
Serving Individuals with Disabilities since 1953

Camp Paradise offers:

2 weeks of themed vacations for school age youth with and without developmental disabilities.

6 weeks of themed vacations for adults with developmental disabilities.

Every week offers swimming, indoor and outdoor games, crafts, and tractor driven wagon rides.

Walk on the Wild Side

June 18-22, 2012—School Age Youth

Join us for a “wild” week of fun as we explore the livelihood of nature in a scavenger hunt safari adventure! This week will include visits with different animals, nature inspired crafts and the opportunity to let your inner wild side out!

This week is geared for youth with and without disabilities. Special rates are available for Buddies.

Time Warp

June 25-29, 2012—Adult

Who doesn't love the “good ole days”? This week is a time-traveling blast from the past celebrating a different decade every day. Come dance, eat and enjoy malt shop classics and listen to all your decade favorites with the return of Elvis, The Beatles, and more.

Artrageous!

July 9-13, 2012—Adult

Painting, drawing, sculpting, beading, dancing, acting and more. Now that's Artrageous! So much art, so little time. Come get creative this week with art of every kind!

Best of the West

July 16-20, 2012—Adult

Saddle up, partner—It's the Best of the West week! Come enjoy fireside cooking, western traditions and a week fit for any cowboy/cowgirl! It's time to hit the trails, Y'all!

Sports Spectacular

July 23-27, 2012—Adult

This week is for all the sports enthusiasts. Join us for Frisbee, Wii bowling, basketball, swimming, martial arts, fishing and more. Learn new games and sports you may not have tried before. This week includes an Akron Aeros baseball game.

Topp Chef

July 30– August 3, 2012—Adult

Let the cooking begin! Become the master of the kitchen learning and creating dishes inspired from different parts of the world. Each day will feature a new cuisine including Italian, Mexican, Barbecue, American and more. Are you ready to become the next Topp Chef?

Super Heroes

August 6-10, 2012—School Age Youth

Who is your hero? This week includes heroes of every kind such as athletes achieving the extraordinary. Ready to be inspired and join the ranks of other heroes? An Akron Aeros baseball game is included this week.

This week is geared for youth with and without disabilities. Special rates are available for Buddies.

Cruise Ship Week

August 13-17, 2012—Adult Semi-Independent

All Aboard! Next stop, Paradise! Come enjoy the best land cruise this side of the ocean has to offer. Kick back and relax with a casino night, talent show and all the cruise line favorites. Anchors away!





*Services for
Individuals
with Disabilities*

Spring 2012

Dear Campers, Parents, and Guardians:

Camp Paradise is the perfect destination for your summer vacation! Two “fun-tastic” weeks of youth “buddy” camp will be offered this year, Walk on the Wild Side and Super Heroes Weeks. This will give youth campers with disabilities the opportunity to bring a sibling or friend, with or without disabilities, to spend time together at camp. Adult weeks include Time Warp, Artrageous!, Best of the West, Sports Spectacular, Topp Chef, and Cruise Ship Week. Each of the themed weeks is filled with a variety of activities and entertainment which are sure to delight everyone who attends.

Please review the enclosed packet *carefully* and note the deadline dates. Please give detailed information regarding your camper’s needs. This will help us provide a safe and fun-filled camping experience for everyone. Applications submitted before April 9, 2012 from appropriate campers will be accepted on a first-come basis. All acceptable applicants with applications submitted between April 10 and May 1, 2012 will be given next consideration. Any application submitted after May 1, 2012 will only be accepted if there is an appropriate open slot.

Camp Paradise is a waiver provider; call for waiver rates. Thanks to the generous support of United Way of Medina County, local service organizations and donors, we are able to offer reduced rates for individuals who are not waiver recipients.

SHC now accepts credit cards to pay camp fees. Call the SHC office, **ext. 235**, for more information. **DO NOT PROVIDE YOUR CREDIT CARD NUMBERS ON APPLICATION FORMS.**

Checklist of items due by April 9, 2012:

- Camp Paradise Registration form (**Sessions will be filled on a first-come, first-serve basis as appropriate**)
- Deposit for each week of registration **if applicable**
- Activities of Daily Living form
- Request for Campership, if applicable (**Note:** Waiver recipients are not eligible for camperships)

Checklist of items due by May 1, 2012:

- For Waiver funded services, a copy of the ISP designating SHC as the provider
- Medical Record form and PRN form completed by Physician
- Parent/Guardian/Camper Consent form

A confirmation letter will be sent to you with the date(s) your camper is scheduled to attend. If for some reason you need to cancel your camper’s session, please let us know as soon as possible. We are looking forward to another great summer at Camp Paradise!

Cordially yours,

Debbie O'Brien,
Residential Manager
Waiver and New Development

Name of Camper: _____ Male Female

Camper's Address: _____
Street City/State Zip County

Phone: _____ Date of Birth: _____

Name of "Buddy" if attending Week 1 or Week 7: _____

NOTE: "Buddy" camper must provide a completed camp packet. Contact our office for required forms.

PLEASE INDICATE THE WEEK(S) YOU WOULD LIKE TO ATTEND:

WEEK	Check Appropriate Box(es)	SESSION	CAMP DATES	
1	<input type="checkbox"/> Overnight Camp <input type="checkbox"/> Day Camp	Walk on the Wild Side	June 18 to June 22 ,2012	Campers: School Age Buddies: 7 – 14 years
2	<input type="checkbox"/> Overnight Camp <input type="checkbox"/> Day Camp	Time Warp	June 25 to June 29, 2012	Adult
3	<input type="checkbox"/> Overnight Camp <input type="checkbox"/> Day Camp	Artrageous!	July 9 to July 13, 2012	Adult
4	<input type="checkbox"/> Overnight Camp <input type="checkbox"/> Day Camp	Best of The West	July 16 to July 20, 2012	Adult
5	<input type="checkbox"/> Overnight Camp <input type="checkbox"/> Day Camp	Sports Spectacular	July 23 to July 27, 2012	Adult
6	<input type="checkbox"/> Overnight Camp <input type="checkbox"/> Day Camp	Topp Chef	July 30 to August 3, 2012	Adult
7	<input type="checkbox"/> Overnight Camp <input type="checkbox"/> Day Camp	Super Heroes	August 6 to August 10, 2012	Campers: School Age Buddies:7-14 years
8	<input type="checkbox"/> Overnight Camp <input type="checkbox"/> Day Camp	Cruise Ship Week	August 13 to August 17, 2012	Adult Semi-Independent

Waiver funded services: For Waiver funded services, a copy of the ISP designating SHC as the Provider must be submitted prior to service date.

- Camp Fee: Call for Waiver Rates: (330) 722-1900 ext. 165
- No Deposit Required

***Non-waiver funded services:**

- Camp Fee: Overnight Rate: \$ 395.00/week Day Camp: \$250.00/week
- Non-refundable deposit: \$75.00/ week (Mon-Thurs. 9 a.m.-5 p.m., Fri. 9 a.m. 4-5 p.m.)

*Amount of deposit submitted for non-waiver funded services: \$_____ (**\$75.00 non-refundable deposit for each week listed.**) **A \$75.00 non-refundable application fee must accompany the application upon return to reserve your space in the session(s) requested. Sessions will be filled on a first-come, first-serve basis as appropriate.**

NOTE: Refunds will only be given if no space is available or if service is not able to be provided.

Financial Responsibility – Camp Services will be paid by: Camper Waiver Credit Card

Parent/Guardian: _____
(name) (address) (phone)

Family Resources – List your Co-Pay: _____

Other / Specify in detail: _____

Camper's Name: _____
Email address: _____

My Guardian's Name is: _____
Phone: _____ Cell: _____
(# where you can be reached in case of an emergency)
Other Phone: _____ Email: _____

My Contact Person is: _____
Phone: _____ Cell: _____
(# where you can be reached in case of an emergency)
Other Phone: _____ Email: _____

My SSA/ Case Manager's Name is: _____
Phone: _____ Cell: _____ Email: _____

My Physician's Name is: _____
Phone: _____ Fax number: _____

Please describe camper's disability/ special needs: _____

Camper's Allergies: _____

List some the activities that the camper enjoys. _____

Describe any behavioral concerns (i.e. temperature, storms, bugs, dogs, crowds, loud noise, etc.). _____

Describe any special considerations that would help make Camp a good experience (i.e. special phone calls, etc.): _____

Describe any personal care needs that the camper has. _____

Any additional comments or suggestions: _____

INFORMATION:

- Individual Plan (IP)- if the camper has an IP, send a copy of the Individual Plan
- Behavior Plan- if the camper has a behavior plan, send a copy of the Behavior Plan.

EATING/DRINKING:

- Independent
- Needs food cut up into bite size pieces
- Needs food cut up into smaller than bite size
- Needs pureed foods
- Needs liquids thickened
- Difficulty swallowing
- Must be fed
- Uses special utensils and/or plate

Explain: _____

DIET:

- Normal
- Knows limits
- Low calorie diet – Total calories _____
- Diabetic – Total calories _____
- Low salt/ No added salt

List food restrictions: _____

List food allergies: _____

ADAPTIVE EQUIPMENT:

- Glasses
- Contacts
- Hearing Aid
- Dentures
- Wheelchair
- Walker
- Communication device: _____
- Other (list) _____

SLEEPING:

- Camper is used to _____ hours of sleep.
- Can sleep on top bunk bed
- No special concerns
- Gets up during night
- Occasional nightmares
- Sleepwalks
- Must be turned during the night
- Requires bed rails
- Has special night routine: _____

DRESSES/UNDRESSES:

- Independent
- Needs partial assistance
- Needs total assistance

Explain: _____

BATHROOM:

- Independent
- Requires prompting for toileting
- Uses urinal
- Requires assistance with menstrual care
- Needs assistance wiping
- Uses toilet chair
- Needs transfer to toilet
- Needs total assistance
- Bladder incontinence
- Bowel incontinence
- Uses special undergarments
- Prompting schedule: _____

BATHING:

- Independent
- Needs partial assistance
- Needs total assistance
- Uses shower chair

MOBILITY:

- Walks independently
- Walks: Needs assist w/ slopes, rough areas
- Wheelchair: Independent
- Wheelchair: Assist w/ slopes, rough areas
- Wheelchair: Needs assist at all times
- Electronic Wheelchair
- Wheelchair: Long distances only
- Requires rest during the day

TRANSFERS:

- Camper weighs: _____ lbs.
- Can transfer their weight independently
- Pivot transfers/can bear weight on feet
- Must be lifted *

Please explain: _____

Camper's Name: _____

IN CASE OF EMERGENCY:

Emergency Contact Name: _____

Phone: _____ Cell: _____

Relationship to camper: _____

If the first emergency contact person cannot be reached, contact: _____

Phone: _____ Cell: _____

Relationship to camper: _____

Consent

Yes **No** In an emergency I hereby authorize Camp Paradise to seek medical or surgical care for the camper.

Yes **No** In the event non emergency care is necessary, I hereby authorize Camp Paradise to contact Physician of Record.

Yes **No** I hereby give permission for the Camp Director or authorized SHC personnel to administer the Camper's Medication as listed on the Medical Record Form and PRN Sheet.

Yes **No** I give permission for the camper to participate in: a supervised swimming program at Camp Paradise which may include time in the hot tub (no more than 15 minute sessions).

If yes, is the camper required to wear a lifejacket of floatation device while in the pool?

Yes **No**

**Please note that Camp Paradise requires all individuals with a history of seizures to wear a lifejacket while in the pool for safety reasons.*

Yes **No** I hereby give permission for camper to be transported by camp staff for outings with Camp Paradise.

Yes **No** I hereby give permission for camper to be photographed or videotaped while engaging in activities involving Camp Paradise. I also consent to the public dissemination of this material for educational and promotional purposes.

Notification of Incidents: Parents/Guardians will always be notified in case of an emergency.

Please check off the situations that you would like to be notified of:

- Injuries NOT requiring first aid
- Injuries that require first aid (antibiotic ointment, ice, band-aid)
- Uncomplicated seizures
- Bee stings and insect bites
- Behavioral concerns

Yes **No** I give permission for notification of incidents to be left on my voice mail.

Parent/Guardian Signature: _____ Date: _____

Camper's Signature: _____ Date: _____

Authorization for Pick Up: Please be advised that for the safety of all campers, only persons listed on this form will be able to pick up your camper. You may be asked to provide identification at the time of pick up.

The following individual(s) are authorized to pick up my camper:

TO BE COMPLETED BY A PHYSICIAN

This form is required for all campers attending Camp Paradise. If the camper is taking prescription medication an exam must be performed within 6 months of the arrival at Camp. If the camper does not take medication this exam should be performed within 12 months of arrival at camp. We will also accept a copy of another examination signed by the camper's doctor if it is within these time frames.

PLEASE PRINT CAREFULLY

Camper's Name: _____

Date of Birth: _____ Age: _____

Please list **Allergies** if any: _____

Parent/Guardian: _____ Phone: _____

PHYSICIAN STATEMENT – Must be filled out by a Physician

_____ (IS) (IS NOT) TAKING MEDICATION AT THIS TIME.
 (Camper's Name) (please circle one)

TETANUS SHOT CURRENT (WITHIN LAST 10 YEARS): YES _____ NO _____

ANY CHANGES IN MEDICATION AFTER MAY 1, 2012 WILL NEED TO BE SUBMITTED ON A PHYSICIAN SIGNED ADDENDUM PRIOR TO STARTING CAMP.

IF CAMPER IS ON MEDICATION COMPLETE THE FOLLOWING:

Name of Physician prescribing medication: _____
 (Please Print)

Phone: _____ Fax Number: _____

Camper is to take Medications while at Camp Paradise as follows:
Our administration times of meds at camp are 8am, 12noon, 4pm and 8pm

Name of Medication	Dosage and Frequency	Method of Dispensing (crushed, whole or in applesauce)

Medical Diagnosis: _____

History of Seizures: _____

Please list all health concerns which should be known by camp staff: _____

I certify the above applicant is fit to participate in the Camp Paradise program and is free of communicable disease:

Physician Signature: _____ Date: _____

PLEASE RETURN THIS FORM ALONG WITH PHYSICIAN SIGNED PRN MEDICATION SHEET BY MAY 1, 2012

Name: _____ Allergies: _____

The following are approved PRN medications, which may be utilized for common ailments **unless** contraindicated, client is **ALLERGIC** to and/or client has another similar PRN order. We do utilize Sun Block with Aloe; please note if any of these products are contraindicated.

Symptom	Medication	Dosage
Headache, Pain, Toothache	Acetaminophen/Tylenol	325 mg tablets - 2 tabs orally every 4 hours as needed 650 mg suppository - 1 supp rectally every 4 hours as needed
Fever (over 100.0 F)	Acetaminophen/Tylenol	325 mg tablets - 2 tabs orally every 4 hours as needed 650 mg suppository - 1 supp rectally every 4 hours as needed
Muscle/Joint Aches Menstrual Cramps	Ibuprofen/Advil	200 mg - 2 tablets orally every 4 hours as needed
Nasal Congestion/Drainage	Phenylephrine	10 mg tablets - 1 tab orally every 4 hours as needed. (No more Than 4 doses in a 24 hour period).
Cough	Guiatuss DM	10 cc orally every 4 hours as needed
Sore Throat	Chloraseptic	Liquid - 5 sprays orally every 2 hours as needed
		Lozenge - 1 orally every 2 hours as needed (Up to 8 daily)
Stomach Ache	MI Acid susp. (Maalox)	10 cc orally every 4 hours as needed
Nausea	Emetrol (Anti-Nausea Liquid)	15 cc orally every 15 minutes as needed. Not to exceed 5 doses in 24 hours
Diarrhea (liquid, watery, foul smelling stool)	Loperamide	2 mg tablet - 1 tablet orally after second liquid stool. Repeat dose after each liquid stool. Not to exceed 8 doses in 24 hours.
		1 mg/5cc liquid - 10 cc orally after second liquid stool. Repeat dose after each liquid stool. Not to exceed 8 doses in 24 hours.
Constipation	Milk of Magnesia	30 cc orally once daily as needed
Cuts, Open Areas or Abrasions	Hydrogen Peroxide	Topically to open area 1 - 3 times daily as needed
	Bacitracin Ointment	Topically to open area 1 - 3 times daily as needed
Rash, Insect Bites, Itching, Sunburn, Minor allergic reactions	Benadryl	25 mg capsule - 1 capsule orally every 6 hours as needed
	Caladryl Lotion	Topically to affected area 1 - 3 times daily as needed
<i>CHEST PAIN</i>	Aspirin	325 mg tablet - 1 tab orally immediately. Obtain vital signs. Licensed nurse to notify primary care physician. See order below.
<i>DIFFICULTY BREATHING, CHEST PAIN, PULSE OXIMETER READING LESS THAN 90%</i>	Oxygen	2 Liters via face mask or nasal cannula. Obtain vitals signs. Recheck pulse oximeter reading. Licensed nurse to notify primary care physician. *If condition deteriorates rapidly call Emergency Medical Services.*

The same PRN medication cannot be given for longer than 7 consecutive days. Notify staff nurse if client is receiving the same PRN medication for 7 consecutive days.

Physician Signature: _____ Date: _____

Physician's Printed Name: _____ Phone#: _____

WEEK	SESSION	CAMP DATES	
1	Walk on the Wild Side	June 18 to June 22, 2012	Campers: School Age Buddies: 7 – 14 years
2	Time Warp	June 25 to June 29, 2012	Adult
3	Artrageous!	July 9 to July 13, 2012	Adult
4	Best of the West	July 16 to July 20, 2012	Adult
5	Sports Spectacular	July 23 to July 27, 2012	Adult
6	Topp Chef	July 30 to August 3, 2012	Adult
7	Super Heroes	August 6 to August 10, 2012	Campers: School Age Buddies: 7 – 14 years
8	Cruise Ship Week	August 13 to August 17, 2012	Adult Semi-Independent

Day Camp Hours: 9:00am - 5:00pm Monday through Thursday and leave between 4:00pm – 5:00pm on Friday. Lunch will be provided. Campers are to bring swimsuits, change of clothing, and current medications. (See medication instructions)

Overnight Camp Hours: Arrive at 9:00am on Monday and leave between 4:00pm – 5:00pm on Friday. Please notify the Camp staff if the camper is leaving earlier than 4:00pm on Friday.

Fees: Camp Paradise is a waiver provider. For individuals who are not waiver recipients we are able to offer camp fees that are less than the actual cost thanks to the generous support of United Way, local service organizations and donors.

- **Waiver funded services rate:** For Waiver funded services, a copy of the ISP designating SHC as the provider must be submitted prior to service date.
 - Camp Fee – Call for Waiver rates: 330-722-1900 ext. 165
 - No Deposit Required
- ***Non-waiver funded services:**
 - Camp Fee: **Overnight Camp: \$ 395.00/week** **Day Camp: \$250.00/week**
 - Non-refundable deposit: \$75.00/ week

Buddy Week Special: Add a buddy for an additional \$150.00 per week for overnight camp or \$100.00 per week for day camp.

Financial Assistance: Some camperships are available through SHC/The Arc. Please return the enclosed campership request with other forms. Contact your local County Board of Developmental Disabilities Service and Support Administration offices for other financial resources.

Important Information:

- ~ **Medication Instructions: Bring all medications in their ORIGINAL Prescription Bottle.** A nurse will be on-site at medication times to administer medications. Our medication administration times at camp are 8 AM, 12 noon, 4 PM, and 8 PM.
- ~ **Please have all articles clearly labeled with the name of the camper. Do not bring any money or any other valuables.** We do our best to ensure all articles are returned home with the camper, but cannot take responsibility for the loss of property. *Any items not labeled when arriving at camp will be labeled for the camper.*
- ~ **PLEASE NOTIFY US IF CAMPER HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS PRIOR TO CAMP ATTENDANCE.**

Contact Information:

- ~ Send registration forms to the SHC office with ***Non-Refundable \$75.00 Deposit for each week requested (for non waiver applicants) by April 9, 2012.** Make Checks payable to: SHC, 4283 Paradise Road, Seville, Ohio 44273-9353. SHC now accepts credit card payment for camp fees. **DO NOT PROVIDE ANY CREDIT CARD NUMBERS ON THE APPLICATION.** Contact ext. 235 at the SHC office for more information.
- ~ SHC Telephone (330) 722-1900, Camp Lodge Telephone (330) 723-3730.

Please bring the following items to camp when you arrive on Monday morning. All clothing and other items that the Camper brings with them should be **clearly labeled with camper's name or initials**. Please do not bring money, food, towels, washcloths or electronic items. Please bring clothes that are appropriate for camp activities and the weather.

Medication:

- ____ Medication (all medications must be in the original containers)
- ____ Copy of the Medical Administration Record (if applicable)

Clothes:

- ____ Shirts/ Blouses (5 or more)
- ____ Undershirts
- ____ Sweatshirts/ Sweater/ Lightweight Jacket (1 or more)
- ____ Pants/ Jeans/ Shorts/ Sweatpants (5 or more)
- ____ Skirts/ Dresses
- ____ Underwear (5 pairs or more)
- ____ Bras
- ____ Socks (5 or more)
- ____ Shoes/ Sandals (2 or more; please bring at least one pair of tennis shoes)
- ____ Pajamas (3 or more pairs)
- ____ Swimsuit

Bedding:

- ____ Pillow(s)
- ____ Pillowcase(s)
- ____ Sheet set (one or more)
- ____ Blanket or sleeping bag

Toiletries:

- ____ Toothbrush
- ____ Toothpaste
- ____ Deodorant
- ____ Hairbrush or comb
- ____ Shampoo
- ____ Conditioner
- ____ Razor
- ____ Shaving Cream and/ or aftershave

*Please note that towels and washcloths are provided by Camp.

Appliances:

- ____ Glasses
- ____ Glasses case
- ____ Dentures
- ____ Hearing Aid
- ____ Incontinence Aids
- ____ Other device

Optional:

- ____ Slippers
- ____ Swim shoes
- ____ Bathrobe

Residential Camp Hours: Arrive at 9:00am on Monday and leave between 4:00pm-5:00pm on Friday. Please contact camp if the camper is leaving before 4:00pm on Friday.

Please bring the following items to camp every day in a backpack or tote bag. All clothing and other items that the Camper brings with them should be **clearly labeled with camper's name or initials**. Please do not bring money, food, towels, washcloths or electronic items. Please bring clothes that are appropriate for camp activities and the weather.

Medication:

- Medication (all medications must be in the original containers)
- Copy of the Medical Administration Record (if applicable)

Clothes:

- Swimsuit
- Shirt (1 or more)
- Pants/ Short (1 or more)
- Underwear (1 or more)
- Bra (1 or more)
- Socks (1 or more)
- Shoes (1 or more)
- Incontinence Aids (if needed)
- Appliances or equipment (if needed)

Optional:

- Hairbrush
- Swim shoes
- Packed lunch

*Please note that towels and washcloths are provided by Camp.

Day Camp Hours: Monday thru Thursday: 9:00 am-5:00 pm leave between 4:00pm-5:00pm on Friday

Assistance for overnight or day camp may be available for those unable to attend for financial reasons. **Waiver funded services are not eligible for camperships.**

Camperships are limited to those individuals attending only one week. Campers attending multiple weeks are not eligible for camperships.

Please indicate the amount you are able to pay in the space provided below. A partial payment allows us to grant camperships to more individuals. To apply for this assistance, please return the completed form. A representative from SHC/The Arc will contact you.

(Check one) Camper will attend: Day Camp Overnight Camp

Please indicate amount you are able to pay towards camp fee: \$ _____

Is the camper eligible for: Family Resources Yes No

If yes, the amount applied toward Camp Paradise: \$ _____

Camper's Name: _____

Address: _____
Street City Zip

Phone: _____ Email: _____

Reason for applying: _____

NOTE: A credit will be issued to the recipient's camp bill if a campership is granted.

******* Office Use Only *******

Contacted by: _____

Amount Requested: _____

Amount Granted: _____

Approved by: _____ Confirmation letter sent: ____/____/____

Camp Week Date: _____