



Mail To:
 1555 Gateway Blvd.
 West Deptford, NJ 08094
 856-848-7753
 mruble@thearcgloucester.org

Camp Sun 'N Fun 2021 Application

CAMPER INFORMATION

First Name: _____ Last Name: _____ Nickname: _____

Birthdate: _____ Age: _____ Gender: _____ T-Shirt Size: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____ Municipality/Town: _____

Home Situation (Circle One): Family Home Community Care Provider Group Home Other

Application Contact

Name: _____ Relationship: _____

Address (If Different): _____ City: _____

State: _____ Zip: _____ E-Mail*: _____

Cell Phone: _____ Home: _____ Work: _____

Emergency Contacts

Must be two different people other than the application contact. The persons listed should be made aware that they will be responsible for picking up your camper in the event of illness, emergency or that they need to leave camp for any reason at any time of the day or night.

1. Name: _____ Relationship to Camper: _____

Cell Phone: _____ Other Number: _____

2. Name: _____ Relationship to Camper: _____

Cell Phone: _____ Other Number: _____

Additional Contacts

• Legal Guardian: _____ Phone: _____

• Primary Care Physician: _____ Phone: _____

• Support Coordinator: _____ Phone: _____

Check One:

- DDD Supports Program
- DDD Community Care Waiver
- DDD Self Directed Services
- DCF PerformCare
- Other

• School/Work/ Achievement Center: _____ Director: _____

Phone Number: _____ Number of Years Attended: _____

Camper Name: _____

CAMPER SUMMARY

Camp Experience

Campered Here Before: Y N How Many Years: _____ Other Camps: _____

Diagnostic & Seizure Information

Diagnosis: _____ Date of Onset: _____

Circle One: Mild Moderate Severe

Allergies (Drug & Food): _____

Expected Reactions: _____ Epi-Pen: Y or N

Additional Comments: _____

Seizure History: Y or N Type: _____ Seizure Frequency: _____

Typical Seizure Duration: _____ What Precedes a Seizure: _____

DiaStat (rectal diazepam): Y or N Vagus Nerve Stimulator (swipe): Y or N

Dietary Information

Please be sure to send enough of items like Ensure and Thick-It for the length of your campers stay.

Special Diet: _____

Swallowing Difficulties (Straws, Consistency): _____

Adaptive Eating Devices: _____

Comments: _____

Sleep Routine

Camper Sleeps: _____ PM to _____ AM Awakens At Night: Y or N Why: _____

Skills Assessments Check that box that applies for each category.

Speech		Communication		Mobility		Hearing		Vision	
<input type="checkbox"/>	Normal	<input type="checkbox"/>	Normal Speech	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Normal
<input type="checkbox"/>	Mildly Affected	<input type="checkbox"/>	Few Spoken Words	<input type="checkbox"/>	Affected but Independent	<input type="checkbox"/>	Mild Loss	<input type="checkbox"/>	Mild Loss
<input type="checkbox"/>	Severely Affected	<input type="checkbox"/>	Sign Language /Gestures	<input type="checkbox"/>	Assistance	<input type="checkbox"/>	Total Loss	<input type="checkbox"/>	Total Loss
<input type="checkbox"/>	Non-Verbal	<input type="checkbox"/>	Communication Device	<input type="checkbox"/>	Cane/Walker	<input type="checkbox"/>	Hearing Aid	<input type="checkbox"/>	Glasses
<input type="checkbox"/>		<input type="checkbox"/>	No Formal Communication	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	Cochlear Implants	<input type="checkbox"/>	Prosthetic Eyes

Eating		Dressing		Bladder		Bowels		Aids	
<input type="checkbox"/>	Independent	<input type="checkbox"/>	Minimum Assistance	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Diapers/Pull-Ups
<input type="checkbox"/>	Assistance Cutting	<input type="checkbox"/>	Moderate Assistance	<input type="checkbox"/>	Accidents	<input type="checkbox"/>	Accidents	<input type="checkbox"/>	Diapers At Night Only
<input type="checkbox"/>	Finger Foods	<input type="checkbox"/>	Total Assistance	<input type="checkbox"/>	Incontinent	<input type="checkbox"/>	Incontinent	<input type="checkbox"/>	Toilet Chair
<input type="checkbox"/>	Total Assistance	<input type="checkbox"/>						<input type="checkbox"/>	Shower Chair/Cradle

Camper Name: _____

I feel that my camper requires the following overall level of assistance: (Circle One)

Minimal Moderate Total

Please write in the appropriate letter next to each box. Use the following abbreviations:

Good = G Fair = F Poor = P

Motor		Recreational		Social	
	Balance		Sports		Small Groups
	Hand Control		Creative Activities		Large Groups
	Use of Pen/Pencil		Swimming		Self Control
	Hand Eye		Music		Motivation
			Nature Activities		Basic Directions
					Interactions w/Peers

Please write in the appropriate letter next to each box. Use the following abbreviations:

Often = O Sometimes = S Never = N

Behavior	
	Physical or Verbal Harm To Self
	Physical or Verbal Harm To Others
	Wanders/Elopes
	Destroys Property (or Threatens To Do So)
	Frustration
	Homesickness

Does your Camper have a current behavioral plan? Y or N *If so, please attach a copy to this application.*

*All adaptive equipment must be provided by you such as diapers, floating devices, mobility aids, eating equipment, communication tools, etc. ALL CAMPERS WHO WEAR DIAPERS ARE REQUIRED TO BRING A SWIM DIAPER

Hygiene Assistance Levels (Check the Applicable Box)

	Minimal	Moderate	Total	Not Applicable
Showering				
Toileting				
Shaving				
Teeth/Dentures				
Menstruation				

Does your camper have teeth? Y or N Dentures? Y or N

Insurance & Medication Information

Primary Insurance Co.: _____ ID#: _____

Secondary Insurance Co.: _____ ID#: _____

Medications (Include any Routine OTC Medications, use another page if necessary)

Medication	Route	Dose	Frequency	Reason

Camper Name: _____

SESSION REQUESTS & TUITION PAYMENT

Please indicate session choice by circling. Please keep in mind as you start to plan your respite time that although we make every effort to honor requests, we cannot guarantee you will get the session(s) of your choice. We will do our best to accommodate your extended school year needs on a first-come-first-served basis.

Residential Camp Sessions	
Session 1	June 21 – June 26
Session 2	June 28 – July 3
Session 3	July 5 – July 17*
Session 4	July 19 – July 24
Session 5	July 26 – August 7**
Session 6	August 9 – August 14
*Christmas in July is the 17 th	
**Annual Color War	

Day Camp Sessions	
Session A	June 22 – June 26
Session B	June 29 – July 3
Session C	July 6 – July 10
Session D	July 13 – July 17*
Session F	July 27 – July 31**
Session G	August 3 – August 7**
Session H	August 10 – August 14
*Christmas in July is the 17 th	
**Annual Color War	

Residential Camp Sessions	
First Spring Trip	March 19 – 21
Second Spring Trip	May 14 – 16
First Fall Trip	October 22 – 24
Second Fall Trip	Nov 26 – 28

Respite Weekends	
Summer Kickoff	June 4 – June 6
Fall Fun	September 24 – 26

I request _____ sessions in total.

Tuition Calculation & Payment

Sessions	Cost	# of	Subtotal
Registration Fee	\$100.00		
One Week Residential Camp	\$1,211.60		
Two Week Residential Camp	\$2,907.84		
Day Camp Week	\$606.40		
Respite Weekend	\$484.64		
Travel Camp	\$605.92		
		Total:	

Camper Name: _____

Method of Tuition Payment

Please indicate the appropriate method of payment for your camper. Please check more than one if payment will be coming from two different sources.

- Camper/Family Paying \$ _____
- DDD Supports Budget Payment
- DDD Community Care Waiver Payment
- DDD Self Directed Services Payment
- DCF PerformCare Payment
- Other

Payment Plans

Payment plans are available on an individually approved basis. All payment plans must be followed as agreed upon. Your first payment is due on the first 30th of the month after you receive your acceptance letter/email, and final payment must be made before August 30th. No payment plans can be arranged after June 15th. Please complete the attached form and check below if you are interested in a payment plan.

_____ I would like to be considered for a payment plan for 2021 camp tuition. I understand I must complete a payment plan form by June 15th in order to be considered.

Financial Aid

Financial aid is available on a limited basis for campers in family homes through Arc Gloucester Camperships, grants and the Stephanie B. Furrer Foundation. Please indicate below if you would like to be considered for financial aid. Complete the attached form and submit all supporting documents by February 15th.

_____ I would like to be considered for financial aid for 2020 camp tuition. I understand it is my responsibility to hand in the Financial Aid form and all supporting documents before February 15th.

How did you hear about Camp? _____

ADDITIONAL COMMENTS (please use space below to add further details for your app)

APPLICATION SIGNATURE

I have completed and reviewed the information I wrote on this application and know it to be true to the best of my knowledge. I understand that if I do not fully complete the application or submit all required components it will be placed on hold and no session will be reserved. I have downloaded and reviewed the Camp Sun 'N Fun Family Handbook. I am fully aware of and understand the policies and procedures and I will use it as a guide through the application process as well as abide by them. I understand that if my camper or I do not abide by the policies and procedures outlined in the handbook it may result in being sent home early from camp.

Signature of Applicant

Date

Camper Name: _____