

The Arc of Central Virginia
CAMP MEADOWLARK REGISTRATION FORM

Instructions:

1. To be completed by a Parent, Legal Guardian or Care Provider.
2. **This application is due by May 26.** (*Transportation is not guaranteed for application received after May 26*)
3. Return this application to: The Arc of Central Virginia, c/o Camp Meadowlark,
1508 Bedford Avenue, Lynchburg, VA 24504
4. If you need assistance in completing this form or if you have questions, call Connie @ (434) 845-4071.
5. Signature of Parent/Guardian is required at the bottom of page 3 and Financial Aid Form
6. **Camp fees are \$200 per week**

- * Full Name of Camper: _____
- * Sex: Male Female * Camper Weight: _____ pounds * Date of Birth: ____/____/____
- * Address: _____ * City/State: _____ * Zip: _____
- * Name of Parent/Guardian/Provider _____ * Home Phone: _____ * Work phone: _____
- * Person to Call in Emergency: _____ * Relationship: _____ * Phone #: _____
- * Name of Camper's Primary Doctor: _____ * Phone #: _____
- * Is Camper on any Medication? ____ If YES, name of medication(s): _____
- Purpose of Medication: _____
- * Allergies? ____ If YES, Name of allergies: _____
- * Seizures? ____ If YES, Type: _____ Frequency: _____
- * Behavior Problems? ____ If YES, please explain: _____
- How should we deal with these problems? _____
- * Eating Problems/Dietary Restrictions ? ____ If YES, please explain: _____
- * Special Health Needs: _____

Please check any that applies to the camper.

- Mild Intellectual Disabilities Moderate Intellectual Disabilities Severe Intellectual Disabilities
 Profound Intellectual Disabilities Developmental Disability/Please describe:

If none of the above STOP HERE. Your child does not qualify for Camp Meadowlark.

Handicapping Conditions:

- Speech Impaired Visual Impaired Hearing Impaired Spina Bifida Attention Deficit Disorder
 Fainting Cerebral Palsy Other/Explain: _____

Equipment:

- Manual Wheelchair Motor Wheelchair Feeding Tube Braces Walker
 Other: _____

Fears:

- Water Crowds Loud Noises Animals Storms Bugs Darkness Other/Explain: _____

Camper's School: _____ Phone #: _____ Teacher: _____

If applicable, complete the following and enclose a copy of the latest I.E.P (*if your camper has not come to camp before*).

Residence Demographic

Locality (check one) Lynchburg Amherst Appomattox Bedford Campbell

This information is required by organizations that help fund Camp Meadowlark.

IMPORTANT: Please Complete the Following Information and Sign Below

The information below is needed for statistical purposes only and has no bearing on the services your camper receives. These statistics must be obtained in order for Camp Meadowlark to continue receiving funding from its' resources.

1. **Race: (check one)** American Indian Alaskan Native White (non Hispanic) Black Hispanic
 Other: _____

Permissions: *Please Indicate Your Permission By Checking The Appropriate Box.*

1. **Emergency Care:** In an emergency, Camp Meadowlark staff has my permission, at my expense, to contact emergency medical services. The attending medical professionals have my permission to provide emergency treatment.

Yes No

2. **Media Release:** I hereby grant permission to The Arc of Central Virginia to use individual or group pictures and/or descriptions of my camper in newsletter, websites or other media. If permission is granted, Camp Meadowlark is released from any claims which may arise in that regard.

Yes No

3. **Field Trip Permit:** I hereby grant permission for my camper to attend any special field trips and the regularly scheduled swimming activities at the HumanKind. Notification will be sent home prior to special field trips. If permission is granted, Camp Meadowlark is released from any liability which may be incurred.

Yes No

4. **Medication/Special Needs Release:** I hereby grant permission to Camp Meadowlark staff to administer prescribed medication, which I provide directly to the staff. I also give my permission for staff to carry out any special health needs procedures (i.e. feeding tubes, etc.). I will provide instructions to the staff.

Yes No

Camp Meadowlark will not be servng lunch. Please send a bag lunch with your camper.

Camp Meadowlark reserves the right to deny or terminate participation if (1) the camper's action causes injury to other campers, self, staff, or volunteers; (2) the camper's inappropriate behavior causes disruption to the camp routine; (3) placement at Camp Meadowlark is considered inappropriate for the individual. No fees will be refunded if camper is terminated from camp.

→ **Signature of Parent/Guardian:** _____ **Date:** ____/____/____

Please check the weeks the Camper will attend (hours are 9:30 a.m. to 1:30 p.m.):

- Week #1 – July 5 to July 8
- Week #2 – July 11 to July 15
- Week #3 – July 18 to July 22
- Week #4 - July 25 to July 29

*Camp is only accepting application for campers 14 and over. Camper must turn 14 before the start of camp.

TRANSPORTATION

Camp Meadowlark location to be announced.

I wish my camper to be transported to camp? Yes (Complete the following) No

Amherst, Appomattox, and Campbell Counties will provide transportation through the school systems. The Arc of Central Virginia will provide transportation for Lynchburg. *Transportation is not available in Bedford County*. The localities determine the bus route based on the number of requests. Transportation is not guaranteed. **Transportation is provided on a "first come, first serve" basis, based on the number of seats available.** (*Transportation is not guaranteed for application received after May 26*)

Lynchburg City Residents

Please complete the following information:
(Do not use route or box numbers, give directions if necessary)

Requested Pick Up Point: _____

Requested Drop Off Point: _____

Campbell County Residents

Campbell County Schools and the Department of Recreation collaborate to provide transportation from Campbell County. *Campbell County will be using centralized pick-up location rather than at-home pick-up.*

Select Pick-up/drop-off Location:

- Altavista Combined School Brookneal Elementary School Concord Elementary School
- Rustburg Elementary School Tomahawk Elementary School William Campbell Combined School
- Yellow Branch Elementary

Amherst County Residents

Select Pick-up/drop-off Location:

- Amherst Elementary School Food Lion Amelon Square Lowe's Madison Heights

Appomattox County Residents: Will be picked up and dropped off at the bus garage.

☛ Transportation Schedules will be sent to each Camper prior to the start of Camp.

Parent(s)/Guardian(s) are responsible for seeing camper on and off the bus.

Parent(s)/Guardian(s) not meeting their child at the Drop Off point will lose transportation privileges.

FRIENDLY REMINDERS

Dear Parent/Guardian or Caregivers:

To help us process your camper's application quicker and insure transportation, please make sure you have completely filled out the applications. Incomplete or missing information could delay your camper's acceptance to camp or interfere with transportation.

(Please Initial)

___ Make sure all information is complete and accurate

___ Week(s) camper is attending are checked on page 2

___ Transportation requests must include a street address or location (i.e. 1508 Bedford Ave or Leesville Road Elementary). **No P. O. Boxes**

___ Required signatures are indicated on page 3 and financial aid application, if appropriate

___ Financial Aid Application is complete, if applicable (separate, colored page)

___ **Proof of income** is included with Financial Aid Application

___ Fees are included, if applicable

Any application that is incomplete or missing information may be returned to you.

You will be contacted once your camper's application has been accepted. Transportation arrangements will be sent separately by the school system in which you live. Please note that The Arc of Central Virginia and Camp Meadowlark have no control over transportation.

Thank you in advance for your cooperation and we look forward to a summer of fun with your camper.

*** * *DO NOT WRITE IN THIS SPACE * * ***

For Office Use Only

Date Received: ___/___/___ # Weeks Attending: ___ (1 - 2 - 3 - 4)

Total Amount of Camper Fees: \$ _____

Amount Rec'd w/ Application: \$ _____ (check money order cash)

Amount of Aide Granted: \$ _____

Balance Due from Camper: \$ _____

Application Processed By: _____

Date Recorded: ___/___/___

REQUEST FOR FINANCIAL AID

Camp fees are \$175.00 per week and are not pro-rated by the day.
FEES ARE DUE IN ADVANCE. Include payment when submitting this application.
Applications cannot be processed until payment is received in full.

Please complete the Financial Aid Form, if necessary.

No refunds after June 22. A \$10.00 processing fee applies to all refunds prior to this date.

Please complete if you wish to receive financial aid

I wish to receive financial aid (complete form)

Check if camper attends a Medicaid waiver funded Day support program.

You will be notified by letter before camp begins if financial aid is granted. If you are given a partial scholarship, you will be required to pay the balance in full by July 26th.

Information provided will remain confidential.

1. What is the total monthly gross income (before taxes) of the household? \$ _____
Please include proof of income (paystubs, social security stubs, W-2, letter from employer)
*Financial aid applications **without proof of income will not be considered.** Please include proof of income so your application will not be delayed.*

2. How many people live in the household? _____

3. Please describe any special circumstances you want us to consider: _____

4. Parents and caregivers are encouraged to pay as much of the camper's fees as possible.

5. How much can you afford to pay? \$ _____

By signing below, I understand that I will be notified prior to the start of camp if my child will receive a scholarship to attend camp. I also understand that if a partial scholarship is granted, I will be responsible for paying the balance due in full before July 29, 2022.

→ Signature of Parent/Guardian: _____ Date: ____/____/____