



The Arc of Central Virginia
CAMP MEADOWLARK REGISTRATION FORM

Instructions:

1. To be completed by a Parent, Legal Guardian, or Care Provider.
2. **Please return this application by June 1, 2025.**
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 Robin Baker @ (434) 845-4071.
5. Signature of Parent/Guardian is required at the bottom of page 3 and the 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 apply 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: _____

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. A notification will be sent home prior to special field trips. If permission is granted, Camp Meadowlark is released from any liability that 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 serving lunch.

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.

☐ **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 28

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

TRANSPORTATION

Camp Meadowlark location: Chestnut Hill United Methodist Church.

My camper needs 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-served" basis, based on the number of seats available.**

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 a 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 the 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

Please complete the Financial Aid Form, if necessary.

☐ I **wish to** receive financial aid (complete form)

☐ **Signature of Parent/Guardian:** _____ **Date:** _____