

CAMP MEADOWLARK REGISTRATION FORM

The Arc of Central Virginia

Reminders:

- All applications must be returned by **June 15, 2026**
- Return the application to: The Arc of Central Virginia, c/o Camp Meadowlark,
1508 Bedford Avenue, Lynchburg, VA 24504
- If you need assistance completing this form or if you have questions, call or text Gail Ballowe
at (434) 941-0252
- Campers must be **14 years or older** before camp begins
- Camp Meadowlark does not provide lunch

Camper Information

Full Name: _____

Date of Birth: _____ Age: _____

Weight: _____ Sex: Male Female

Race/Ethnicity: White Black Hispanic Other: _____

Locality: Lynchburg Amherst Appomattox Bedford Campbell

Parent/Guardian Information

Name: _____

Phone: _____ Work Phone: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Medical Information

Medications: No Yes (list): _____

Allergies: No Yes (list): _____

Seizures: No Yes → Type: _____ Frequency: _____

Dietary Needs: _____

Special Health Needs: _____

Behavior Concerns (if any): _____

How should staff respond? _____

Please check any that apply to the camper:

- Mild Intellectual Disabilities Moderate Intellectual Disabilities Severe Intellectual Disabilities
 Profound Intellectual Disabilities Developmental Disability (Please Describe): _____

Equipment Used:

- Manual Wheelchair Motor Wheelchair Feeding Tube Braces Walker

Fears/Triggers:

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

Permissions: *Please Indicate Your Permission by Checking the Appropriate Box*

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

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 newsletters, websites, or other media. If permission is granted, Camp Meadowlark is released from any claims which may arise in that regard.

Yes No

Field Trip Permit: I hereby grant permission for my camper to attend any special field trips and the regularly scheduled swimming activities at 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

Medication/Special Needs: I hereby grant permission to Camp Meadowlark staff to administer prescribed medication, which I provide directly to 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

Please check the weeks the camper will attend (hours are 9:30am to 1:30pm):

- Week 1: June 29 - July 3
 - Week 2: July 6 - July 10
 - Week 3: July 13 - July 17
 - Week 4: July 20 - July 24
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Transportation

Camp Meadowlark is located at Chestnut Hill United Methodist Church

Does your camper need to be transported to camp? No Yes (complete the following):

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 (do not use route or box numbers)

Requested Pick Up Point:

Requested Drop Off Point:

Campbell County Residents

*Transportation is not confirmed for Campbell County at this time, but please let us know your preferred pick-up area and we will keep you informed of any updates regarding transportation availability.

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

Transportation schedules will be sent to each camper prior to the start of camp. Parents/Guardians are responsible for seeing each camper on and off the bus. Parents/Guardians who do not meet their camper at the drop off point will lose transportation privileges. Please note that The Arc of Central Virginia and Camp Meadowlark have no control over transportation.

Camp Fees and Payment

Camp fees are \$200.00 per week and are not pro-rated by the day.

If necessary, please complete the attached Financial Aid Request Form. If a scholarship is granted, families are still asked to contribute a minimum of \$50.00 per week.

Payment included with application: \$ _____

Note: 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: _____

REQUEST FOR FINANCIAL AID

Please complete this form and attach required documents if you wish to receive financial aid. The information provided will remain confidential.

You will be notified by letter before camp begins if financial aid is granted. If a scholarship is granted, families are still asked to contribute a minimum of \$50.00 per week.

- I wish to receive financial aid (complete form)
- Check here if camper attends a Medicaid waiver funded Day Support program

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

2. How many people live in the household? _____

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

By signing below, I understand that I will be notified prior to the start of camp if my camper will receive a scholarship. I also understand that if a scholarship is granted, I will be responsible for paying a minimum of \$50.00 per week.

Signature of Parent/Guardian: _____

Date: ____/____/____