

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 28.** (*Transportation is very limited and not guaranteed*)
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 \$175 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: _____

number of camper for each week. Please select your 1st, 2nd, 3rd, and 4th choice

- _____ Week #1 – July 5 to July 9
- _____ Week #2 – July 12 to July 16
- _____ Week #3 – July 19 to July 23
- _____ Week #4 - July 26 to July 30

TRANSPORTATION

Chestnut Hill United Methodist Church.

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

Because COVID is greatly limiting the number of bus seats available, if you are able to do so, we ask that you transport your campers to camp. 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 28*)

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

Transportation may not be available in Campbell County the first week of camp. Please plan to make other arrangements for that week. Additional information will be provided in your transportation letter.

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 25. 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 30^h.

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 31, 2020.

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