Dear Parents and Campers,

We are excited to announce that we will be holding both virtual camp sessions AND modified residential camps this fall!! Camp Aldersgate is taking safety precautions to protect our campers and staff and ensure that we have another fun, successful, and safe weekend camp season. Therefore, additional screening and restrictions will apply to in-person applications (see eligibility criteria for in-person camps and the registration process breakdown in this packet for more information.) We look forward to what to serving you and seeing what this fall has in store! Registration for the following camps is now open:

Modified Residential Camps – *limited capacity*

- Weekend residential camp experiences for participants ages 12-26 with disabilities and/or medical conditions.
- Although sessions are not diagnosis specific, campers will be placed with peers who have similar daily life adaptations.
- Fees are determined on a sliding scaled based on family income. More information about fees can be found in packet.

Virtual Weekend Camps

- Provide an opportunity for campers to connect and build meaningful relationships while participating in staff-led activities directly from home. Participants will receive a package containing all the supplies needed to engage in live, interactive, online sessions.
- Serves campers with disabilities and/or medical conditions, ages 6-26, who meet one of the following criteria:
    1. Eligible for a Camp Aldersgate Summer Camp
    2. Receives special education and "related services" in the school setting
    3. Requires the use of assistive devices and adaptations to complete Activities of Daily Living (ADLs)
- Fees are determined on a sliding scaled based on family income. More information about fees can be found in packet.

**We strongly encourage you to complete registration as soon as possible to help ensure your child's participation.** If you need additional copies of applications or have any questions, please just give us a call or visit our website, www.campaldersgate.net. **A complete application, including your Physician's Authorization, is necessary to secure placement in any of our programs.**

If your camper would like to attend both virtual and in-person programming please note on this application, and we will follow up with additional information.

Sincerely,

The Camp Aldersgate Program Team

Katie Jenkins  Ian Shuttleworth

# Camp Aldersgate
# Camping Programs
## Camper Application Checklist

Please use this form as a guide to ensure a completed application is returned. Space for camping sessions is limited.
ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR ACCEPTANCE.

| | | | |
|---|---|---|---|
| 1. | Camper Registration Form | ☐ | completed |
| 2. | Camper Information section | ☐ | completed |
| 3. | Parent/Guardian Information section | ☐ | completed |
| 4. | Emergency Contact Information section<br>This section must be completed in full. There must be 2 alternate contacts other than parent/guardian who do not reside in the same household.<br>example: #1 is a neighbor and #2 is the camper's aunt. | ☐ | completed |
| 5. | Parent/Guardian Authorization & Release section<br>Parent Authorizations – includes emergency authorization for treatment must be completed and signed by a parent or guardian. | ☐ | completed |
| 6. | Optional Information section | ☐ | completed |
| 7. | Personal Care and Activity Information section | ☐ | completed |
| 8. | Special Instructions and Daily Routines section | ☐ | completed |
| 9. | Insurance Information section | ☐ | completed |
| 10. | Immunization History<br>First time campers must include a complete copy of their immunization record.<br><br>Returning campers need to provide record of any new immunizations since last attending camp. If there have been no immunizations since last attending Camp Aldersgate disregard this section. | ☐ | attached |
| 11. | Health History & Physician's Authorization<br>The child's physician (or Advanced Practice Nurse representing the physician) must complete this section and sign the Physician's Authorization portion. | ☐ | completed |
| 12. | Camper Code of Conduct | ☐ | completed |
| 13. | Financial Disclosure Form | ☐ | completed |

Please return completed application to:

Camp Aldersgate
Attn: Applications
2000 Aldersgate Rd
Little Rock, AR 72205

# Camp Aldersgate, Inc.
## Weekend Camping Programs Description

**Program Description –**

Camp Aldersgate's Weekend Camps provide developmentally appropriate opportunities for campers to participate in and experience activities that promote cognitive, physical, social and emotional growth in a fun, engaging, camp setting. Each weekend includes components of physical activities, art, outdoor activities, structured and free play. Through actively participating in successful experiences, campers are able to learn skills necessary for leading productive, healthy, and satisfying lives.

**Eligibility –**

Weekend Camps serve campers with special needs who fall within the age range of 6 – 26 and whom meet one of the following criteria:

1. Eligible for one of the summer medical camps (with exception of increased medical needs: respiratory technology, nurse dependent dialysis, diabetes, and mild to moderate Asthma diagnosis)
2. Receives special education and "related services" in the school setting to increase academic achievement and functional performance
3. Requires use of assistive devices and adaptations to complete Activities of Daily Living (ADLs)

**How to Register –**

Return a completed camper application to Camp Aldersgate. We will contact you with placement information once we have processed your completed application.

Visit our website, www.campaldersgate.net for further information regarding our Weekend Camping Programs. You may also contact our office, (501)225-1444, or email Ian Shuttleworth at ishuttleworth@campaldersgate.net if you have any additional questions.

Camper's Name: _____

CAMP ALDERSGATE
COMMON GROUND FOR EXTRAORDINARY PEOPLE

# Fall 2021 Weekend Camp Registration Form

We are excited to announce that registration for Fall 2021 Virtual & Residential Weekend Camps is now open. **As of September 2021, Weekend Camping Programs will now be open to both children (ages 6-17) and young adults (ages 18-26) who meet eligibility criteria.** In order to enroll in any of our sessions, each camper must have an up-to-date file. Space is limited, so don't wait. Sign up today! Please return completed registration forms to Camp Aldersgate via mail, email (kjenkins@campaldersgate.net), or fax (501.225.2019).

## RESIDENTIAL CAMP SESSIONS (open to campers 12+)

***Covid-19 vaccine required to attend in-person programming***

_____ November 5th-7th – Down the Rabbit Hole

Join us as we celebrate our imaginations and create a topsy-turvy world filled with giant flowers, life-size games, and outrageous homemade hats. We'll wrap up the weekend with a Mad Hatter Tea Party and celebrate our "un-birthdays!"

_____ December 10th-12th– Holidays

Grab your favorite holiday attire (e.g., Halloween costume, patriotic shirt, reindeer antlers, St. Patty's day hat, etc.) and head to Camp for an epic celebration that you won't want to miss!

## VIRTUAL CAMP SESSIONS (open to campers 6+)

_____ December 3rd-5th

**Theme:** Palettes and Performances

**Description:** Let the good times roll & the creativity flow with art, crafts, music and so much more!

Is a Parent/Guardian Active Duty Air Force: (circle) Yes No
If Yes Complete Information below:

Sponsor's Name (Last, First, MI)

Sponsor's Rank Sponsor's SSN

**Attach Recent Photo Here**

## CAMPER APPLICATION

Date of this application: ____/____/____

Please indicate the program and year your child last attended: New Camper____ Summer Camps yr.____ Weekend Camps yr.____

## CAMPER INFORMATION

Name:____ Birth Date:____/____/____
Last First Middle

Gender *(circle):* *male* *female* T-shirt Size:____ Child's School:____

Where is your child's primary residence? ____with both parents ____with mother ____with father ____with guardian

Primary Medical Diagnosis/Condition (if not applicable write "none"):____

List any Secondary Diagnoses/Conditions:____

How did you hear about Camp Aldersgate's camping programs?____

If possible, this applicant would like to be assigned with the following cabinmate(s):____

Applying with (only for Kota Camp *"paired applicants"*):____

## PARENT/GUARDIAN INFORMATION

Mother or Guardian

Name:____ Job Title:____
Last First

Employer:____

Telephone Numbers: Home____/____ Work____/____

Cell ____/____ Email address:____

Address:____ City:____

County:____ State:____ Zip:____

Father or Guardian

Name:____ Job Title:____
Last First

Employer:____

Telephone Numbers: Home____/____ Work____/____

Cell ____/____ Email address:____

Address:____ City:____

County:____ State:____ Zip:____

## EMERGENCY CONTACT INFORMATION

Primary contact while your child is at camp: *(circle)* *Mother* *Father* *Other*____ Best phone number to call:____/____
If unable to reach parent/guardian, please notify: *(Two different individuals not living in the same household are required.)*

1) Full Name:____ Relationship to camper:____

Daytime telephone:____/____ Evening telephone:____/____

2) Full Name:____ Relationship to camper:____

Daytime telephone:____/____ Evening telephone:____/____

## Parent / Guardian Authorization

*The following authorization MUST be signed before applicant can be accepted as a camper.*

The health history I have provided in this application is correct and complete as far as I know. I agree to inform the camp of any significant health related issues that may arise following submission of this application and prior to my child's/ward's participation in the camp's programs and understand additional information and/or physician authorization may be requested. I give permission to Camp Aldersgate, Inc. to provide routine health care, administer prescribed medications, and seek emergency medical treatment including x-rays or routine tests for my child/ward: (name of camper) _____

I give permission for my child/ward (named above) to participate in the programs at Camp Aldersgate, Inc., in all camp activities, including field trips away from camp, except as noted by the physician or parent/guardian. I hereby release Camp Aldersgate, Inc., its Board of Directors, employees, volunteers, collaborating agencies, physicians, agents, independent contractors, and any and all parties of interest from all claims, demands, grievances and causes of action of every kind whatsoever, including, but not limited to, all which may arise from or out of any injury incurred by my child/ward (named above) while in attendance at the camp. This includes any necessary transportation.

In the event I cannot be reached in an emergency, I give permission to the physician selected by Camp Aldersgate, Inc. to secure and administer any necessary treatment, including hospitalization for my child/ward (named above). I give permission to Camp Aldersgate, Inc. to arrange necessary related transportation for my child/ward (named above).

I give permission for Camp Aldersgate, Inc. staff to administer over-the-counter medications for my child/ward (named above) if the camp medical staff deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

I agree to the release of any records necessary for insurance purposes and give permission for Camp Aldersgate, Inc. personnel to receive information concerning my child/ward (named above) from various medical, therapeutic, and other professionals which may be necessary for participation in Camp Aldersgate, Inc. programs.

I grant full permission and authority to Camp Aldersgate, Inc., its collaborating agencies, and their representatives to photograph my child/ward (named above) and to use, publish, and release for publication such photos relating to the programs of the above named organizations. The name of my child/ward may be used in connection with the above, with the understanding that there is to be no exploitation of the family member and that any photographs so used should conform to standards of good taste.

Camp Aldersgate may not be able to accommodate all medical conditions and/or disabilities. Camp Aldersgate reserves the right to make the final decision regarding admittance and dismissal of participants to its programs. This policy is to insure that adequate provisions can be made for participants while they are in the care of the camp.

Camp Aldersgate serves those who do not: require personal caregiviers other than camp staff or engage in aggressive and/or abusive behavior. Campers are recruited on a non-discriminatory basis, without regard to race, color, creed, sex, gender identification, national origin, religious or political affiliation.

This form may be photocopied for use outside of camp. My signature below indicates that I have read and agree with all the statements of the Parent Authorization.

Signature of Parent/Guardian:_____ Date:_____

## Optional Information

*The following section is information used solely for gathering statistical information and obtaining grant funding. Omission of any or all questions will not affect the status of your application. This assists Camp Aldersgate in securing funding to lower program costs. Answer questions as they pertain to your child and his/her household.*

Ethnic Origin: (circle one) Black/African American Asian White American Indian Hispanic/Latino Other:_____

Religious Affiliation:_____

Household Information: (circle one) two parent one parent

Number of Children, not including camper, living in household:_____

## Personal Care and Activity Information

*The following specific applicant information is to be completed by parent/guardian for camp medical staff. A copy will be given to the applicant's counselors. Please attach any additional information necessary to assist the counselors and volunteers to care for your child.*

Does the camper like to be called by any other name? _____ Age during camp:_____

Current grade in school:_____ Height:_____ Weight:_____ Gender: *(circle)* *male* *female*

Please indicate (√) the level of assistance needed for the following dally activities

| Personal Care Activity | needs no assistance | minimal assistance | total assistance | notes/needs |
|---|---|---|---|---|
| brushing teeth | | | | |
| showering | | | | |
| dressing | | | | |
| hair brushing | | | | |
| transfer (to and from wheelchair) | | | | |

| Camp Activity | needs no assistance | minimal assistance | total assistance | should not participate | notes/needs |
|---|---|---|---|---|---|
| swimming | | | | | |
| fishing | | | | | |
| canoeing/boating | | | | | |
| outdoor sports and games | | | | | |
| archery | | | | | |
| adventure challenge activities (ropes course) | | | | | |
| nature trails | | | | | |
| arts/crafts | | | | | |

Please circle/write the appropriate information below (attach additional page if needed)

Ambulation: wheelchair: *manual* *electric* walker
crutches braces walks alone - no devices
wanders? yes no occasionally

Sleeping: no problems needs help turning over
needs help getting in or out of bed needs bed rails
wets bed wears diapers at night walks in sleep
usual sleep time: from_____p.m. to_____a.m.

Behavior: no problems use time out (minutes:_____)
problems triggered by:_____
positive reinforcers:_____
suggestions:_____

Toilet Management: no problems diapers training pants
catheterization every _____ hours self-catheterization
catheter size_____ brand_____ type_____
usually has bowel movement every_____ day(s)
needs help with:_____

What does the applicant take for pain/discomfort:
_____

Eating: no assistance needed at meals regular diet
G-Tube NG-Tube tube feedings every_____ hours
food must be: cut chopped mashed pureed
must be fed special utensils:_____
needs help with:_____
special diet:_____

Seizures: none has seizures date of last one_____
Type_____usual
duration_____ usual frequency_____
triggered by_____

Communication: no problems non-verbal sign language
limited abilities can communicate personal care needs
communication device (type_____)

Hearing: no problems oral deaf
hearing impaired wears aides

Vision: normal wears glasses limited blind

Heat Tolerance: good fair poor

## Special Instructions and Daily Routines

*Camp Aldersgate strives to make each camper's participation a safe, comfortable, and fun experience. It is important that we have as much information as possible regarding what your child is used to and comfortable with. Sometimes following routines or special ways of doing things helps a camper feel more at ease with a new environment. Please take a few moments and share with us your child's typical daily routine (especially consistent behavior problems, as well as personal care and mealtime procedures) and include any special instructions, techniques of motivating and rewarding your child, hobbies, likes/dislikes, etc. Everything that you provide will help us better care for your child.(example: My child will only settle down at night if I rock her. She will smile each morning if I hum a song to her.) Also include any goals you would like the applicant to achieve during their stay at camp.(examples: improve personal care skills, make new friends, learn to float in pool, etc.) Enclose extra pages if necessary.*

## Insurance Information

Medicaid #:_____ Hospital preference in Little Rock (if any):_____

Name of Primary Care Physician:_____

Physician's office phone: (_____)_____ Physician's emergency phone: (_____)_____

Address: _____ City: _____ State: _____ Zip: _____

### Immunization History

We are required to have a copy of each camper's immunization record on file.

New campers at Camp Aldersgate - a *complete* copy of his/her immunization record MUST accompany this application.

Returning campers - all we need is a record of any immunizations received since last at Camp Aldersgate. If your child has not received any new immunizations, disregard this section.

Applications submitted without the required immunization information cannot be processed until this information is received. Camp Aldersgate adheres to immunization guidelines used by most educational facilities.

*Please check with your school nurse or administration about obtaining a copy of your child's record.*

## Health History and Physician's Authorization

*The Health History and Physician's Authorization (both sides of this form) is to be completed by the applicant's Primary Care Physician. It will be used by the camp's medical staff to determine medical eligibility, be reviewed by the camper's counselors, and will be kept on file in the infirmary.*

Dear Physician,

Camp Aldersgate's Camping Programs feature 3 to 6 days of traditional camping activities for children with medical conditions, physical disabilities, and developmental delays. Accepted applicants will be assigned to live with 6 to 8 cabin mates as well as junior and senior counselors. Activities may include nature hikes, canoeing, fishing, swimming, SCUBA, archery, campfires, music, adventure/challenge (ropes course) activities, arts and crafts. Although activities have been adapted so children of all abilities can participate, they may require physical exertion and/or travel to and from various locations throughout the camp.

Please complete both sides of this form. Attach additional information you feel the camp medical staff should be aware of.

Primary Medical Diagnosis:*(if not applicable write "none")*_____

List any Secondary Diagnoses:_____

| Current Medication(s) (please indicate if pill, inhaler, injection, etc.) | Strength | Dosage | Time(s) | | | |
|---|---|---|---|---|---|---|
| | | | breakfast | lunch | dinner | other |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## Allergy Information

Is this child allergic to any:

| | | | |
|---|---|---|---|
| Medications | Name | Reaction (be specific) | Age of last reaction |
| | | | |
| | | | |
| | | | |
| Foods | Name | Reaction (be specific) | Age of last reaction |
| | | | |
| | | | |
| | | | |
| Animals<br>Insects<br>Plants | Name | Reaction (be specific) | Age of last reaction |
| | | | |
| | | | |
| | | | |
| Other | Name | Reaction (be specific) | Age of last reaction |
| | | | |
| | | | |

Is this child latex sensitive? yes no

Camper Name:_____

Date of last tetanus shot:_____ height:_____ weight:_____

blood pressure: _____/_____ heart rate:_____ respiration rate:_____

## Physical Examination

| Body System | normal | abnormal | If abnormal, please explain |
|---|---|---|---|
| HEENT | | | |
| Cardiovascular | | | |
| Respiratory | | | |
| Gastrointestinal | | | |
| Skeleto-muscular | | | |
| Genitourinary | | | |
| Other: | | | |

Please circle/write the appropriate information below

General: frequent ear infections heart defect/disease seizures bleeding/clotting disorders hypertension rashes/ringworm

comments regarding circled items:_____

Surgeries (specify):_____

Childhood Diseases: chicken pox mumps measles German measles other (specify):_____

For Female Applicants - Has this applicant menstruated? yes no If so, is her menstrual history normal? yes no

Special consideration:_____

Medical Equipment

wheelchair charger hearing aids dialysis cycler other:_____

Bi-PAP C-PAP ventilator inhaler hospital bed other:_____

Has Down syndrome been diagnosed in this applicant? yes no

If yes, is the applicant clear of Atlantoaxial Dislocation Condition confirmed by diagnostic x-ray? yes no

Restrictions/limitations on participation in any camp activities:_____

Additional Comments:

## Physician's Authorization

I have examined _____ within the past 6 months (date examined: _____)
and in my opinion, his/her condition DOES NOT preclude his/her participation in an active camp program.

Physician's Printed Name:_____ Phone: _/_____

Address:_____ City:_____ State:_____ Zip:_____

Licensed Physician Signature (or Advanced Practice Nurse/Registered Nurse Practitioner representing the physician):

X _____ Date:_____

## Asthma Camper Information

*This section to be completed by parent or guardian and reviewed by the applicant's Primary Care Physician. The camp's medical staff and counselors will utilize this form.*

Who is responsible for giving your child's asthma medication at home? (please circle) child parent other_____

Does your child use a peak flow meter? (please circle) yes no If yes, what is your child's normal reading?_____

What brand of peak flow meter?_____ Do they use it regularly? (please circle) yes no

On a scale of 1 to 10, how do you rank your child's asthma? (please circle one number)

(NO ASTHMA) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE ASTHMA)

## Asthma Health History

How long has your child had asthma? _____ years

WITHIN THE LAST 5 YEARS, has your child been:

Admitted to the hospital for asthma? (please circle) yes no How many times?_____ Age (most recent)?_____

In an intensive care unit for asthma? (please circle) yes no How many times?_____Age (most recent)?_____

Intubated for asthma? (please circle) yes no How many times?_____Age (most recent)?_____

WITHIN THE PAST YEAR ONLY, how many times has your child:

Been home from school because of asthma? _____number of days

Been to the doctor's office because of difficulty with his/her asthma? _____number of days

Been to the emergency room or urgent care clinic because of asthma? _____number of days

**Been on oral corticosteroids** (such as prednisone, Prelone, Pediapred) _____**how many times most recent date**_____

WITHIN THE LAST THREE MONTHS, (on the average):

How many times per week does your child wake up because of asthma or coughing? _____nights per week

How many times per week does your child have to use his/her reliever (rescue inhaler)? _____days per week

How much does your child's asthma interfere with exercise? (please circle) none some a lot

Please circle Yes (Y) or No (N)

1. Have there been any hospitalizations for asthma in the PAST 5 YEARS? Y / N How many times?_____
   Date of most recent hospitalization (month/year): _____/_____
2. Has this child been:
   a. In the ICU or intubated because of asthma in the PAST 5 YEARS? Y / N How many times?_____
      Date of most recent ICU admittance or intubation (month/year): _____/_____
   b. On oral corticosteroids within the PAST YEAR? Y / N How many times?_____
      Date of most recent course (month/year): _____/_____
   c. Hospitalized for reason other than asthma? Y / N How many times?_____
3. Has this child received the following tests or evaluations in the PAST YEAR?
4. Based on the NHLBI's guidelines severity classification, how would you rate this child's asthma?

*Intermittent Asthma* *Persistent Asthma* *Mild* *Moderate* *Severe*

## Camper Code of Conduct

*(Please review with your child)*

It is our hope that everyone that participates in our program will have a positive experience that will last a lifetime. To help everyone get the most out of their camp experience, we have set up a list of ground rules to help parents and children understand what we expect at camp. We recognize the special needs of our campers and will, as much as possible, individualize the rules according to the needs and abilities of each camper.

Camp has four basic rules that we explain to the children and also post in the cabins. We have these rules so that everyone can be assured of a positive experience.

- Respect yourself, others and property. Abusiveness toward others or using inappropriate language, fighting, stealing, etc. is not allowed. It also covers property damage, graffiti or vandalism. Respect yourself, refers to keeping your things picked up, personal hygiene and taking your medication on time.

- Participate in camp activities. It is camp's responsibility to know where all the campers are at all times. We encourage campers to try all activities unless excused by staff. Campers are supervised at all times and cannot be left alone.

- Follow directions. There are a lot of fun things to do at camp but every activity has rules so we can operate the activity safely and appropriately. We ask the campers to follow staff direction during these activities.

- No put-downs. Examples of this would include teasing, name-calling, racial slurs or inappropriate practical jokes.

If we do have a problem with inappropriate behavior, we have a camper behavior response policy. The counselor will start by giving the child a warning, and then a time-out with an explanation and discussion on what is causing the problem. If the counselor needs help, a supervisor or coordinator on site will work with the child to help avoid further problems. We will also call home to find out if the parents have any suggestions on ways to deter the inappropriate behavior. As a last resort, we may need to send a child home. Sometimes in the case of severe homesickness or if misbehavior could cause immediate harm to themselves or others, we reserve the right to immediately ask that the child be removed from camp.

It is our hope that each child will go home with great memories of camp. These rules are designed to protect the camper's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please feel free to call. It is our mission to provide a quality experience for everyone.

I understand and accept that my child must abide by the Camper Code of Conduct

Parent's Signature _____ Date _____

I agree to abide by the Camper Code of Conduct

Camper's Signature _____ Date _____

# Camp Aldersgate, Inc.

## Financial Disclosure

Please complete this form if you are applying for
Weekend, Summer, and/or Kota Camps.

Camper's Name _____

The following statement of understanding *MUST* be signed before applicant can be accepted as a camper. *All information contained in this document is confidential and will be used solely for the purpose of determining fees for participating in the Weekend, Summer, and Kota Camps programs.*

I understand that the information provided below will be used to determine the family's contribution towards the cost for my family member to participate in the Weekend and/or Kota Camps program(s) at Camp Aldersgate. *I further understand that should I choose not to provide my family financial information, my family member will not be eligible for any reduction in the family's contribution towards the cost of participation.*

_____ I choose not to disclose my family financial information

My family's *total annual income* is: $_____

Signature of Parent/Guardian_____

Date_____

*If your camper's fee is to be covered by waiver, a health agency, or another entity, please include the information:
Agency Name: _____ Contact Person: _____

Email: _____ Phone Number: _____

Financial Aid for tuition may be available to those who qualify.
*Please see the back of this form for Residential & Virtual Camps tuition information.*

# Camp Aldersgate, Inc.

## Camper Fee Schedule – Weekend Camps- (Fall 2021-Spring 2022)

The cost of a residential weekend camp is approximately $700 per camper per session. Camp Aldersgate fundraises so that we are able to offer Tuition Assistance to all campers not funded by an agency. This assistance is based on family income.

| In-Person Weekend Camps Tuition | | | |
|---|---|---|---|
| Annual Income | Cost to Families | Cost for each additional camper | Cost to families for 2 children to attend |
| $25,000 and under | $47.00 | $38.00 | $85.00 |
| $25,001 - $35,000 | $87.00 | $67.00 | $154.00 |
| $35,001 - $50,000 | $135.00 | $100.00 | $235.00 |
| $50,001 - $75,000 | $175.00 | $132.00 | $307.00 |
| $75,001 - $100,000 | $240.00 | $180.00 | $420.00 |
| $100,001 and above | $305.00 | $230.00 | $535.00 |
| Choose not to disclose | $305.00 | $230.00 | $535.00 |

| Virtual Weekend Camps Tuition | | | |
|---|---|---|---|
| Annual Income | Cost to Families | Cost for each additional camper | Cost to families for 2 children to attend |
| $25,000 and under | $15.00 | $11.00 | $26.00 |
| $25,001 - $35,000 | $22.50 | $17.00 | $39.50 |
| $35,001 - $50,000 | $30.00 | $22.50 | $52.50 |
| $50,001 - $75,000 | $37.50 | $28.00 | $37.50 |
| $75,001 - $100,000 | $45.00 | $33.50 | $78.50 |
| $100,001 and above | $60.00 | $45.00 | $105.00 |
| Choose not to disclose | $60.00 | $45.00 | $105.00 |

Camper fees are due on the first day of each session and will be collected during check-in for residential sessions. Cash, credit card, and checks made payable to Camp Aldersgate are all acceptable forms of payment. To make a credit card payment over the phone in advance, please call the Camp Aldersgate office at (501) 225-1444.

# Camp Aldersgate, Inc.

## Camper Fee Schedule – Summer 2021

The cost of a residential summer camp is approximately $1100 per camper per session. Camp Aldersgate fundraises so that we are able to offer Tuition Assistance to all campers not funded by an agency. This assistance is based on family income.

| In-Person Summer Camps Tuition | | | |
|---|---|---|---|
| Annual Income | Cost to Families | Cost for each additional camper | Cost to families for 2 children to attend |
| $25,000 and under | $148.00 | $118.00 | $266.00 |
| $25,001 - $35,000 | $236.00 | $189.00 | $425.00 |
| $35,001 - $50,000 | $325.00 | $260.00 | $585.00 |
| $50,001 - $75,000 | $414.00 | $331.00 | $745.00 |
| $75,001 - $100,000 | $502.00 | $402.00 | $904.00 |
| $100,001 and above | $591.00 | $473.00 | $1,064.00 |
| Choose not to disclose | $591.00 | $473.00 | $1,064.00 |

| Virtual Summer Camps Tuition | | | |
|---|---|---|---|
| Annual Income | Cost to Families | Cost for each additional camper | Cost to families for 2 children to attend |
| $25,000 and under | $51.00 | $41.00 | $92.00 |
| $25,001 - $35,000 | $82.00 | $66.00 | $148.00 |
| $35,001 - $50,000 | $113.00 | $90.00 | $203.00 |
| $50,001 - $75,000 | $144.00 | $115.00 | $259.00 |
| $75,001 - $100,000 | $174.00 | $139.00 | $313.00 |
| $100,001 and above | $205.00 | $164.00 | $369.00 |
| Choose not to disclose | $205.00 | $164.00 | $369.00 |