22242 Bay Shore Road Chestertown, MD 21620-4407 USA
410.778.0566 fairlee@esdel.org **www.campfairlee.com**

Registration Check List Instructions

To ensure a successful registration process please make sure you have completed all sections. Everything with RED HEADERS is required for processing/acceptance. The application will NOT be processed until it is completed in its entirety. Thank you.

- ☐ Participant Information
- ☐ Emergency Contacts
- ☐ Choose Sessions and Dates
- ☐ Payment Information
- ☐ Waiver and Release signed and dated
- ☐ Participant Health Information
- ☐ Program Information
- ☐ Additional Information
- ☐ Letter of Intent (if agency is paying)

Please mail back entire application book intact. DO NOT TAKE APART. Thank you

easterseals Camp Fairlee

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E-mail: Fairlee@esdel.org
Web: www.campfairlee.com

SUMMER RESPITE REGISTRATION FORM

Before sending the registration form, please ensure you have included the following:

- Page 1-12 completed (application will not be processed until all parts are complete)
- Signed Waiver and Release (page 4)
- $100 deposit to process the registration

Participant Information (Please print clearly or type)

First Name: Last Name: ☐ New Participant ☐ Returning Participant

Physical Address:

City: State: Zip: County:

Mailing Address: (if different than above)

City: State: Zip: County:

Birthdate: Age:

Male/Female: Height: Weight:

Ethnic Origin: (optional-please check one) ☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other

☐ Parent ☐ Guardian ☐ Care Provider ☐ Case Manger Information (please check one)

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

E-mail:

Best form of contact: ☐ Phone ☐ E-mail Are you in or have you served in the military ? ☐ Yes ☐ No

Emergency Contacts (please provide all three)

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

2020 Summer Dates

Sessions are organized according to age.
Please check the session or sessions the participant wishes to attend.

Summer Camp Session

June 28– July 3, 2020 (6 Day)	Youth/Adult	☐ $1400 (3:1+) ☐ $2400 (1:1) ☐ MD Autism Waiver(82hrs)
July 5-10, 2020 (6 Day)	Youth/Adult	☐ $1400 (3:1+) ☐ $2400 (1:1) ☐ MD Autism Waiver(82hrs)
July 12-23, 2020	12 day Youth/Adult	☐ $2800 (3:1+) ☐ $4800 (1:1) ☐ MD Autism Waiver(165hrs)
July 12-17, 2020 (6 Day)	Week 1 Only	☐ $1400 (3:1+) ☐ $2400 (1:1) ☐ MD Autism Waiver (82hrs)
July 18-23, 2020 (6 Day)	Week 2 Only	☐ $1400 (3:1+) ☐ $2400 (1:1) ☐ MD Autism Waiver (82hrs)
July 26 - 31, 2020 (6 Day)	Autism/1:1 (6-21)	☐ $2400 (1:1) ☐ MD Autism Waiver (82hrs)
August 2 –7, 2020 (6 Day)	Youth/Adult	☐ $1400 (3:1+) ☐ $2400 (1:1) ☐ MD Autism Waiver (82hrs)
August 9-14, 2020 (6 Day)	Autism/ 1:1 (6-21)	☐ $2400 (1:1) ☐ MD Autism Waiver (82hrs)
August 16-21, 2020 (6 Day)	Youth/Adult	☐ $1400 (3:1) ☐ $2400 (1:1) ☐ MD Autism Waiver(82hrs)
August 23-27, 2020 (5 Day)	Adults (21+)	☐ $1350 (3:1+) ☐ $1750 (1:1)

Daily Adventure and Summer Vacations

June 6-11, 2020 (5 Day)	Royal Caribbean Cruise: Bermuda	☐ $3800 (3:1+) 8 openings
July 26 - 31, 2020 (6 Day)	Youth Daily Adventure	☐ $2000 (3:1+) 8 openings
August 9-14, 2020 (6 Day)	Adult Daily Adventure	☐ $2000 (3:1+) 8 openings
August 16–23, 2020 (6 Day)	Nags Head, NC Vacation	☐ $3000 (3:1+) 10 openings

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Referral Information (Please complete, even if you are a returning participant)

Name of Teacher/Caseworker/Coordinator:

Agency:

Address:

Phone:

How did you hear about us? ☐ Print ad ☐ Internet ☐ Resource Fair ☐ Social Media ☐ Friend ☐ Past Camper

PAYMENT INFORMATION AND OPTIONS (MUST be completed and signed. Please check all that apply)

_____ Choice 1: Full payment enclosed

_____ Choice 2: $100 deposit enclosed (for each session choice)

_____ Choice 3: Paying by credit card (Visa/MasterCard/Discover/American Express—Please call with card information.)

_____ Choice 4: Paying balance monthly

_____ Choice 5: Autism Waiver **(A copy of your Plan of Care must be submitted to camp with the number of hours needed.)**

Amount Enclosed: $_____ **Balance left to be paid: $**_____

Signature of individual responsible for payments/balance: _____

We encourage you to contact clubs, businesses, organizations and agencies for funding assistance. Please note: If a funding source is paying your deposit and/or balance, a completed **Letter of Intent** must be completed and on file.

_____ Choice 6: Balance to be paid by an agency or organization. (Please complete information below.) **$**_____

_____ Choice 7: Deposit and balance to be paid by an agency or organization. (Please complete information below.) **$**_____

Agency/Organization Name:_____ Contact Name: _____

Address:_____

City:_____ State:_____ Zip Code:_____ Phone:_____

WAIVER AND RELEASE (MUST have a signature in order to process the application)

This document must be signed by either the participant and or the parent or legal guardian if applicable. All references to the participant include the parent or legal guardian.

As a condition of participation in the summer camp program, the participant agrees to the following:

Participant acknowledges that a wide variety of activities will be conducted, including swimming, challenge course and waterfront. Participant acknowledges that some of the activities may subject him/her to certain stresses and hazards, not all of which can be foreseen. Participant desires and consents to take part in all such activities unless otherwise indicated in writing prior to the summer camp program. Participant assumes all the risks incident to the nature of the activities to be conducted and agrees that neither Easterseals Delaware and Maryland's Eastern Shore, Inc., nor any of its representatives shall be held responsible for any damages or injuries resulting to the participant in the program. In the event the program staff determine that the participant cannot meet the program eligibility requirements, the participant may be dismissed. Supervision and transportation resulting from dismissal of such participant are the responsibility of the participant.

Participant understands that Easterseals and its representatives are not responsible for loss or damage to the personal property and possessions of the participant.

Participant is liable for any damage to the property of Easterseals resulting from the acts of the participant.

Participant consents to the use of any film/photographs/video taken during the program, whether for advertising, social media, promotion and/or publicity purposes by Easterseals unless otherwise indicated in writing prior to the program. The participant waives all claims of compensation for such use.

Permission is granted for participant to attend all program field trips, Participant acknowledges that transportation may be provided for program related purposes in a vehicle provided by Easterseals and its representatives. It is the participant's responsibility to adhere to all safety requirements (using seat belts and remaining seated).

Participant represents that all of the information provided in this application, including the health forms, is true and correct and that Easterseals and its representatives have full right and authority to rely on the information contained therein. Participant further recognizes that Easterseals and its representatives reserve the right to reject any participant in the event of the failure or refusal of the participant to accurately complete and sign all of the required documents.

I have read and fully understand the program details, waiver and release.

_____

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

_____

Signature of Participant (if over 18 years of age): **Date:**

LETTER OF INTENT FOR FUNDING

INSTRUCTIONS FOR FAMILIES AND CARE PROVIDERS

If you are requesting funding from an agency or organization, this form must be completed and returned to the administrative coordinator at Easterseals Camp Fairlee as soon as possible, in order to secure a place and official enrollment at camp.

Complete **Section One** and contact your community agency/organization/community navigator providing funding towards your fee, before sending this form to the appropriate contact person, who will complete **Section Two**.

Your agency/organization may return the form to you or send it directly to camp. If it is returned to you, please ensure you send the form back to the administrative coordinator at Easterseals Camp Fairlee.

SECTION ONE (to be completed by family/care provider)

Name of participant requesting funding: _____

Address: _____

Camp session dates: _____ Funding requested: $ _____

PLEASE NOTE: THE DEPOSIT OR ANY REMAINING BALANCE OF THE OVERALL FEE, WHICH WILL NOT BE COVERED BY THE AGENCY/ORGANIZATION, MUST BE PAID **NO LATER THAN JUNE 1ST.** FAILURE TO PAY THE REMAINING BALANCE (IF ANY) WILL RESULT IN THE LOSS OF YOUR PLACE AT CAMP.

INSTRUCTIONS FOR AGENCIES AND ORGANIZATIONS

In order for the participant to secure a place and official enrollment at camp, this form must be completed. By doing so, your agency or organization is agreeing to provide funding for the participant named above, who is scheduled to attend Easterseals Camp Fairlee during the time frame listed.

Complete **Section Two** and return this form directly to the administrative coordinator at Easterseals Camp Fairlee, or back to the family.

SECTION TWO (to be completed by agency/organization authorizing payment)

Agency/Organization: _____ Funding requested: $ _____

Address: _____

Contact person: _____ Phone: _____

E-Mail: _____

Signature: _____ Date: _____

PLEASE NOTE: PAYMENT FROM THE AGENCY/ORGANIZATION MAY BE RECEIVED AFTER THE SERVICE, PROVIDED THAT THE LETTER OF INTENT FOR FUNDING IS ON FILE. THIS MUST BE COMPLETED AND SIGNED AS AN AUTHORIZATHION OF PAYMENT.

☐ Payment in enclosed ☐ Please send invoice before session ☐ Please send invoice after session

Checks can be made payable to:

Easterseals of Delaware and Maryland's Eastern Shore

AGENCIES AND ORGANIZATIONS SUCH AS YOURS ARE VITAL IN HELPING PEOPLE WITH DISABILITIES ENJOY THE INDEPENDENCE THAT SUMMER CAMP EXPERIENCES PROVIDE. ON BEHALF OF THOSE WE SERVE, EASTERSEALS CAMP FAIRLEE THANKS YOU FOR YOUR SUPPORT.

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Easterseals Camp Fairlee

PARTICIPANT INFORMATION

Participant Information (Please print clearly or type)

Name:	Last Name:	Nickname:

Disability Information (Please **check** the **primary** and underline all that apply)

- ☐ Speech-language
- ☐ Hearing impaired
- ☐ Visually impaired
- ☐
- ☐ Peripheral Nerve Injury/Disorder
- ☐ Muscular Dystrophy
- ☐ Central Nervous System Injury/Disorder
  - ☐ Stroke
  - ☐ Epilepsy/Seizure Disorder
  - ☐ Multiple Sclerosis
  - ☐ Head Injury
  - ☐ Spinal Cord Injury
- ☐ Neurological Condition(s) at Birth
  - ☐ Cerebral Palsy
  - ☐ Down Syndrome
  - ☐ Spinal Bifida
- ☐ Social/Psychological
  - ☐ Autism
  - ☐ Behavior
  - ☐ Alcohol/Drug Disorders
  - ☐ Psychosis
- ☐ Learning/Developmental Delay
- ☐ Intellectual Disability

Level: ☐ Mild ☐ Moderate ☐ Severe/ Pro-

- ☐ Attention Deficit Disorder
- ☐ Orthopedic Impairments at Birth
- ☐ Postural Disorders
- ☐ Heart, Circulatory, Respiratory
- ☐ Asthma
- ☐ Skin and Cellular Tissue Disorder
- ☐ Allergic/Metabolic/Nutritional
- ☐ Cystic Fibrosis
- ☐ Diabetes
- ☐ Geriatric Aging
- ☐ Other Disabilities (please list)

_____

General Background (Please check all that apply)

Communication

- ☐ Speaks clearly
- ☐ Uses sign language
- ☐ Speaks, but may be difficult to understand
- ☐ Uses communication board
- ☐ Gestures
- ☐ Other: _____

Language Spoken/Understood_____

Vision

- ☐ normal ☐ mild/moderate loss
- ☐ severe/total loss

Does participant wear corrective lenses? ☐ Y ☐ N

Hearing

- ☐ Normal ☐ Mild/Moderate Loss
- ☐ Severe/Total Loss

Does participant wear hearing aids? ☐ Y ☐ N

Mobility

- ☐ Walks independently
- ☐ Walks with assistance
- ☐ Walks with cane/crutches/walker
- ☐ Walking ability affected, but walks independently
- ☐ Uses wheelchair
  - ☐ manual ☐ power
- ☐ uses AFOs ☐ Bed Rails

Personal Care (Please check all that apply and provide a complete description if participant requires assistance)

Task	Independent	Requires Some Assistance	Requires TOTAL Assistance	Description of Assistance Needed
Dressing				
Showering				
Toileting				
Teeth Brushing				
Shaving				
Transferring				
Menstruation				

Aids used (check all that apply)	☐ Diapers	☐ Bedpan	☐ Urinal	☐ Toilet chair
Bladder control	☐ Normal	☐ Has accidents	☐ Incontinent	☐ Wets bed
Bowel control	☐ Normal	☐ Has accidents	☐ Incontinent	☐ Colostomy
Eating assistance	☐ No assistance	☐ Partial assistance	☐ Total assistance	☐ Can feed self finger foods ☐ G-Tube ☐ Uses Straw

What adaptive devices are used for eating? (must be sent to camp)_____

Does participant have difficulties swallowing? ☐ Solids ☐ Liquids

Does participant have any known food allergies or problems with foods?_____

PROGRAM INFORMATION

Horseback Riding: The program is held at Worthmore Farms, a KART riding center accredited by the Professional Association of Therapeutic Horsemanship (PATH). Instruction is provided under the direction of a PATH certified therapeutic riding instructor. All riders use a leader and side walkers.

Swimming: Swimming is a lifeguard supervised activity. All lifeguards, hold an American Red Cross certified on a yearly basis that covers CPR, First Aid & AED and Lifeguard certification. Participants who are unable to swim wear life jackets and all campers must pass a swim test to be able to swim in the deep end.

Challenge Course: A Challenge Course program is accredited through ACA and the ACCT. Inspections are conducted annually on all equipment and the tower. Staff participate in yearly training. Participants are required to have trunk and head control to participate. Our challenge course is based on challenge by choice and is a Universal Climbing program for all abilities.

Canoeing: A lifeguard supervised activity, all of which are CPR, First Aid certified, as well as trained canoeing instructors. Participants must have trunk and head control to participate.

Transportation: Camp Fairlee transports all participants by bus to waterfront and horseback riding activities. All buses are inspected on a routine bases.

Hiking: The trails at Camp Fairlee are flat and not strenuous: It is a 1 mile hike, and appropriate shoes are required. All trails are supervised.

Hayrides and Campfires are weekly program activities. All participants have the option of participating in.

Activity Restrictions (All activities are accessible for people with disabilities.)

A wide variety of programs are offered at Camp Fairlee, including those listed below. Please indicate which activities the participant should or should not engage in.

ACTIVITY	Ok To Participate	CANNOT Participate	ACTIVITY	Ok To Participate	CANNOT Participate
Horseback Riding			Transportation		
Swimming			Hayrides		
Challenge Course			Hiking		
Canoeing/Kayak			Campfire		

Please list any other activities which you feel the participant be engaged in:

Additional Information

Has the participant previously attended a residential camp? ☐ Yes ☐ No
If yes, what camp: _____

If yes, was it a positive experience? ☐ Yes ☐ No
If no, please explain: _____
_____
_____

Does the participant follow direction? ☐ Yes ☐ No ☐ Occasionally
If no or occasionally, please explain: _____
_____

Does the participant have any behaviors of which the staff need to be aware of? ☐ Yes ☐ No
If yes, please explain:_____
_____

Are there key actions, words, or phrases used to stop behavior and redirect? ☐ Yes ☐ No
If yes, please explain: _____
_____

Is a behavior management plan currently being used with the participant? ☐ Yes ☐ No
If yes, please send a copy with the application. Easterseals prohibits most restrictive behavior intervention techniques. Acceptance will be based on our ability to follow plans within agency policies.

Does the participant sleep through the night? ☐ Yes ☐ No
If no, please explain: _____
_____

Please list any strong fears the participant may have: _____
_____

Please list any activities the participant especially dislikes: _____
_____
_____

Please list any activities the participant especially enjoys: _____
_____

Please use this space for any other information you feel would be helpful in providing the best experience for the Participant: _____
_____
_____
_____
_____

2020 Schedule and Descriptions

This is yours to keep

June 28-July 3, 2020: County Fair Week: (Youth/Adult) Come kick off the summer season with Camp Fairlee. With a week of filled with fun, music, laughter, and games. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, camp fires, hayrides and much more.

July 5-10, 2020: Hollywood Week: (Youth/Adult) Join us for a glamorous week of Hollywood magic. Where everybody is a star. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, camp fires, hayrides and much more.

July 12-23, 2020 (12 day):

July 12-17, 2020: Crazy Critters Week: (Youth/Adult) Meet and explore the lives of the crazy critters that live around camp. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, camp fires, hayrides and much more.

July 18-23, 2020: Fairlee Olympics Fairlee Week: (Youth/Adult) Come ready to play in a week of friendly and exciting competition. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, camp fires, hayrides and much more.

July 26-31, 2020: Cartoon Capers Week: (Autism) Come enjoy a fun filled week of animated antics featuring your favorite characters at Camp Fairlee. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, camp fires, hayrides and much more.

August 2-7, 2020: Circ desol Fairlee Week: (Youth/Adult) You'll flip over this week of fill with magic, fantasy, and fun. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, camp fires, hayrides and much more.

August 9-14, 2020: Under the Sea Week: (Autism) Get ready for a week of underwater adventure while we explore life under the sea. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, camp fires, hayrides and much more.

August 16-21, 2020: Rock Week: (Youth/Adult) join Camp Fairlee for a rocken week filled with music, games, and crafts. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, camp fires, hayrides and much more.

August 23-27, 2020: Halloween: (Adults Only) Things are getting spooky at Camp Fairlee. We invite you to join us for a week of Halloween fun along with camp favorites. As well as traditional camp activities like arts and crafts, swimming, horseback riding, high ropes, canoeing, photography, camp fires, hayrides and much more.

June 6-11, 2020: Royal Caribbean Cruise: Bermuda: (Adults Only) Get ready to set sail to the stunning island of Bermuda on Royal Caribbean Grandeur of Sea. Campers will have a chance to soak up the sun while at port for 2 days in Kings Wharf Bermuda. During our stay we will explore the island, sightsee, shop, and take a swim in the crystal blue waters. (3:1 + ratio)

July 26-31, 2020: Youth Daily Adventure: A daily adventure will be taken off camp grounds each day to the beach, amusement park, baseball game or another exciting destination. **All participants must be on a 8am and 8pm medication schedule. (**3:1+ ratio)

August 9-14, 2020: Adult Daily Adventure: A daily adventure will be taken off camp grounds each day to the beach, amusement park, baseball game or another exciting destination. **All participants must be on a 8am and 8pm medication schedule. (**3:1+ ratio)

August 16-23, 2020: Nags Head, NC Vacation: (Adults Only) Stay with Camp Fairlee in Nags Head, North Caroline. Campers will enjoy the sand between their toes and salty air of the beach. We will explore the lighthouses and see where the Wright Bros flew the first plane and more. (3:1+ ratio)

Ratio Descriptions

1:1 Ratio

This ratio applies to participants who need constant supervision and individual assistance, such as:

- Verbal prompts
- Reminders, gestures, schedules
- Hand-over-hand assistance during their daily schedule meals and morning/night routines
- Participants can be ambulatory or use a wheelchair.
- They may bear weight or need full assistance from the staff, such as a 1/2/3 person transfer or Hoyer lift.
- Total assistance with bathing, toileting and brushing teeth
- Poor balance

This also applies to a participant that has a history or current history of disruptive behaviors:

- Elopement
- Non-compliance
- Inappropriateness
- Sleeping issues or any other behavior that could be considered disruptive to self or others.
- Participants who do not attend planned camp activities on a regular basis

This ratio also applies to participants who require hourly health services:

- such as tube feedings
- overnight tube feedings or other health treatments that must be given by a nurse periodically throughout the day.

3:1 + Ratio

This ratio applies to participants who are typically independent or need minimal assistance from staff such as:

- verbal prompts
- reminders, or gestures during their daily camp schedule
- Participants must be ambulatory and/or use a wheelchair
- must be able to transfer independently or with minimal assistance.
- Participants must also follow directions from their assigned staff on a regular basis
- They must participate in activities on a regular basis with no disruptive behaviors.
- No assistance with bathing, toileting and brushing teeth