Camp Krem Summer Program 2010

CAMP REGISTRATION: (510) 222-6662 - Email campkrem@yahoo.com FAX 510 223 - 3046
MAILING ADDRESS: Camping Unlimited - 4610 WHITESANDS CT., El SOBRANTE, CA 94803
CAMP SUMMER PHONE & ADDRESS: (831) 338-3210: Camp Krem, 102 Brook Lane, Boulder Creek, CA 95006
BOOKEEPER: campkrem@yahoo.com WEBSITE: www.campingunlimited.com

Welcome Campers, families and friends! Registration for the 2010 summer season at Camp Krem is now open! Located in the beautiful Santa Cruz Mountains about 60 miles South of San Francisco, Camping Unlimited's year-around, non-profit recreational-educational programs have served children and adults with special needs since 1957. Campers who typically attend experience symptoms of Down Syndrome, Cerebral Palsy, Autism, and other physical, emotional and developmental disabilities. Nestled among towering Redwoods on nearly 100 acres, Camp Krem has ten cabins, a large dining hall & multi-activity center, a huge specially designed swimming pool, a camp fire arena, an arts & crafts center, a basketball court area, an infirmary and a unique playground. There are miles of nature trails and outdoor camp sites. This is one of the best places in Santa Cruz County to have a great vacation!

Camp Krem's summer programs offer campers the opportunity to make new friends and enjoy fun, challenging activities in a supportive, safe environment. Campers discover new talents, become more independent, build self-esteem and make life-long memories. These fun-filled summer camp days are also extremely important to families who deserve a much needed break from care giving. They can relax, knowing that our compassionate team of counselors and volunteers will give their camper the very best of care while they can focus on other areas of their lives. Campers live in small cabin groups of 6-7 with their Counselors, with a 1:2 supervision ratio. Our extraordinary staff members are selected from the very best applicants based on their experience, character and commitment to persons with disabilities. Background checks, First Aid / CPR certification and attendance in our intensive training program are part of the highly selective hiring process. Camp Krem is accredited by the American Camp Association and referred by many teachers, parent groups and service agencies.

Campers who attend Camp Krem *just can't wait* for our fun and fabulous weekend programs that run from September through May. This is a great way for NEW participants to also join our programs! Campers develop friendships and experience a wide variety of fun activities, ie, visiting zoos, sailing on the San Francisco Bay, exploring state parks, museums, community fairs, attending theatrical productions and sporting events. There are also snow trips, travel camps, Halloween and holiday weekend overnights that offer great times for all. Call 510 222-6662 to learn more about these programs or email campkrem@yahoo.com for a current schedule.

CAMP KREM OPEN HOUSE will be held Saturday, May 22th, 2010 at Camp Krem, 10 am to 3pm. This is a great way to meet our staff, new families and our campers! Take a tour, enjoy new friendships, and learn more about our programs.

CAMP KREM SUMMER PROGRAMS: Choose from 2 unique programs that best meets your camper's needs. Our staff will happily assist with program selection. Apply early. Some sessions fill quickly!

MAIN CAMP: TRADITIONAL CAMP PROGRAM: Campers sleep with their caring and enthusiastic counselors in small cabin-groups of 6-7. Most meals are served family-style in our dining hall.
ACTIVITIES INCLUDE: Daily Swimming, Arts and Crafts, Music, Nature Study, Games, Dance, Drama, Hiking, Campfires, Cooking, Talent Shows and playground fun. Sports include; kickball, soccer, baseball, basketball, bocce ball and cheerleading! Activities are often based on exciting themes, i.e., Easter in July, Temple of the Doom, International Day, Camp Krem-Olympics and a day in Hawaii!

A TYPICAL DAY AT CAMP KREM: MAIN CAMP

7: 30 AM:	Wake Up Time: Campers get ready for their exciting day!
8:30 AM:	Family Style Breakfast - After Breakfast, Cabin Clean-up
10:00 AM:	Activity Periods - Campers may choose from several activities during these times.
11:00 AM:	Activity Periods
12:30- 1:30:	Lunch – After Lunch, Rest hour
3:00 PM:	½ of Campers enjoy recreational swimming. (Others attend free-choice activities)
4:00 PM:	½ of Campers enjoy recreational swimming. (Others attend free-choice activities)
5:30 PM:	Dinner Time
7:00 PM:	Evening Programs, i.e., campfires, dances, movies, games, music, talent show etc.
9:00 PM- 9:30 PM	Lights Out- (Approximate time, program activities may be extended)

2. OUTDOOR CAMP ADVENTURE PROGRAM: One of the most exiting programs available for adventurous special-needs campers! This innovative, challenging program gives physically able campers the opportunity to experience real camping and exploration at its very best. In a beautiful outdoor camp setting, steps away from Main Camp, Campers learn to appreciate the beauty and benefits of nature through many first-hand experiences. Being part of team, campers develop leadership skills and assist with the planning of daily camp life. With their counselors and friends, campers learn how much fun and rewarding outdoor cooking can be! Campers and staff plan interesting and fun backpacking trips. They not only explore our own beautiful camp property, but also plan treks to exciting places off camp. Campers may sometimes take short hikes or plan 2-3 day hiking excursions, "Mountains to the Ocean Trip" or hike to other nearby glorious state parks that offer a wealth of activities and learning opportunities. Campers enjoy practicing the art of orienteering and learn to use a compass along the way while seeking the hidden wonders of nature.
Campers also spend time socializing with friends up at Main Camp while swimming, playing sports, creating with arts n' crafts, music, field trips and campfires. Campers who attend our wonderful Outdoor Camp program reap great benefits. They enjoy camping and exploring and acquire a higher level of independence and self-esteem. To attend this extra fun and very important program, campers must be able to hike, follow simple directions and have basic self-help skills.

NEW (FIRST – TIME ONLY CAMPERS) CAMPER PLACEMENT PLAN : All FIRST-TIME campers, and a parent or guardian will meet with our Camp Director to complete the Camper Placement Plan before camp. This meeting will help to ensure that we provide the best possible placement for your camper and set the appropriate level of supervision. We will also answer additional questions you may have. Camper Placement Plans will be held on different dates at Camp Krem and throughout the Bay Area. We will call or email you to choose a date to meet.

INSTRUCTIONS TO APPLY FOR SUMMER CAMP: Parent/caretaker completes **ALL LINES** in the camper application. Send in application, deposit check, IEP Summary, photo of camper.

NEW! VISA OR MASTERCARD AVAILABILITY: Optional NEW method of payment for your convenience: Please see the last page of the camper application for information to be completed and sent in with your application.

CAMP FEES: Attach deposit check of $150. to the application to hold your placement. Please make sure that the camper's name and session is on the bottom left side of the check. Checks are cashed and all monies are non-refundable. There will be a RETURNED CHECK FEE OF $25.00 if overdrawn.
The total of all camp fees must be paid no later than 30 days before camper's first day of camp. (If you receive funding from an outside source, please let us know at the time of application). Camping Unlimited must have written proof from the agency as to the exact fees they will pay 60 days before the camp session. All fees are non-refundable for any reason. If you wish to register close to camp time, please call us first for sessions available.

BUS FEES: Optional bus. **Send NON REFUNDABLE bus fee WITH your application to Camping Unlimited. Round trip fee is $120.00 from Emeryville and Vallejo. The Sacramento bus fee is $140. round trip. San Jose bus, $100. round trip. A Bus Schedule will be sent with camper's confirmation.** BUS PLANS ARE MADE MONTHS IN ADVANCE; THERE WILL BE NO REFUNDS FOR BUS SERVICE IF YOU CANCEL.

Camper T-Shirt Size: Child Size: S M L Adult Size: S M L XL XXL

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SPECIAL MAILING INFO: DO NOT SEND APPLICATION, MEDICAL FORM OR CHECKS / MONIES BY SPECIAL DELIVERIES OR OVERNIGHT MAIL. We cannot always be available to sign which WILL cause delays.

BACKGROUND INFORMATION: Along with the application, please send camper's **ONE PAGE ONLY** or a **SUMMARY** of an IEP, IPP (or other professional evaluation) that discusses camper's disability, i.e., social, behavioral. **Do NOT send multiple pages** or academic information with scores/grades etc. If your camper has a **BEHAVIOR PLAN or PROGRAM**, we MUST receive a copy of this form with the initial application.

CAMP CONFIRMATIONS: **Campers who are confirmed will receive an email confirmation** from Camp Krem, (within 3 weeks of application submission). Please allow our email **campkrem@yahoo.com** to be included in your address book. If you do NOT receive a confirmation email or letter, you may not be confirmed. Call Camping Unlimited or email us if you do not receive confirmation.

CAMPERSHIPS: **Financial assistance may be available for certain campers. Contact us for information and application. Grants may be available through CARH in Castro Valley, (510) 537-6611, or contact other service agencies i.e., ARC.**

PACKING LIST & BUS SCHEDULE: Bus schedule, driving directions, Camper Placement Plan directions will be sent with the confirmation.

NEW MEDICAL FORM INSTRUCTIONS: (Two Pages).

Caretaker completes the first page of the form and signs. Physician completes 2nd page of medical form when camper has health check-up. All lines must be filled out, put "NA" if not applicable. The Physician must complete and sign a NEW medical form each year. However, the exam can be within 24 months of camp time. Physician must show on form when exam was done.
THE TB TEST DATE MUST BE WITHIN ONE YEAR OF CAMPER'S SESSION or doctor note that TB test not necessary. DATE of TETANUS SHOT MUST ALSO BE LISTED ON THE FORM. Make Medical appointments EARLY. Exams are booked months in advance, especially if you have Kaiser, an HMO or a PPO. You MUST keep a copy of camper's medical form after completion.
➔ **YOU MUST KEEP A COPY OF THE MEDICAL FORM AND SEND IN WITH A COPY OF THE MEDICAL INSURANCE CARD!**

MEDICATIONS: MUST BE prescribed and listed on the medical form including vitamins, herbal remedies and supplements and over the counter medications or products. They must be sent in their original prescription packaging / bottle and can only be administered according to a doctor's written instruction. Send enough for the entire session. Ask your pharmacy about bubble packing medications. All medications MUST be given to the Bus Monitor at check-in at the bus pick up site. If camper must take medication while on the bus trip to camp, place that dose of medicine in a separate sealed envelope or bag, (with camper's name), and give this ALSO to the BUS MONITOR. DO NOT PLACE ANY MEDICATIONS IN CAMPER'S BACKPACK OR LUGGAGE. Make SURE you pick up your medications from the nursing staff when you are picking up your camper on the last day.
IF CAMPER HAS MEDICATION CHANGES THAT OCCUR AFTER THE CAMPER MEDICAL FORM HAS BEEN SUBMITTED, YOU MUST OBTAIN A NOTE FROM THE PHYSICIAN WITH CHANGES AND CONTACT OUR BUSINESS OFFICE SO THAT WE CAN ARRANGE TO RECEIVE THIS IMPORTANT INFORMATION. CALL 510 222-6662.

HEALTH FORM DUE DATES: IMPORTANT: CAMPER WILL LOSE SPACE IF MEDICAL FORMS ARE NOT COMPLETED AND RECEIVED BY CAMP OFFICE ON OR BEFORE DUE DATE BELOW. NO EXCEPTIONS. Medical appointments should be made MONTHS in advance!

Session 1	DUE BEFORE	April 25, 2010	Session 2	DUE BEFORE	May 1st, 2010	Session 3	DUE BEFORE	May 6, 2010
Session 4	DUE BEFORE	May 10, 2010	Session 5	DUE BEFORE	May 15, 2010	Session 6	DUE BEFORE	May 20, 2010

w/ch 1:1 M1 M2 M3 M4 M5 M6 O1 02 03 04 05 O6

2010 CAMP KREM REGISTRATION

Bus – No Bus *(Staff)*

Mailing Address: 4610 Whitesands Ct. El Sobrante, CA 94803
Phone: (510) 222-6662 **FAX:** (510) 223-3046
Email: campkrem @ yahoo.com www.campingunlimited.com

PLEASE STAPLE CAMPER PHOTO HERE

Write Name on Back of Photo

First:_____ **Middle**_____ **Last**_____ **Nickname:**_____
Camper's Name

Camper's Address Number & Street: _____ **City:**_____ **State:**___ **Zip**_____

Camper's Sex: Male / Female: Height:___Weight:___Eye Color:___Hair Color:___Date of Birth: __/__/__Camper's Age: __ Age at Camp__
Circle

Distinguishing Marks or Features:_____Years Camper has attended Camp Krem: __

Camps Previously Attended _____

First & Last Name of Person Camper lives with: _____ Relationship to Camper:_____

Phone number (_____)_____ Cell Phone Number (____)_____

First & Last Name of Custodial Parent/Guardian:_____Home Phone: (____)_____ _____

Custodial Parent Address: _____ _____Cell Phone: (___)_____
Street Address City State Zip

*Custodial Parent- **EMAIL ADDRESS: IMPORTANT**- Print Clearly: _____
For Confirmations and important messages etc.

Custodial Parent-Work/Business Name:_____ Work Phone: (____)_____ext.___

Custodial Parent-Work/ Business Address: _____
Street Address City State Zip

First & Last Name of Second Parent/Guardian:_____Home Phone:(___)_____
If Different than above

Second Parent-Home Address: _____ Cell Phone:(____)_____
Street Address City State Zip

Second Parent-Work/Business Name:_____ Work Phone: (___)_____ext.___

Second Parent-Work/ Business Address: _____
Street Address City State Zip

Second Parent: **EMAIL ADDRESS: IMPORTANT**-Print Clearly: _____

EMERGENCY CONTACTS: **DO NOT LIST ABOVE NAMES!**.

	Contact #1	Contact #2
Name		
Relationship to Camper		
City, State,Zip		
Home Phone		
Cell Phone		
Work Phone		

CAMP FEES: I understand that I am responsible for the total of all camp fees. YES NO: **Signature** _____**Date**_____

TRANSPORTATION:

CAMP BUS: Optional round trip bus service from specific locations in Sacramento, Vallejo & San Jose, Emeryville.
Fees for bus must be sent in WITH APPLICATION. Bus schedule will be sent with confirmation. Bus rides will be supervised by Camp Krem staff.

CIRCLE ONE: NO: I do not want bus transportation. I will provide my own transportation to and from camp.
YES: I do request bus transportation. $120.00 round trip from Emeryville, Vallejo, & $140.00, Sacramento, $100. San Jose.

If yes: Please give the following information: The following person will be at the bus stop with camper and will bring medication, luggage and bag lunch.
Person's Name_____ Relationship to Camper_____Phone Number (____) _____

CHOOSE LOCATION:

Circle **BUS PICKUP**: Vallejo Emeryville Sacramento San Jose

BUS RETURN: Vallejo, Emeryville Sacramento San Jose

SUMMER CAMP SESSION DATES;

Cabins are assigned by age and gender. The special needs of each Camper is carefully evaluated.

Session 1: 12 DAYS - June 13- June 24 $1452.
Main Camp Ages 16 - Adult _____
Outdoor Camp Ages 16 - Adult _____

Session 2: 6 DAYS- June 27- July 2 $726.
Main Camp Ages 9 - 29 _____
Outdoor Camp Ages 12 - 29 _____

Session 3: 10 DAYS - July 4 – July 13 $1210.
Main Camp Ages 5 - 29 _____
Outdoor Camp Ages 12 - 29 _____

Session 4: 6 DAYS July 18– July 23 6 Days $726.
Main Camp Age 9 - 25 _____
Outdoor Camp Ages 12 – 29 _____

Session 5: 6 DAYS July 25 - July 30th. 6 Days $726.
Main Camp Age 5 - 25 _____
Outdoor Camp Age 12 - 25 _____

Session 6: 6 DAYS Aug. 1 - Aug 6 6 Days $726.
Main Camp Age 5 – 18 _____
Outdoor Camp Ages 12 - 29 _____

1:1 SUPERVISION: The overall supervision ratio at Camp Krem is 1:2. There are a few spaces available for campers needing 1:1. There is an extra fee added to each session in the amount of $40. per day for 1:1 supervision in addition to regular fee. Decisions regarding 1:1 supervision are carefully determined before camp time. Please call the camp office *ASAP* if you believe your camper requires 1:1 supervision ASAP.

FIRST TIME CAMPERS ONLY - CAMPER PLACEMENT PLAN : After you have submitted the summer camp application, all new campers to our program, and a parent or guardian, must meet with our Camp Director to complete the Camper Placement Plan before camp. This meeting will be held to confirm the staff-to-camper ratio needed and to answer any additional questions you may have regarding your camper's stay. For those applying for camp closer to camp time, please contact the Camping Unlimited office ASAP at 510 222-6662 or email campkrem@yahoo.com.

DESCRIBE CAMPER'S DISABILITY. **Because this is a camp for persons with disabilities, you MUST list a diagnosis: (i.e, Developmental Delay, Mild, Moderate, Severe, Autism, Down Syndrome, Cerebral Palsy etc.)**
Comments._____

Is campers cognitive or functional age *below* the actual age? YES NO If so, what is his/her approximate cognitive age? _____

Explain if needed:_____

EVERY SPACE MUST BE COMPLETED on this application. *Put " N A "* , (not applicable) to camper. Incomplete applications will be returned.

Needs 1:1 Supervision for _____

Epilepsy: _____ **Describe Seizures (type & frequency)**_____**Last Seizure date**_____

Does Camper have any implants ie, Vagal Nerve Stimulator? Yes No Explain _____

Does Camper use any medical device or machine for sleeping / respiratory reasons, YES / NO: Which Type_____

Does Camper Require Special Medical Treatments?_____**What is the treatment?** _____

Cerebral Palsy _____ **Uses Wheelchair**_____**% of time Uses Walker**_____ **Needs Help Walking**_____

Blind_____ **Limited Vision**_____ **Wears Glasses/Contacts**_____ **Type** _____

Diabetes_____ **Type**_____ **Heart Condition (type)** _____

Easily Fatigued_____ **Explain**_____

Asthma ___**Severity**_____**Inhaler**_____ **Nebulizer**____ **Type**_____

Deaf _____**Hearing Impaired**_____ **Wears Hearing Aid**_____ **False Teeth**_____

Insect Sensitivity____ **Type**_____ **Sun Sensitive**____**Easily Overheats**____ **General Health:** Circle **Excellent Good Fair Poor**

Takes Medication: Yes / No: Medication Allergies (List) _____

Please notify camp of any medications are started or stopped within 30 days of the camp session.

Imagines illness/pain_____**Overly Tolerant of Pain** _____**Other**_____

Describe recent illness or hospitalization, give date and explain_____

Describe in detail all camp or activities in which camper cannot participate._____

Does camper tend to wander? Yes / No _____

Has camper ever left/run away from Home/School? Yes / No (Explain)_____

Does camper have self-injurious behavior? Yes / No (Explain)_____

Is camper aggressive towards others? Yes / No (Explain)_____

Does camper have unusual fears? Yes / No (Explain) _____

Does camper self stimulate? Yes / No (Explain) _____

Does camper exhibit <u>any</u> of these behaviors ie., hitting, kicking, biting, hair pulling, throwing objects? Any other disruptive behavior? Consider behavior at home, school, program or within the community. This information is not used to exclude your camper from camp, but to provide the best possible placement of your camper and the appropriate level of supervision_____
_____

Has camper exhibited any of the above behaviors at other camps? List camps: _____

When does camper display his/her anger or annoyance? _____

How does he display his/her anger? _____

How do you deal with these behaviors? Please describe positive reinforcements, and things or activities that calm or reward camper?
_____

Is a BEHAVIOR MANAGEMENT plan/program being used with camper? Yes ___No___ If yes, you <u>MUST</u> send copy WITH application.

Is camper able to follow simple directions? Yes / No _____

Is camper able to use bus/BART, walk to school / store unassisted? Any? Yes / No: If yes, explain_____

Does camper use birth control? Yes / No (Explain)_____

Is camper sexually active? Yes / No / Unsure (Explain)_____

Has camper had <u>any</u> incidents of inappropriate sexual behavior? Yes / No _____
_____

If so, have incidents been reported to Regional Center or other agencies? YES / NO DATE _____

Were there any previous problems at any camp? Yes / No Please describe date and situation._____

Can camper be <u>easily</u> redirected in most situations? Yes / No / Sometimes Does camper respond to his/her name being called out to stop if he/she walks away? Explain_____

<u>SLEEP HABITS</u>: (Circle and comment
Does camper have nightmares: Yes / No _____
Is camper afraid of dark: Yes / No _____
Does camper sleepwalk / wanders? Yes / No _____
Is camper a restless or light sleeper: Yes / No _____
Does camper takes regular naps during day: Yes / No _____
Does camper sleep through the night?: Yes / No _____
Has camper slept away from home before with *other* family or friends?: Yes / No _____

<u>MEALS AT CAMP OR ON TRIPS</u>:
Camper's appetite is generally: (Circle) Excellent – Average – Fair – Poor _____
Camper requires limited portions: Yes / No_____
Does camper follow a special diet: Yes / No, Explain _____
Does camper need assistance with feeding/eating/cutting? Yes / No,Explain_____
Does camper have food allergies: Yes / No (If yes, describe)_____
Does camper needs foods pureed: Yes / No _____

<u>DAILY LIVING SKILLS</u>: <u>DRESSING</u>: <u>Circle One</u> a) Independently b) Verbal Prompts c) Minimal Physical Assistance d) Full Assistance
Comments: _____

* <u>CURRENT SWIM LEVEL</u>: Check None ___ Wading___ Beginning ___ Intermediate___ Advanced (deep-end dives) ____
Camper may participate in supervised swimming activities?: Yes / No

Camp Krem has a specific swimming policy regarding campers with seizures. Campers with seizures are required to wear life jackets and be 1:1 with staff while in the pool. If you wish to waive this policy of having your camper NOT wear a life jacket and are willing to waive liability, please sign below. Parent /Guardian Signature_____* Camper will still be 1:1 in the pool.

TOILETING:

Camper is independent in toileting needs? Yes / No_____
Does camper need assistance with toileting? Yes/ No _____
Habit trained on regular schedule? Yes / No _____
Does camper wet bed? Yes / No If yes, how often, _____
Is camper easily constipated? Yes / No _____
Had problems with diarrhea or loose stools ? Yes / No _____
Does camper use toilet during the night? Yes / No _____
Does Camper shave self: Yes / No / Doesn't Apply___ Electric or Safety razor (Circle)_____
Needs assistance with menstrual needs? Yes / No Doesn't Apply_____
Is Camper familiar with shower? Yes / No If no, explain
_____

COMMUNICATION / INTERESTS

Is camper Verbal? Yes / No _____
Is camper able to follow directions? Yes / No
_____
Is camper able to make needs known? Yes/No
_____
Does camper use ASL, simple signs or any type of communication device? Yes / No_____
Is camper able to carry on a clear conversation? Yes / No_____
Understands simple speech Yes / No_____
Is camper able to do simple chores? Yes / No_____
Does camper wish to have work experience ?Yes / No_____
What are camper's favorite activities at home or play?_
_____

Camper currently attends: School? Yes / No School Name: _____City:_____
Please note *name / type* of school classroom placement_____
What other school or recreation program does camper attend? _____

Does CAMPER receive *1:1 supervision or assistance* at school or day program? YES – NO Explain when/how long/for what
_____
If camper receives *residential or group home care*, what exact level and name/type is the facility?: _____

Is your camper receiving FOSTER CARE? Yes / No Agency Name_____City_____
TELEPHONE NUMBER (_____)_____ Social Worker's Name_____

➔ **IMPORTANT: Please include an extra sheet of paper with this application and note any extra information that would assist us with camper's care ie., emotional, behavioral, physical, or medical needs that the camp should be aware of.**

RACIAL/ETHNIC IDENTITY (OPTIONAL) Creating a group of campers that reflect the diversity of California communities is a camp priority. In addition, due to grant writing purposes, funders / agencies require that we provide documented information regarding racial / ethnic composition of our camp. By providing the following information you will help us continue to apply for crucial funding for Camping Unlimited. Camping Unlimited welcomes campers regardless of socioeconomic status; racial, ethnic, cultural, or religious background; or disability. *Please check all that apply*: ❑ Hispanic/ Chicana / Latina

❑ Asian / Pacific Islander ❑ Native American / Alaskan Native ❑ Middle Eastern / Arab American ❑ White / European American

❑ Black / African-American / Caribbean-American ❑ Other_____

ACCEPTANCE CONDITIONS: PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY - SIGN YOUR NAME BELOW. Camping Unlimited reserves the right to refuse to provide services to any individual when the camp staff determines that the individual cannot be provided with adequate support by Camping Unlimited. These decisions are made on an individual basis, by the Executive Director. Parents, care-providers, (or appropriate agencies) will be notified in the event of any serious injury or illness requiring more than basic first aide, or in the case of any significant incident or behavioral problem. The separate medical form, signed by a physician, must indicate that there is no evidence of any condition that might present health or safety risks to the applicant, or to other campers or staff members. I will notify Camping Unlimited if there are any changes in camper's social/behavioral/medical needs which could necessitate an increased level of supervision other than a 1:2 ratio. Please do not assume your camper is confirmed until you receive a WRITTEN letter of confirmation. Your camper is NOT CONFIRMED until you receive a written confirmation either by email or mail. IF YOU DO NOT RECEIVE A WRITTEN CONFIRMATION or hear from us within 3 weeks of submitting your application, please contact us. Please note that there may be times when we cannot place camper in your selected sessions. If it becomes necessary for Camping Unlimited to choose an alternate date, we will contact you as soon as possible. While he/she is at camp, I agree and consent that on occasion, my camper may leave the property of Camping Unlimited if so authorized by the Camp Director or persons in charge. Further, I agree that my camper may be photographed while

participating in the program of Camping Unlimited with the understanding that such photographs may be used for publicity purposes or be used on the camp website. This authorization shall continue to be in effect as long as my camper is a participant in the program of Camping Unlimited. I agree to the Acceptance Conditions above. Should it become necessary for my camper(s) to leave camp, or any Camping Unlimited function, for any reason, I will make provisions to bring the camper(s) home. I hereby certify that to the best of my knowledge, all of the information contained in this application is true and complete. I hereby authorize the release of any and all pertinent information regarding this camper to Camping Unlimited. I agree to notify Camping Unlimited with any changes that need to be made in this application before camp.

>>>> **Signature**_____**Relationship to Camper**_____**Date**_____

CREDIT CARD AND PAYMENT PLAN INFORMATION

Please complete the following information and include with application if you will need these payment arrangements:

Circle Card Type: VISA MASTERCARD DISCOVER

___Camp Fee of: _____
___Bus Fee of: _____
___Tax Deductable Donation to Camping Unlimited: _____

Exact name as it appears on the front of the card _____

Card # (please include all numbers) _____

Security Number (three digits on the back of MC or VISA/ DISCOVER_____

Expiration Date (month/day/year) _____Billing address including zip code_____
_____

I agree to allow Camping Unlimited to charge my Visa / MasterCard / Discover and wish to charge _____ on my credit card.
**** Note that there will be a $7.60 Convenience Fee added to your camp fee.***

Email the camp office if you have questions. campkrem@yahoo.com. Or call 510 222-6662.

Signature _____ Date _____

_____

OR REQUEST PAYMENT PLAN

____ I wish to complete a payment plan to pay the below summer camp fees.

_____ Camp Fee of: _____
_____ Bus Fee of: _____
_____Tax Deductable Donation to Camping Unlimited: _____

_____I am paying the initial deposit of _____. I will pay the next installment of $_____
60 days before camp start date.

_____I will pay the last Installment amount _____ 30 days before camp due date.

**** Note that there will be a $7.60 Convenience Fee added to your camp fee.***

TOTAL DUE: _____

NOTE: All camp fees must be paid within 30 days before your camper starts his/her session.

SIGNATURE_____: DATE _____

CAMPING UNLIMITED – CAMP KREM
4610 Whitesands Ct.
El Sobrante, CA 94803

SUMMER CAMP 2010 APPLICATION

REGISTRATION BEGINS NOVEMBER
OPEN UNTIL ALL SPACES ARE FILLED

Change Service Requested
Time Value – Please Expedite

THINGS TO CHECK

1. Please complete all pages of camper application entirely.
2. Attach picture to front page of application.
3. Send in copy of IEP and if used, a Behavioral Program Plan.
5. Enclose $150. Deposit for each session requested
6. Check Due Date: Make medical appointment for camper's physical early.

Send completed CAMPER APPLICATION to: Camping Unlimited, 4610 Whitesands Ct., El Sobrante, CA 94803.
DO NOT SEND APPLICATION OR MED FORM BY SPECIAL DELIVERY TYPE MAIL OR OVERNIGHT MAIL. This type of mail delivery is sometimes delayed. The MEDICAL FORM should be sent in AFTER camper has exam, and doctor has completed form. Send to address above.

AND BEFORE CAMP TIME

1. Send in medical form AND copy of medical insurance cards before **DUE DATES.**

2. Fees are due 30 days before camp or if you are registering late, contact us for payment date. Make sure bus fees are sent via check made out to Camping Unlimited.