

Camping Unlimited - Camp Krem Summer Program 2012

CAMPER APPLICATION

Mailing Address: Camping Unlimited - 4610 Whitesands Ct, El Sobrante, CA 94803

Camp Krem Registration: Business (510) 222-6662 CampKrem@gmail.com

Camp Krem Bookkeeper: Bookkeeper@campingunlimited.com

Camp Krem Summer Camp: 102 Brook Lane, Boulder Creek, CA 95006

Camp Krem Summer Phone: (831) 338-3210

WEBSITE: www.campingunlimited.com

Welcome to Camping Unlimited! Camp Krem will once again offer 6 sessions of fun, exciting recreational programs from June through August. Please view the Camper Application for dates and fees.

INSTRUCTIONS TO APPLY FOR SUMMER CAMP:

1. Send in completed Camper Application to the address on top of application with **\$150 deposit which holds camper's place**. If you are a new parent or caretaker, please call our office at (510) 222-6662 before submitting the application. OR you may complete the online application on our website, www.campingunlimited.com. The online application is quicker, easier to complete and we will receive it immediately upon submission.
2. **NOTE:** No application will be accepted without the \$150.00 deposit to be submitted using the **PAYMENT** option on the website (Bottom-left of home page at www.campingunlimited.com). Credit cards accepted (Visa, MC or Discover) here. Or send a check to Camping Unlimited along with your application. This applies to all families, both private pay and regional center funded. The \$150 deposit is required before your application will be processed. This deposit will be applied to the balance of 2012 camp fees and will not be refundable. * Checks are cashed and all monies are non-refundable for ANY reason. There will be a RETURNED CHECK FEE \$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.
3. **NEW** - First time families must provide an IEP or Behavior Plan. DO NOT send academic information. Only social/behavioral is needed. A one page summary is appropriate.

PROGRAM CHOICE: There are three types of programs available. Please see our website www.campingunlimited.com for further descriptions of our programs along with current photos of our facilities.

MAIN CAMP: Traditional program, campers sleep in cabin groups with their Counselors, dine in mess hall, attend wide variety of free-choice activities i.e. daily swimming, visual and performing arts, sports, nature study, theme-based celebrations, campfires, games, etc. Camper Ratio: 1:3

OUTDOOR ADVENTURE CAMP: Tents, Outdoor Camping with their Counselors, hiking, nature, off site explorations plus Main Camp activities. Camper Ratio: 1:4

TRAVEL CAMP: Travel to locations around Northern California on our private bus, stay at State Parks, hike, nature, explore parks and vicinities with Counselors. Camper Ratio: 1:4

REGIONAL CENTER OR AGENCY FUNDING: Camping Unlimited must have written "**AUTHORIZATION**" (not just a written "REQUEST") from the regional center as to the exact fees they will pay at least 30 days before camp. (You should ALSO have a copy of this Authorization. If you have not received your WRITTEN Authorization from the Regional Center, it means we have not received the Authorization either). If the agency expects a delay, they should contact us directly. If we do not receive an AUTHORIZATION before camp, you must pay all camp fees in advance and then we will reimburse fees received from regional center. If you wish to register close to camp time, call us first to see which sessions are open. Regional center reimbursements usually are not received until the Fall / Winter months, at least 60 - 90 days after camp. It is extremely important that you notify your **CASE MANAGER ASAP** if you are going to request funding. **IT IS ALSO VERY IMPORTANT THAT YOU CHECK WITH YOUR CASE MANAGER FOR THE NUMBER OF DAYS AUTHORIZED**. Billings will be sent monthly showing your balance due.

OPTIONAL BUS TRANSPORTATION: Send a NON REFUNDABLE bus fee with your application to Camping Unlimited. Round Trip Bus Fees: Vallejo and Emeryville: \$130. Sacramento: \$150. San Jose/Campbell: \$100. 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.**

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.

CAMP CONFIRMATIONS: IMPORTANT! Campers who are confirmed will receive an email confirmation from campkrem@gmail.com. This confirmation will be sent out within 3 weeks of application receipt. 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.

OPEN HOUSE MAY 19th: Between 10am - 3pm, (drop in basis). This is a great way to meet our staff and camper families. Take a tour of the camp facility, enjoy meeting new friends, learn more about our programs. Call or email if you plan to attend: campkrem@gmail.com.

See Medical Form for further important instructions.

2012 CAMP KREM REGISTRATION

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

Bus - No Bus w/ch 1:1 M1 M2 M3 M4 M5 M6 01 02 03 04 05 06 T1 T2 T3 T4 T5 T6
Staff only

MAIL CAMPER PHOTO TO MAILING ADDRESS
Write Name on Back of Photo

Camper's Name

First: _____ Middle: _____ Last: _____ Nickname: _____

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: _____ Years Camper has attended Camp Krem: _____

Distinguishing Marks / Features: _____

Camps Previously Attended: _____

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

Home Phone: _____ Cell Phone: _____

First & Last Name of Custodial Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Custodial Parent Address Number & Street: _____

City: _____ State: _____ Zip: _____

Custodial Parent EMAIL ADDRESS - *Very Important*: _____

For confirmations and important messages, etc.

Custodial Parent's Work/Business Name: _____ Work Phone: _____ Ext: _____

Custodial Parent's Work/Business Address Number & Street: _____

City: _____ State: _____ Zip: _____

First & Last Name of Second Parent/Guardian: _____

If Different than above

Home Phone: _____ Cell Phone: _____

Second Parent's Home Address Number & Street: _____

City: _____ State: _____ Zip: _____

Second Parent's EMAIL ADDRESS - *Very Important*: _____

Second Parent's Work/Business Name: _____ Work Phone: _____ Ext: _____

Second Parent's Work/Business Address Number & Street: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS - Do NOT list above names!

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

FEES: I understand I am responsible for the total of all camp fees. Signature _____ Date _____

Note: Even if regional centers or agencies provide some or all funding, parents are ultimately responsible for all camp fees. Application will not be processed without this signature.

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

TRANSPORTATION: **CAMP BUS:** Optional round trip bus service from specific locations in Sacramento, Vallejo & Emeryville and San Jose. 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.
Round Trip Bus Fees: Vallejo and Emeryville: \$130. Sacramento: \$150. San Jose/Campbell: \$100.

- NO:** I do not want bus transportation. I will provide my own transportation to and from camp.
 YES: I do request bus transportation.

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:** _____

CHOOSE LOCATION:

BUS PICKUP: Vallejo Emeryville Sacramento San Jose/Campbell

BUS RETURN: Vallejo Emeryville Sacramento San Jose/Campbell

SUMMER CAMP SESSION DATES:

Cabins are assigned by age and gender. The special needs of each Camper are carefully evaluated. Choose carefully 1st, 2nd, 3rd choice.

Session 1: 12 DAYS - Sunday, June 10 - Thursday, June 21 \$1680

- Main Camp: Ages 16 - Adult
Outdoor Camp: Ages 16 - Adult
Travel Camp: Ages 18 - Adult

Session 4: 10 DAYS - Thursday, July 19 - Saturday, July 28 \$1400

- Main Camp: Ages 9 - 25
Outdoor Camp: Ages 12 - 29
Travel Camp: Ages 15 - Adult

Session 2: 10 DAYS - Sunday, June 24 - Tuesday, July 3 \$1400

- Main Camp: Ages 9 - 29
Outdoor Camp: Ages 14 - 29
Travel Camp: Ages 15 - Adult

Session 5: 7 DAYS - Tuesday, July 31 - Monday, August 6 \$980

- Main Camp: Ages 5 - 25
Outdoor Camp: Ages 12 - 25
Travel Camp: Ages 18 - Adult

Session 3: 10 DAYS - Friday, July 6 - Sunday, July 15 \$1400

- Main Camp: Ages 8 - 29
Outdoor Camp: Ages 12 - 29
Travel Camp: Ages 15 - Adult

Session 6: 7 DAYS - Wednesday, August 8 - Tuesday, August 14 \$980

- Main Camp: Ages 5 - 25
Outdoor Camp: Ages 12 - 29
Travel Camp: Ages 18 - Adult

1:1 SUPERVISION: The overall supervision ratio at Camp Krem is 1:3. There are a few spaces available for campers needing 1:1. There is an extra fee added to each session in the amount of \$60 per day for 1:1 supervision in addition to the 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.

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 our office **ASAP** at (510) 222-6662 or email **campkrem@gmail.com** to make an appointment with the staff.

DESCRIBE CAMPER'S DISABILITY. Because this is a camp for persons with disabilities, you **MUST list a diagnosis:** (i.e, Developmental Delay, Mild, Moderate or Severe Autism, Down Syndrome, Cerebral Palsy, etc.) We cannot process the form without this information. **Comments:**

Is camper's 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.

Does camper need 1:1 Supervision? Yes No _____

Epilepsy? Yes No If Yes, describe seizure type and frequency: _____ Last seizure date _____

Cerebral Palsy Yes No Uses Wheelchair Yes No % of time Uses Walker _____ Needs Help Walking Yes No

Blind Yes No Limited Vision Yes No Wears Glasses/Contacts Yes No Type _____

Does camper have any implants i.e, Vagal Nerve Stimulator? Yes No If Yes, please explain: _____

Does camper use any medical device or machine for sleeping / respiratory reasons? Yes No If Yes, which type: _____

Does Camper Require Special Medical Treatments? Yes No What is the treatment? _____

Diabetes Yes No Type _____ Heart Condition (Type) _____
Easily Fatigued Yes No Explain _____
Asthma Yes No Severity _____ Inhaler Yes No Nebulizer Yes No Type _____
Deaf Yes No Hearing Impaired Yes No Wears Hearing Aid Yes No False Teeth Yes No
Insect Sensitivity Yes No Type _____ Sun Sensitive Yes No Easily Overheats Yes No
General Health: Excellent Good Fair Poor Takes Medication: Yes No Medication Allergies (List): _____

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

Imagines illness/pain Yes No Overly Tolerant of Pain Yes No Other _____

Describe recent illness or hospitalization, give date and explain _____

Describe in detail all activities (camp or otherwise) in which camper cannot participate _____

Will camper bring any type of electronic communication device for their camp session? Yes No If so, what brand, type: _____

If yes, we will arrange a meeting with you prior to camp to discuss information regarding the camper's needs and usage of the device.

Does camper tend to wander? Yes No Explain _____

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 any disruptive behaviors i.e, 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? Yes No List camps: _____

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

How does he/she 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 MUST 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, please explain _____

Does camper use birth control? Yes No Explain _____

Is camper sexually active? Yes No Unsure Explain _____

Has camper had any incidents of inappropriate sexual behavior? Yes No Explain _____

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 Explain _____

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

SLEEP HABITS: (Choose Yes or No and then 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 the 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 _____

MEALS AT CAMP OR ON TRIPS: Camper's appetite is generally: Excellent Average Fair Poor _____

Camper requires limited portions: Yes No _____

Does camper follow a special diet? Yes No _____

Does camper need assistance with feeding/eating/cutting? Yes No _____

Does camper have food allergies? Yes No _____

Does camper needs foods pureed? Yes No _____

DAILY LIVING SKILLS: DRESSING: Independently Verbal Prompts Minimal Physical Assistance Full Assistance _____

***CURRENT SWIM LEVEL:** None Wading Beginning Intermediate Advanced (deep-end dives)

Camper may participate in supervised swimming activities? Yes No

SWIM POLICY: 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 _____ *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 If yes, does camper use: Electric Razor Safety Razor

Needs assistance with menstrual needs? Yes No Doesn't Apply _____

Is camper familiar with shower? Yes No _____

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 at Camp Krem? Yes No _____

What are camper's favorite activities at home or play? _____

Does camper currently attend school? Yes No 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 programs? Yes No If yes, How long and 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: _____ Phone: _____ Social Worker's Name: _____

*** **IMPORTANT:** Please use the last page of this document to note any extra information that would assist us with camper's care i.e: emotional, behavioral, physical, or medical needs that the camp should be aware of. (Or if you just run out of room in some fields.)

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 White/European American
 Middle Eastern/Arab American Black/African American/Caribbean American Other _____

ACCEPTANCE CONDITIONS: PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY and SIGN YOUR NAME BELOW.

Campers 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 aid, 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 or 1:3 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, social media 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.

In the event of sickness or accident, Camping Unlimited will not be held responsible for acts or omissions of third parties, or for its own reasonable acts or failures to act. I agree that he/she may participate in all Camping Unlimited programs. With the realization that personal notification may not be possible or practicable, I authorize Camping Unlimited to render any aid or assistance to help my camper including calling a physician, radiologist, surgeon or dentist, if necessary, who may take any measure, including surgery and hospital care, deemed necessary to help my camper. I give the staff of Camping Unlimited permission to give medication to my camper. I agree to pay for any prescribed medication or treatment my camper may need.

I agree to all 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 _____

Either apply using this electronic PDF Camper Application downloaded from the website: www.campingunlimited.com or send completed downloadable printed version of the CAMPER APPLICATION to: Camping Unlimited, 4610 Whitesands Ct., El Sobrante, CA 94803. **DO NOT SEND APPLICATION OR MEDICAL FORM BY SPECIAL DELIVERY TYPE MAIL OR OVERNIGHT MAIL. (Often delays mail)** MEDICAL FORM must be sent in AFTER camper has exam with copy of medical insurance card.

Submitting your application

If you use Yahoo, Gmail, Hotmail or other email websites, click here to save PDF application:

Save

Save the application to your desktop, attach it to an email and send it to: camperapp@campingunlimited.org

If you use an Email program such as Outlook, Thunderbird, or a similar program, click here to Email:

Email

If you would like to Print and Mail in your PDF application, click here:

Print Form

Extra Notes / Comments