APPLICATION PACKET

Camp Scott is a social and recreational summer camp for children and youth with special needs ages 7-21.

M	T	W	T	F
May/June				
	31	1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	39	30	1

When: **Thursday,June 2 through Thursday, June 30, 2022**

Times: **9:00 a.m.-2:00 p.m. Transportation and lunch provided.**

Location: **Valley View Activity Center, 415 West 31st Street, Scottsbluff, NE**

Activities: **Campers enjoy crafts, games, life skills, music, water play, therapeutic horseback riding, field trips, family picnic, and lots of fun daily activities. Pre-employment life skills and career awareness is provided to ages 14-21. Older campers also have an overnight experience.**

Cost: **Thanks to United Way and our generous community, the cost per child is only $170.** ***SPECIAL OFFER: Total camp fee of $170 will be reduced to $160 if application and payment is mailed by April 1st.)***

Financial support: Some funds are available to help families with the cost of camp. If you apply for either a $170 full or $85 half scholarship, you will be notified in early May .

Apply before April 1, 2022: ***Keep this page***. Send the rest of this completed application, picture of child, medication list and fee payable to Camp Scott to:

Camp Scott
Box 143
Scottsbluff NE 69363

Questions? Contact Camp Scott Board President, Reenie Berry at 308-641-9358

CAMP SCOTT APPLICATION

Camper's Name	**Parents/Guardians**
Birthday/year Age in May	**Cell/Text Phones**
Gender: M F	**email**

Lives with: ___Both parents __Mother __Father ___Guardian ___Grandparent _____

Address_____City_____ State_____ Zip____

Current School_____Teacher_____IEP plan?___Behavior plan?___

Will you deliver and pick-up child?_____ or Do you need transportation?_____

If child will be picked up/dropped off at different address from above, please provide:

Please list those individuals to whom your child may be released, other than yourself.

Name _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

Share information we should know about your child:

Nickname_____

Enjoys_____

Fears/avoid_____

Strengths_____

Disability/challenges_____

Habits/behaviors_____

Discipline used at home_____

Other_____

Plan to attend all camp?_____Dates will be gone:_____

✓ **Check to give permission**:

__School to share information

__Camp transportation

__Child will wear seatbelt

__Participate in field trips

__Use name/picture in news media/grant reports

__Swim/water activities

__Therapeutic horseback riding

__Abide by camp rules

Medical Issues and What Camp Needs to Know	
Equipment/wheelchair?	
Seizures?	
Allergies?	
Breathing?	
Special diet?	
Help eating?	
Help toileting?	
Dressing?	
Diabetic?	
Any medications that must be given at camp?	

__Attached a separate list of medications		

RELEASE AND INDEMNITY AGREEMENT

In consideration of my child, _____, age_____, attending the program provided by the Summer Program for Handicapped Children, Inc. (a.k.a. Camp Scott), we, the undersigned parents or guardians of the aforementioned child, do hereby agree to release and hold harmless and indemnify the Summer Program for Handicapped Children, Inc. for any and all claims for injuries and damages arising out of, or in connection with, this child's attendance at the program conducted by the Summer Program for Handicapped Children, Inc.

We have also received a copy of the Summer Program for Handicapped Children, Inc's Termination Policy and understand that this child may be terminated at the discretion of the Board of Directors, due to inappropriate behavior.

_____ _____

Parent/Guardian Signature **Date**

MEDICATION AUTHORIZATION

We encourage the administration of medication at home. If your physician decides it is necessary for your child to receive a medication during the day, the following must be completed before any medication can be given. It is recommended the first dose of medication be administered at home. All medications must be brought to the Camp by the parent/guardian in the original pharmacy container. Absolutely **NO** over-the-counter drugs can be administered at Camp Scott without explicit written permission from your child's doctor. **I hereby give my permission for Camp Scott's director to administer medication during the day to my child. This information may be mutually shared between the prescriber and Camp Scott.**

_____ _____

Parent/Guardian Signature **Date**

Career and Life Skills Exploration for ages 14-21

Campers ages 14-21 can participate in Workplace Readiness activities. Parents will be asked to sign the Vocational Rehabilitation Pre-Employment Transitional Services Consent and Information Release form if one is not already in place. The Director will contact parents in May as needed.

Contacting Teacher about Successful Strategies

I give permission for my child's teacher to share information to enhance their camp experience. with Camp Scott staff.

Parent/Guardian Signature _____**Date**_____

CAMP SCOTT/LIED PUBLIC LIBRARY READING PROGRAM

Camp Scott participates in the Leid Scottsbluff Summer Reading Program. We share books at camp and attend programs and special events such as a movie. Participation certificates are delivered to the school next fall. This serves as the enrollment form.

Child's Name _____ Age _____

What school does the child attend? _____

What grade will the child be this fall? _____

CAMP SCOTT

EMERGENCY INFORMATION

Child's Full Name _____ Date of Birth _____

Age _____Weight _____++Height _____Eye Color _____Hair Color _____

Parent/Guardian _____

Address _____

Contact phone #(s) _____

Emergency Contacts (Other than Parents/Guardian)

Name _____ Name _____

Address _____ Address _____

City _____ City _____

Phone number(s) _____ Phone numbers _____

Medical Condition and/or Disability _____

Medications _____

Allergies _____

Other Relevant Medical Information _____

EMERGENCY TREATMENT

I grant permission for Camp Scott to take _____ (Camper's name) to the hospital or to seek emergency treatment, if required.

Physician _____ Phone Number _____

Dentist _____ Phone Number _____

Other Doctor Phone Number

Insurance Information or Medicaid # _____

Parent/Guardian Signature_____**Date**_____

We carry emergency information with a picture of your child whenever we travel. Please attach a close-up picture of your child or call 308-641-9358 to arrange to send a photo via email or text.

CAMP SCOTT FINANCIAL ARRANGEMENTS

Camper name_____

Parent/Guardian Name_____

	PAYMENT ENCLOSED
FREE TSHIRT for camper- please mark size needed: **Child: ___S(6-8) ___M(10-12) ___ L (14-16)** **Adult: ___S ___M ____L** **Extended: ___XL ___2XXL __3XXXL**	**Free for camper**
(Families can buy extra t-shirts for $10.00. Mark sizes below-include $10 each w fee.) Child ___S(6-8) ___M(10-12) __L (14-16) Adult ___S ___M __L **Extended ___XL ___2XXL __3XXXL**	**#Shirts _____** **X $10.00 =** total **$_____**
Camp Fee Payable to Camp Scott **Camper fee is $170.** **(REDUCED PRICE $160.00 if mailed by April 1st.)** **SCHOLARSHIP INFO:** *If financial support is needed, you may apply for a half or full scholarship. Mark the section on the box on right. If apply for half scholarship of $85, please send the other $85 partial payment with application. If need a full scholarship of $170.00, please mark on form. You will be contacted by early May to verify if scholarship/funding is available. If you choose to use other funding sources such as respite, we may be able to help if asked.*	**____Early bird reduced price fee of $160.00 (mail by April 1st)** **____Full fee of $170 (mailed after April 1st)** **____Half fee of $85.00** **___request scholarship of $85** **__Request full scholarship $170**
Total enclosed $_____family tshirt(s) + $_____camp payment=__$_____.00__	

Keep the cover sheet with camp information and any handbook information given to you.

Return:

__application forms
__picture of child
__medication list
__fees payable to Camp Scott

MAIL TO: Camp Scott
Box 143
Scottsbluff
NE 69363