

2020 Summer Application For Partners In Adventure, Inc

An inclusive summer camp experience for young people with diverse abilities

Camper's name/Nickname _____

Date of Birth: _____ Age: _____

Parent or Guardian _____

Address _____ town _____ zip _____

Phone _____ work _____ cell _____ e-mail _____

Emergency Contact (Name/Phone/ relationship) _____

Diagnosis of camper: _____ (please provide more info. on Health Forms)

Information about camper:

Please describe your child's likes, dislikes, fears and personal goals for this camp experience.

Please rate by number camper's experience: 1. Never done 2. Little experience 3. Experienced

4. Willing to try 5. Nervous to try 6. Not Interested 7. Can't wait to do 8. Prohibited from doing

Swimming _____

Horseback riding _____

Boating _____

Does your child have physical or communication challenges?

Yes / No If yes, please fill out the following:

Mobility

Is able to walk independently _____

Uses a device for mobility (please describe) _____

If your child uses a wheelchair, can they transfer? _____

Does the chair collapse? _____

Level of assistance needed _____

Communication

Communicates by speaking _____

Communicates by (please specify) _____

Other accommodations needed _____

Does your child require an aide at school? **Yes / No** If yes, parent is responsible for providing an aide for camp.

Information about aide will need to be provided upon acceptance.

General attitude & behavior:

1. No behavioral problems

2. Mild problems, interferes sometimes

3. Moderate problems, interferes frequently

4. Severe problems, interferes constantly

(Enter appropriate number from above to each item listed below)

Frustration ___ Hostility ___ Confusion ___ Anxiety ___ Runner (camper is apt to leave the group) ___ Temper ___

Distractibility ___ Impulsiveness ___ Follow Directions ___ Problem solving ___ Memory ___

Slow speech ___ Spatial orientation ___ Ability to self correct ___ Cognitive ability ___

Please give us enough information about your child for us to be able to provide appropriate support _____

Please complete other side.

I am interested in having my child attend camp: (Please indicate your order of preference if you are requesting more than one session. Every attempt will be made to meet all requests; however this will help us in the event that we are unable to do so.

- _____ **Session 1:** June 22 – July 3, 9:00 to 4:00- base camp: Essex High School, 2 Educational Dr., Essex Jct
- _____ **Session 2:** July 6– July 17, 9:00 to 4:00- base camp: Mater Christi School, 50 Mansfield Ave., Burlington
- _____ **Session 3:** July 20 – July 31, 9:00 to 4:00- base camp: Essex High School, 2 Educational Dr., Essex Jct.
- _____ **Session 4:** August 3 – August 14, 9:00 to 4:00- base camp: Essex Alliance Church Community Ctr, Essex

The cost of tuition for each 2 week session: \$600.00

**Please enclose a \$25 Non Refundable Processing fee for EACH session.
Processing fee will be deducted from your remaining balance.
No applications will be processed without processing fee.
Full tuition payment is due by May 30 unless special arrangements have been made.**

Amount enclosed (\$25 for each session that camper is signed up for)
1 session \$25 _____ 2 sessions \$50 _____ 3 sessions \$75 _____ 4 sessions \$100 _____

**APPLICATIONS ARE PROCESSED ON A FIRST COME FIRST SERVE BASIS
SCHOLARSHIPS ARE DECIDED ON BY COMMITEE (Criteria for decisions available upon request.)**

A limited number of scholarships are available. Scholarships are limited to 1 session per child.
Will you need a scholarship for your camper to attend? Full scholarship _____ Half scholarship _____
I can contribute this much money toward tuition \$ _____

For help with tuition, there is assistance available through local Lions Club, VFW, Rotary Clubs & VT Family Network

To ensure a wonderful and successful program for all, we will, when selecting applicants, take into consideration the uniqueness of each applicant. By doing so, we hope to realize a diverse and dynamic camp population.
Inappropriate behavior in the form of violence or disruption that prevents the other campers from enjoying their camp experience will not be tolerated. Before sending a camper with behavioral issues to PIA, please make sure your camper's assistant is well informed about your child and his or her behavior plan.

Please return promptly: Deposit _____ Application _____ Health Form Part 1 _____

(please check one)
My camper Can _____ Cannot _____ be photographed for purposes of publicity, promotion or otherwise.

Passenger Permission

PIA staff will arrange groups to ride together. Campers will always be with a *safe licensed and insured driver* in a safe vehicle, wearing seatbelts and as part of a caravan to local activities during camp time.

I give permission for my camper, _____ to ride with the following people associated with Partners In Adventure camp to camp related activities:
_____ with his/her assistant(s)
_____ with a staff member from PIA
_____ with another camper's assistant, along with their own if applicable

PIA staff thanks you for your cooperation. Carpooling allows us to save money on transportation which can be used for more fun camp activities!

Parent and Guardian _____ Date _____

**Mail to: Partners In Adventure, Inc, P.O. Box 867, Shelburne, VT 05482.
For questions call: Deborah Lamden, Executive Director 802-425-2638
or e-mail: dlamden@gmavt.net
For more applications and waivers visit our website at: www.partnersinadventure.org
*No applications accepted by e-mail.***