



2017 SUMMER CAMP APPLICATION



CAMPER INFORMATION

CAMPER'S NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

TELEPHONE: (____) _____ Male Female BIRTH DATE: ____/____/____

COUNTY: _____ ETHNIC BACKGROUND (optional): _____

HAS CAMPER ATTENDED ITC BEFORE: Yes No

EMAIL ADDRESS: _____

*No person shall be excluded from services because of race, religion, sexual preference, disability or national origin.

T-SHIRT SIZE: Youth S M L Adult S M L (please check one)

PRIMARY CONTACT

 Parent Guardian
 Camper Other
 Authorized Pick Up

ADDRESS (if different): _____
Street City State Zip

PRIMARY PHONE: _____ Home Work Cell Accept Text Messages

ALTERNATE PHONE: _____ Home Work Cell Accept Text Messages

EMAIL ADDRESS: _____

SECONDARY CONTACT

 Parent Guardian
 Camper Other
 Authorized Pick Up

ADDRESS (if different): _____
Street City State Zip

PRIMARY PHONE: _____ Home Work Cell Accept Text Messages

ALTERNATE PHONE: _____ Home Work Cell Accept Text Messages

EMAIL ADDRESS: _____

ALTERNATIVE CONTACT #1

_____ Authorized Pick Up

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

ALTERNATIVE CONTACT #2

_____ Authorized Pick Up

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

IS THERE ANYONE WHO IS NOT ALLOWED TO PICK UP THIS INDIVIDUAL? _____



SESSION—CAMP ALEC

A 5 minute unedited video with examples of your child communicating may be requested, but is not required at this time.

Primary mode of communication at home: _____

Primary mode of communication at school: _____

How does your child indicate "YES"? _____

How does your child indicate "NO"? _____

Is your child's Yes/No response: Reliable Inconsistent

Approximate Language Comprehension Level: _____

Verbal Abilities: _____

Does your child use any gestures consistently for communication? Please list: _____

Communications Systems: Check all that apply: Manual Communication Board Speech Generating Device

Device Name _____

Device page set (if applicable): _____

How does the child access the device? (Please explain): _____

Direct Selection: _____

Scanning: _____

Switch Type and Access Site: _____

Switch Accuracy (Estimate % Correct): _____

Tendency to hit switch more than once: _____

Briefly describe vocabulary organization of child's device (e.g. # of pages or levels; # of pictures or words per overlay):

Is the device mounted to a wheelchair? Yes No

How long has the child had the device? _____



When learning, my child works best in:

- | | |
|--|--|
| <input type="checkbox"/> 15-minute sessions | <input type="checkbox"/> 30-minute sessions |
| <input type="checkbox"/> Individual sessions | <input type="checkbox"/> Group sessions |
| <input type="checkbox"/> With 1-1 behavioral support | <input type="checkbox"/> With hand-over-hand support |

Status of reading and writing skills:

- | | | |
|---|------------------------------|-----------------------------|
| Knows most of the letters most of the time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interested and engaged during book sharing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Books/subjects that are most interesting or motivating for your child: _____

How does your child use their device? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Independently | <input type="checkbox"/> Answers questions only |
| <input type="checkbox"/> One word response | <input type="checkbox"/> With language models |
| <input type="checkbox"/> With verbal prompts | <input type="checkbox"/> Preprogrammed phrases/responses |
| <input type="checkbox"/> Builds own phrases/sentences | <input type="checkbox"/> Spells words/uses word prediction |
| <input type="checkbox"/> Has access to core vocabulary | <input type="checkbox"/> Initiates social exchanges |
| <input type="checkbox"/> Can signal if he/she needs help, please describe _____ | |

Would someone unfamiliar with your child's customized pages be able to model language and help your child locate vocabulary? _____

Please describe approximate reading level: _____



Please describe how your child accesses books: _____

Please describe how your child writes: _____

Please describe approximate writing level: _____

What does attending Literacy Camp mean to you? _____

Please attach your child's current IEP to this application.



FINANCIAL FORM

Camper Name: _____ Age: _____ County: _____

1. Review the attached Level Determination Form and indicate below the level of care required for the camper.

<input type="checkbox"/> LEVEL 1	Minimal Dependence	\$762
<input type="checkbox"/> LEVEL 2	Moderate Dependence	\$1,116
<input type="checkbox"/> LEVEL 3	Complete Dependence/Supervision 1:1	\$1,536

If at any time after receipt of this form and camper application, the Camp Director and/or Health Director find the camper to require a different level of care than indicated, Indian Trails Camp reserves the right to change the level and fee accordingly. The camper and/or family will be notified if such change occurs.

2. Based on the above Level Determination, complete the following calculations.

Total Fees Due Based on Tier: \$ _____

Less payments sent with application:

Deposit (non-refundable \$100): - \$ _____

Other (additional amount towards balance, if desired): - \$ _____

Remaining Balance Due: \$ _____

3. Complete A, B, C and/or D to indicate method & source(s) of payment. Note that the remaining balance per #2 above is due by June 15, 2017 for parent/guardian/self payments.

A. Check: Amount paid with application _____ Check # _____

B. Credit Card (Visa, Mastercard & Discover accepted):

Amount to charge now \$ _____ Amount to charge on June 15, 2017 \$ _____

Card # _____ - _____ - _____ - _____ Exp Date ____/____

Name as it appears on card _____ Ph # (____) _____

Card billing address _____ Zip Code _____

C. Third Party Payment:

If you expect a third party (such as Community Mental Health, Network 180 or insurance company) to pay for all or a portion of the camp fees, please complete this form. We highly recommend that you confirm the amount to be paid with the third party. If the third party pays less than the amount indicated, you will be responsible for the difference.

Name of organization to be billed: _____

Contact person (eg. supports coordinator, case manager): _____

Ph # (____) _____ Fax # (____) _____

Email address if invoice may be emailed: _____

Amount to be paid: _____

Send bill: _____ before (or) _____ after session.

D. Scholarship

I have a financial need and will request a scholarship

4. For information about refunds and cancellations, please see attached.



CAMPER INFORMATION

CAMPER NAME: _____ BIRTHDATE: _____ Male Female

SESSION(S): _____ NICKNAME, IF ANY: _____

Check all applicable:

DISABILITY:

- Cerebral Palsy
- Muscular Distrophy
- Spina Bifida
- Multiple Sclerosis
- Rheumatoid Arthritis
- Epilepsy
- Arthrogyriposis
- Osteogenesis Imperf.
- Visual Impairment
- Autism/ASD
- Down's Syndrome
- Congenital Anomolies/Birth Defects:

Explain in detail _____

- CHI (Closed Head Injury)
- Mental Impairment
 - Mild (Cognitive Impairment)
 - Moderate
 - Severe
- Other (please explain) _____

CABIN MATE REQUESTS:

Please list any requests you have for cabin mates. We will do our best to accommodate your request.

1: _____

2: _____

CAMPER IDENTIFICATION:

- Please enclose or attach a recent head shot photo of camper with application (to be used for nursing identification).

COMMUNICATION:

- No communication difficulties
- Verbalizes, may be difficult to understand
- Non-verbal, yes/no responses only
- Uses a communication device

Explain communication board or system

Additional helpful information

GENERAL HEALTH INFORMATION:

Does camper have regular seizures?
 Yes No

If yes, please indicate frequency, length, severity, triggers, & common signs/conditions of seizure _____

Does the camper have allergies?
 Yes No

If yes, please explain agent and reaction in detail _____

Is the camper allergic to service dogs? Yes No

Will camper bring an Epi Pen?
 Yes No

SPECIAL EQUIPMENT THAT CAMPER WILL BE BRINGING TO CAMP:

AMBULATION:

- Crutches Walker
- Wheelchair Elec. Wheelchair
- Scooter Other

EATING:

- Special Cup Special Dish
- Plate Guard Special Utensils
- Other

OTHER:

- Hoyer Lift Toilet Commode
- Communication Board
- Helmet
- Pace Maker Other

BRACING:

- AFO Hand Splint
- Other

Please indicate camper's dietary needs, if any:

- Chopped Food Pureed Food No Dietary Restrictions
- Food Allergies/Intolerances Diabetic

List any food allergies/intolerances or describe diabetic needs (eg. insulin shots, etc.)



ACTIVITIES OF DAILY LIVING

EATING:

- Independent
- Needs only food cut and plate set
- Must be fed

AMBULATION:

- Walks Independent
- Needs assistance (*describe*): _____

- Depends on mobility device (*describe*): _____

DRESSING & UNDRRESSING:

- Independent
- Need assistance with fine motor skills
- Total assistance

PERSONAL CARE INFORMATION:

Check any which camper will need assistance with

- Showering
- Shaving
- Teeth-brushing
- Personal care: menstrual cycle

TOILETING:

- Wears briefs
- Independent
- Needs assistance (*describe*): _____

- Special bowel treatment/program (*describe*): _____

- How often does camper have bowel movements? ____

Sleeping Habits:

- Sleeps through the night Requires bedrails
- Wanders at night
- Needs care during the night (turning or changing)

TRANSFERS:

- Approx. weight: _____
- Independent
 - Can bear weight for pivoting
 - Must be lifted
- Precautions that should be taken for transfers, if any:

BEHAVIOR NEEDS*:

- Does camper have any behavioral needs?
 Yes No

If yes, please describe:

<i>Description</i>	<i>Frequency</i>
_____	_____
_____	_____
_____	_____
_____	_____

How might we best accommodate these behaviors?

ADJUSTMENT TO CAMP:

Any fears? If so, please explain: _____

OTHER:

Anything else you would like us to know? _____

*For information on our behavior policy, please see attachment.



CAMPER BEHAVIOR & CAMPER ELIGIBILITY FOR SUMMER CAMP & RESPITE PROGRAMS POLICY

Indian Trails Camp summer camp and respite programs are designed for children and adults with disabilities ages 5 & up. Programming gives campers the opportunity to engage in recreational, social and traditional camp experiences.

In order to maintain a quality program, sessions are designed to accommodate specific needs of campers through staffing ratios, programming, and activity goals.

Registration in sessions will be based on camper needs and interests as identified by the camper, camper's parent/guardian or other support team members (e.g. AFC staff, case managers, etc.) in the camp application.

Indian Trails Camp will conduct continual assessment of camper needs and behaviors through administration's daily observations and cabin staff camper appraisals. If the Summer Camp & Respite Coordinator (or Executive Director) feels that a camper would be better suited for a different session or would require additional support, contact with the camper and/or their guardian will occur, as well as documentation for the camper's file.

Indian Trails Camp is a recreational and social program and not deemed a treatment facility. Campers who require physical management are not suitable for Indian Trails Camp summer camp and/or respite programs due to the safety of the camper, other campers and ITC staff.

Before a camper is considered not eligible for any camp program, a discussion will occur between the camper and/or their guardian, the Summer Camp & Respite Coordinator and the Executive Director.

Under NO circumstances will a camper be deprived of food or sleep, or be isolated without staff supervision, observation, and interaction, or be subjected to hazing, ridicule, threat, corporal punishment, excessive physical exercise, or excessive restraint.

All Indian Trails Camp staff who are responsible for the supervision and care of campers will be trained in but is not limited to the following;

- 1) Recipient Rights
- 2) Positive Behavior Interventions and Techniques
- 3) Working with People with Disabilities
- 4) OT (including feeding, transfers, changing, direct care needs)
- 5) CPR & First Aid

All recurrent behavior issues with campers will be reported to and handled by administration in the following order.

- 1) Head Counselor
- 2) Summer Camp & Respite Coordinator
- 3) Executive Director

All camper applications are reviewed by the Summer Camp & Respite Coordinator, Executive Director and Nursing team to ensure that Indian Trails Camp is able to meet the needs and wants of campers. Indian Trails Camp holds the right to refuse service at any time which includes following confirmation of registration, and check-in. Camper behaviors or incidents that may lead to this include, but is not limited to: Severe self-injurious behaviors, significant self-stimulating behaviors, intentional and unintentional property destruction.

If the Summer Camp & Respite Coordinator observes the guardian or caregiver having to physically redirect a camper, if the camper attempts to flee or elope, or becomes physically aggressive during check-in, we will discuss with the camper or guardian the incident(s) and may not have the camper continue through registration or stay for the session.

At any time following check-in, if a camper is having unprovoked bouts of aggression, and is not responding to redirection or de-escalation, the guardian will be contacted and is responsible to arrange transportation for immediate pick up of the camper.

By signing below, I have reviewed and understand this Policy.

Reviewer Signature: _____ Date: _____



LEVEL DETERMINATION

LEVEL 1 (1:3)

Campers are provided one direct care counselor per three level 1 campers.

Level 1 is for campers who are able to perform most of their ADL's (Activities of Daily Living) independently.

Campers in this level take between 0-4 medications per day and do not have any current ongoing medical concerns.

Camper is independent with eating, or requires some verbal prompts and/or minimal physical assistance (e.g. cutting up food).

Camper is independent with hygiene needs, or may require some verbal prompts to ensure completion or thoroughness.

Camper is independent with toileting, or requires minimal verbal prompts.

Camper is independent with practicing coping skills and staying focused on task at hand, or requires minimal verbal prompts or redirection.

LEVEL 2 (1:2)

Campers at this level are served with one direct care counselor per two campers.

Level 2 campers require some physical assistance but are independent in other areas of care.

Camper in Level 2 may not exceed 8 medications per day, and have minimal medical concerns.

Camper may require minimal physical assistance with accessing food at meals, and/or requires specialized diet/nutrition (e.g. pureed food).

Camper may require minimal physical assistance with hygiene needs to ensure completion or thoroughness.

Camper may require minimal physical assistance (e.g. wiping) with toileting.

Camper may require verbal prompts or redirection with practicing coping skills and staying focused on the task at hand.

Camper may be dependent on a mobility device (e.g. walker, cane, etc.) but is able to use this primarily independently.

LEVEL 3 (1:1)

Level 3 is reserved for campers who need on-to-one assistance the majority of the time due to medical or behavioral situations.

Medications may exceed 8 per day.

Campers who require medical treatments such as feeding tubes and severe seizure monitoring are automatically Level 3.

Camper may require full assistance with accessing food at meals.

Camper may require full assistance with most or all hygiene needs.

Camper may require full assistance with toileting, including transferring, diapering, and wiping.

Camper may require verbal prompts and redirection with practicing coping skills and staying focused on task at hand most to all of the time.

Camper may be dependent on a mobility device (e.g. manual/ electric wheelchair, scooter, etc.) at all times, and may be independent with using it or need assistance.

Camper may be a flight risk.



INSURANCE FORM

CAMPER NAME: _____

Camp ALEC Session

***IMPORTANT:** Indian Trails Camp, Inc. does not carry medical/accident insurance for campers. It is the responsibility of the camper/guardian to obtain adequate insurance coverage for any medical needs, including accidents.

I UNDERSTAND THE ABOVE: _____

Signature of parent/guardian or adult camper

IS THE CAMPER COVERED BY MEDICAL INSURANCE?: Yes No

If yes, please list the camper's health insurance carrier (examples: Blue Cross, Medicare, PPOM, etc.)

POLICY NUMBER: _____

CONTRACT NUMBER: _____

CARD HOLDER'S NAME: _____

ADDITIONAL INFORMATION: _____



CAMPER PHYSICAL FORM

All overnight summer campers must have a physical form on file that is dated within 12 months* of their camp session date. It must be signed by a physician and submitted at least 2 weeks prior to the session start date. It does not need to be mailed with the application, but must be received 2 weeks prior to the session start date. or the camper will be removed from the session.

CAMPER NAME: _____ **DOB:** _____ **SEX:** _____

1. Applicant must be diagnosed with a physical, developmental or cognitive disability or mental illness.
2. Applicant must be capable of social interaction and participation in camp activities.
3. Applicant must be able to communicate needs through at least a yes or no response (e.g. eye blinks, headshake, use of communication board, etc.).

PRIMARY DIAGNOSIS/DISABILITY: _____

SECONDARY DIAGNOSIS: _____

MEDICAL HISTORY:

- Asthma/Respiratory problems
- Diabetes Type: _____
- Heart Defect Apnea
- Kidney Disorder Other
- Seizures
- Down Syndrome: Atlanto Axial Instability? Yes No

Immunizations (check all that have been issued and provide immunization dates):

- Diphtheria _____ / _____ / _____
- Pertussis _____ / _____ / _____
- Measles _____ / _____ / _____
- Polio _____ / _____ / _____
- Small Pox _____ / _____ / _____
- Rubella _____ / _____ / _____

Date of last Tetanus shot (must be within 10 years):

_____ / _____ / _____

Does the camper frequently suffer from any of the following?
(check all applicable)

- Headaches Sore Throat Ear Infections

Does the camper have known communicable diseases?

- Measles HIV Positive
- Chicken Pox
- Hepatitis A B C
- Other: _____

Allergies and Reaction: _____

Epi Pen? Yes No

Does the individual have a diabetes diagnosis? Yes No

If yes, explain needs: _____

CURRENT

HEALTH: Height: _____ Weight: _____ BP: _____ HR: _____ RR: _____ Temp: _____ Pulse Ox: _____

OVERALL HEALTH CONDITION: _____

Other information for health care staff, including treatments to be continued at camp, activity restrictions, medically prescribed meal plan, or dietary restriction while at camp:

I have reviewed the camper's health history and discussed the camp program with the camper and/or parent/guardian. It is my opinion that the applicant is physically and emotionally fit to participate in the session at Indian Trails Camp (except as noted above).

Physician's Signature

Date

Physician's Office Name & Phone #

*For example, if the physical is dated 8/1/16 and the camper is attending a June 2017 session, we would not need an updated form.



MEDICATION RECORD

Please list ALL medications. The back of this sheet may be used if needed.

NOTE: Camp medications are distributed at 9am, 12 noon, 2-4pm, 5pm, and 9pm. Any deviations must be indicated by a physician. Only medications and dosages listed on this form will be approved on camp registration day. Any medications not listed on this form will not be administrated at camp without prior written approval of the physician. This includes ALL over the counter non-prescription and prescription medications. Medications must be brought in their original bottles. If you choose to bring them set up in a med container, pill bottles must still be brought to verify prescription.

Name of Medication	Dosage	Prescription, as listed on bottle**	Time(s) given
<i>e.g. Depakote</i>	<i>250mg</i>	<i>3 tabs by mouth twice daily</i>	<i>9am and 9pm</i>

**Please be sure to obtain written approval for any deviations of prescriptions written on bottle prior to camp registration.



SICK/INJURED CAMPER POLICY

All campers receive a preliminary screening for contagious and/or noncontagious illnesses and diseases occurs at check-in. If there are signs of pink eye, anything worse than a common cold, gastrointestinal bugs or any other illness or diseases within the past two weeks of coming to camp, we reserve the right to send the camper home and reschedule for another session if available.

Nursing personnel will bring any non-critical health issue requiring off-site medical treatment to the attention of the Summer Camp & Respite Coordinator.

Together, the Summer Camp & Respite Coordinator and guardian (or AFC home if applicable), will decide as to whether treatment should be pursued at an off-site medical site or not.

Any illness that requires the camper to be excluded from participation in the camp program for more than twenty-four (24) hours will be cause for guardian to be contacted.

If the camper has a fever higher than 100.4 accompanied by vomiting and or diarrhea, which lasts more than 12 hours or does not show improvement, the camper will be sent home.

If a camper refuses to leave the camp facility or the guardian (or AFC home if applicable) refuses to pick up the camper, a call will be made to the licensing representative and a mandatory report will be filed.

By signing below, I have reviewed and understand this Policy.

Reviewer Signature: _____ Date: _____

NON-CRITICAL EMERGENCY & EMERGENCY TRANSPORTATION POLICY & PROCEDURE

Indian Trails Camp will have available, at all times, a vehicle which is designated for non-critical emergency transportation. If the vehicle is unavailable, the Summer Camp & Respite Coordinator will designate another appropriate vehicle to serve such a purpose.

The non-critical emergency vehicle will be in good working order and shall have a sufficient supply of fuel to reach the closest twenty four (24) hour emergency facility and back.

Indian Trails Camp staff that are transporting a camper may have one additional staff to accompany them depending on the needs and injury of the camper. Transporting staff must be on the current Indian Trails Camp auto insurance and have a clean and clear driving record.

For emergency transportation, the Summer Camp & Respite Coordinator or nursing staff will call 9-1-1 for an ambulance. An Indian Trails Camp staff will either ride along with the camper in the emergency vehicle or meet them at the hospital or treatment site.

Once the camper receives treatment, the guardian or other support team member (e.g. AFC staff, case manager etc.) is responsible for the camper. Or if the camper is admitted in the hospital or treatment site, Indian Trails Camp staff are no longer responsible for the camper. It is the guardian's responsibility to make arrangements for someone to accompany and be present immediately following admittance.

Indian Trails Camp does not charge for non-critical emergency transportation. If emergency transportation is used, Indian Trails Camp is not responsible for any ambulance fees or any other outside transportation fees.

By signing below, I have reviewed and understand this Policy & Procedure.

Reviewer Signature: _____ Date: _____



HEALTH CARE AUTHORIZATION

Camper's Name: _____

The medical facilities listed below are utilized by ITC. Please check the facility that is preferred in the event of an emergency or need for additional medical treatment.

FACILITY:

- Mercy Health (approximately 15 miles east of ITC in downtown Grand Rapids)
- Spectrum Health (approximately 10 miles east of ITC in downtown Grand Rapids)
- Metro Health (approximately 15 miles southeast of ITC near M-6 and Byron Center Ave)
- Other hospital _____
- Spectrum Health Occupational Services (non emergencies)
- No preference

I hereby give permission to Indian Trails Camp, which is licensed by the State of Michigan, to provide routine, nonsurgical medical care; administer medications; order x-rays and/or routine tests; release any records necessary for insurance purposes; provide or arrange necessary related transportation; and to secure emergency medical and surgical treatment. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Indian Trails Camp management to secure and administer treatment, including hospitalization for the camper listed above, while attending Indian Trails Camp.

NOTE 1: In accordance with MCLA Act 116 of the Public Acts of 1973, as amended, and the rules for licensing camps, this authorization must be signed by the parent or guardian of a minor camper, unless there is religious objection.

NOTE 2: In accordance with MCLA Act 218 of the Public Acts of 1979, as amended, and the rules for licensing camps, this authorization must be signed by the authorized person of an adult camper, unless there is religious objection.

Signature

Date

Relationship to camper: Self Guardian/Parent



GENERAL LIABILITY RELEASE

I understand that Indian Trails Camp (ITC) assumes no responsibility for injuries that I or my child may sustain as a result of my or my child's physical condition, or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by ITC. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of using ITC, I hereby voluntarily release and discharge ITC, its agents, servants, and employees from any and all claims for injury, death, loss, or damage that I or my child may suffer. I understand that ITC is NOT responsible for personal property lost or stolen while members and/or program participants are using ITC facilities or on ITC premises.

Adult Camper or Parent/Legal Guardian

Date

PHOTO RELEASE

I understand that Indian Trails Camp (ITC) & Camp ALEC love to take pictures of guests enjoying themselves during their stay at camp, and that the photos are often used in marketing and promotional materials. ITC & Camp ALEC have my permission to use any media of me or my child at camp for purposes of promoting or describing ITC & Camp ALEC programs.

**If you prefer that photos of you or your child not be used, please let us know in writing prior to the camp experience.

Adult Camper or Parent/Legal Guardian

Date



SUMMER CAMP & RESPITE PROGRAMS CANCELLATION/REFUND POLICY

Summer & Holiday Camp

- All refunds are subject to a \$100 cancellation fee.
- Refunds will be given if cancellation of session occurs at least 7 days prior to the session start date.
- If cancellation occurs less than 7 days prior to the session start date, refunds will be given only for medical reasons or a family emergency. For medical reasons we may request a doctor's note to substantiate medical reason.
- Subsequent cancellations that are less than 7 days prior to the session start date, will result in the camper being removed from all remaining registered sessions, and placed at the bottom of the waiting list.

Respite Weekends

- All refunds are subject to a \$50 cancellation fee.
- Refunds will be given if cancellation of session occurs at least 7 days prior to the session start date.
- If cancellation occurs less than 7 days before the session start date, refunds will be given only for medical reasons or a family emergency. For medical reasons we may request a doctor's note to substantiate medical reason.
- Subsequent cancellations that are less than 7 days prior to the session start date, will result in the camper being removed from all remaining registered sessions, and placed at the bottom of the waiting list.

Day Camp

- All refunds are subject to a \$80 cancellation fee per day of cancellation.
- Refunds will be given if cancellation of session occurs at least 7 days prior to the session start date.
- If cancellation occurs less than 7 days before the session start date, refunds will be given only for medical reasons or a family emergency. For medical reasons we may request a doctor's note to substantiate medical reason.
- Subsequent cancellations that are less than 7 days prior to the session start date, will result in the camper being removed from all remaining registered sessions, and placed at the bottom of the waiting list.

For more information, please refer to www.ikuslife.org on:

Sick/Injured Camper Policy

Camper Behavior & Camper Eligibility for Summer Camp & Respite Programs Policy

By signing below, I have reviewed and understand this Policy.

Reviewer Signature: _____ Date: _____



SUMMER CAMP CHECKLIST

DATE SENT	FORM	NEED BY
_____	17-Page Application (NOTE: must include \$100 deposit to reserve your spot)	ASAP *Note: Applications are due by May 30, 2017. After this date applications will still be considered if slots are still available.
_____	Financial Form	ASAP *Note: Send with application
_____	Level of Determination	ASAP *Note: Send with application
_____	Most Recent IEP	ASAP *Note: Send with application
_____	Insurance Card	ASAP *Note: Send with application
_____	Physical Form	3 weeks prior to camp session

DROP OFF TIMES FOR CAMP ALEC IS 4:00PM - 5:00PM

PICK UP TIME FOR CAMP ALEC IS 10:00 AM.

There will be a presentation delivered by Karen and David at 10:00AM sharp. Parents will receive an important overview of the week's activities and recommended strategies. You will also have a chance to meet with your child's Literacy Counselor and Camp Counselor at this time.

This session has only 20 slots and will fill up fast. Please send your application, financial form, level of determination, IEP and copy of insurance card along with your \$100 deposit as soon as possible to reserve your spot. If an agency or insurance company pays in full for your session your initial deposit will be returned to you.

IF YOUR CAMPER HAS BEEN ACCEPTED TO CAMP ALEC YOUR DEPOSIT WILL NOT BE REFUNDED.

NOTE: Please send all forms as soon as they are completed. Final acceptance/confirmation notices will be sent once all completed paperwork is received. We would advise you to mail us the completed application, financial form, level of determination, IEP and copy of insurance card even if you do not have the physical form completed so that your spot is reserved. Then mail in the physical form upon completion but no later than 3 weeks prior to camp session.

APPLICATIONS ARE DUE MAY 30, 2017 AT WHICH TIME WE WILL OPEN UP ANY AVAILABLE SPOTS TO THOSE WAITLISTED.

We will continue to accept applications after this date if spots are still available.

Make checks payable to Indian Trails Camp.

Mail applications to:

**Camp ALEC
C/O Gina Cunningham
44125 Cottisford Street
Northville, MI 48167**

Email to: campalecinfo@gmail.com

**Or Fax to:
1(248) 869-6073**

For additional information please contact us at campalecinfo@gmail.com.

