

Camp Spectacular

2018 Application Guide

A day camp experience for children ages 9-16, who have autism spectrum disorders including those with Asperger's Syndrome, high-functioning autism, and PDD NOS.

SESSION DATES

Monday – Friday, 9:00 am – 4:00 pm

Session 1: August 1-3

Session 2: August 6-10

Session 3: August 13-17

Session 1 is for children aged 7-9. Sessions 2 and 3 are for children aged 9-16. All sessions are Coed.
No transportation provided.

CONTACT INFORMATION

Phone: (518) 384-3042 [off-season]

(518) 399-4759 [summer]

Fax: (518) 384-3001

Mailing Address: Clover Patch Camp
55 Helping Hand Lane
Glenville, NY 12302

Email: cloverpatchcamp@cfdsny.org
Internet: www.cloverpatchcamp.org
www.cfdsny.org

COST

Session 1 costs \$210. Sessions 2 and 3 are \$350 per session

Payment in full is required one week prior to your child's first session.

HOW TO APPLY

1. Complete the requested information in each section carefully and completely.

Sections 1-8 should be completed by a Parent, Guardian or Advocate. We must have signatures from a parent, guardian or advocate on pages 4 and 5.

Sections 9-10, *Health Forms*, must be completed by a licensed physician. Include **all** medical information. We must have signatures from the physician on all medical forms.

2. Include a recent photograph of the applicant to identify campers for medications and for security purposes.
3. Return the application to the camp director, Dani-Leigh Ross, at Clover Patch Camp, 55 Helping Hand Lane, Glenville, NY 12302.
4. Submit a \$75 non-refundable deposit for each session made payable to: *Center for Disability Services*. Please note the camper's name and *Camp Spectacular* on the memo line. You may also call Lori Hunt in our finance department at 518-437-5513 to pay by credit card over the phone.

ADDITIONAL INFORMATION

- ♣ Camp is available on a first come, first served basis. Acceptance into camp is contingent upon review of the application by the camp director, social worker and medical advisors.
- ♣ Campers are not enrolled until they receive an acceptance packet confirming a specific session.
- ♣ All medications must be in their original containers labeled with the camper's name, the current dosage and frequency of administration by your pharmacist. Medications will not be accepted in any other containers.
- ♣ Physical examination needs to be current, within one year of the last day of camp. It is acceptable to submit a physical on the physician's form or on a school/sports form as long as all of the requested information is present.
- ♣ In order to best meet the needs of the camper, please submit any behavior plans or ISPs with this application.
- ♣ Please review all medical forms for completeness before leaving the physician's office. Take note that all sections are complete, immunizations are up-to-date, any necessary lab reports are attached and the physician has signed and dated each page.
- ♣ Transportation to and from camp is the responsibility of the camper. A car pool list will be compiled in the spring. It is the responsibility of the families to set up car pools.

Non-Refundable Deposit

- ♣ A \$75 non-refundable deposit must be submitted for each session. The deposit will be applied toward the total camp fee. The application will not be reviewed until the deposit is received. Payment in full may be submitted with the application however, this does not guarantee admission or a spot on the roster.

Waitlist Policy

- ♣ If the camper's application is received after capacity has been reached, the child will be placed on the waitlist. If space becomes available, campers will be moved off the waitlist in order of acceptance with preference given to campers not already enrolled in multiple sessions. The deposit is fully refundable at any time while the camper is on the waitlist.
- ♣ In order to provide a camping experience for as many children as possible, campers wishing to attend multiple sessions will be first enrolled in one session, pending availability. The camper will then be placed on a waitlist for additional sessions. On June 1st, if space is available campers will be moved off the waitlist in order of acceptance.

Cancellation Policy

- ♣ If an enrolled camper cancels prior to the beginning of the session, payments, less the \$75 deposit, are refundable. If a camper is sent home due to medical reasons determined by the camp health director, the camp fee will be prorated and refunded contingent upon the vacancy being filled. If the camper does not wish to remain at camp, or if the camper is sent home due to behavioral issues, a refund will not be granted.

CHECKLIST

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| <input type="checkbox"/> Complete application including parent, guardian, or advocate signatures | <input type="checkbox"/> \$75 non-refundable deposit for each session made payable to: <i>Center for Disability Services</i> |
| <input type="checkbox"/> A recent photograph of the applicant | [Please note the camper's name and <i>Camp Spectacular</i> on the memo line.] |
| <input type="checkbox"/> Behavior plan or ISP, if available | |
| <input type="checkbox"/> Complete physical and medication orders with all pages signed by a licensed physician | |