



## **CAMP PENNWOOD APPLICATION**

**2022**

**Ages 6-21 including 2022 Graduates**

**APPLICATION DEADLINE: April 22, 2022**

**Campers are responsible for payment of transportation via Kelly Transit. York-Adams MH/IDD does NOT pay for camper transportation.** Payment for transportation is due prior to the first day of camp. Half is due by April 22th and the remainder is due by July 11th.

**You may apply for a grant for transportation. The awarding of grants is based upon camper financial need and the amount of donations made to the grant fund in 2022. Grant applications must be submitted with the Camp Pennwood application. Grants are limited, and full funding is usually not provided.**

**TRANSPORTATION VIA KELLY TRANSIT IS NOT FREE.**

**2022 CAMP PENNWOOD APPLICATION**

**I. GENERAL INFORMATION: (Please Print)**

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone #: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

**Emergency Contact (Must list person familiar with camper, other than parent, who is available from 9:30 AM –4:00 PM)**

\_\_\_\_\_  
(Name) (Phone #)

Please list all persons your child may be released to. Campers will not be released to anyone except those persons listed here. (In custody situations, proof of custody may be necessary.)

\_\_\_\_\_  
\_\_\_\_\_

MH/IDD Supports Coordinator (if applicable): \_\_\_\_\_

Current School: \_\_\_\_\_ Name of Teacher: \_\_\_\_\_

**II. CAMP ATTENDANCE: Camp hours are 9:30 AM – 3:00 PM  
■CAMP BEGINS AT 9:30 AM. DO NOT DROP YOUR CHILD OFF AT CAMP BEFORE 9:30 AM.**

Request the desired weeks of attendance below. We will try to accommodate your requests, however, be advised that many age groups fill quickly and it may not be possible for your child to attend every requested week. You will be notified of your child's weeks at camp by mail. Camp will be in session the following weeks:

- 1. \_\_\_\_\_ July 11-15, 2022
- 2. \_\_\_\_\_ July 18-22, 2022
- 3. \_\_\_\_\_ July 25-29, 2022
- 4. \_\_\_\_\_ August 1-5, 2022
- 5. \_\_\_\_\_ August 8-12, 2022

Please place a check mark next to the week (s) that your child would like to attend camp:

**III. COSTS AND FUNDING:**

Payment for camp and half the transportation cost is due on April 22, 2022. If you need your child to use camp transportation at assigned pick-up points, the cost varies depending on how far your pick-up point is from camp. Please see page 5.

**YOU MUST check one of the following:**

**1. Self Pay**

\_\_\_\_\_ Please call The Arc for more information. **Payment for camp and ½ transportation cost is due by April 22, 2022.**

**2. Person/Family-Directed Support Waiver or Consolidated Waiver**

\_\_\_\_\_ I am paying for the cost of camp using my Person/Family-Directed Support Waiver or Consolidated Waiver funds as part of my Individual Service Plan. **I understand that I must pay ½ the transportation fee by April 22, 2022 if using camp transportation.**

**3. Family-Driven Family Support Services**

\_\_\_\_\_ I am paying for the cost of camp with my Family-Driven funding. **I understand that I must pay ½ the transportation fee by April 22, 2022 if using camp transportation.**

**4. York-Adams Counties MH/IDD**

\_\_\_\_\_ I am seeking payment from MH/IDD for my son/daughter to attend camp because he/she is not in a waiver or Family Driven Family Support Service. I am currently registered with the MH/IDD office. **I understand that I must pay ½ the transportation fee and for any additional weeks of camp that MH/IDD is not paying for by April 22, 2022.**

**There may be an additional charge to you if your child requires medical treatment by a nurse at an off-site location and no other source of funding can be identified.**

My Child's MH/IDD Supports Coordinator is \_\_\_\_\_.  
My Child's MH/IDD (BSU) case number is \_\_\_\_\_.

**Note:** If your son/daughter is not registered with the MH/IDD office, please call the York office of MH/IDD (717-771-9618) or the Hanover office (717-632-0927) to apply for services.

**DEADLINES**

**April 22, 2022 – Deadline for application submission.**

**April 22, 2022– Camp payment and half of transportation costs are due.**

**April 22, 2022 – Health Forms are due.**

**If you need extra time for Health Forms due to doctor appointments, it is very important to contact us at 717-846-6589.**

**July 11, 2022 – Remaining balance of transportation cost is due.**

**Late applications may result in your child not being able to attend camp unless there is an opening.**

**IV. INDIVIDUAL SKILLS DEVELOPMENT:**

To help provide your son/daughter with the most enjoyable summer possible, please describe in detail the following information about your child's needs:

**Toileting:** (assistance with clothes or diapering, constant supervision, independent, etc.)

**Personal hygiene:** (washing hands, combing hair, menstrual care, etc.)

**Dressing:** (buttons, zippers, putting clothes on, etc.)

**Eating:** (physical assistance, only uses spoon, special diet, likes or dislikes, etc.)

**Communication skills:** (non-verbal, sign language, communication device, etc.)

**Interactions with other children/adults:** (gets along well, fights, is shy, gets upset by..., etc.)

**Behaviors:** (wanders off, easily upset by..., short attention span, etc.)

**Aggressive behaviors and tips for preventing behaviors:** (hitting, biting, destroying property, what helps, etc.)

**Does your child exhibit behavior at times that could result in injury to other campers or staff?**

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, please describe on the back of this page.

**Has your camper ever been accused of or charged with any criminal behavior, including theft, sexual or other assault, etc.?**

\_\_\_\_\_ YES          \_\_\_\_\_ NO

If yes, please explain:

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**Is your child receiving TSS services?**          \_\_\_\_\_ YES          \_\_\_\_\_ NO

**If so, give TSS Agency Name and Phone #:**

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**TSS Worker's Name:**

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**Behavior Specialist:**

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**Mobile Therapist:** \_\_\_\_\_

**Does your child use a wheelchair or other assisted mobility device? Which?**

**Transfer Skills: (if utilizing a wheelchair, what assistance is needed?)**

**Activities:** Sports, Arts, and Crafts, Music (favorites, dislikes, needs, etc.)

**Swimming Skills:** (no experience, afraid of water, previous lessons, needs, etc.)

**Allergies/Food Restrictions:**

**Does your child require an aide or any special accommodations/ lift van while riding the bus during the school year? If yes, explain:**

**Did we miss anything?** (Please include anything else you think we should know for the safety and enjoyment of your child and other campers.)

**V. TRANSPORTATION:**

If you want to use the bus pick-up system (Kelly Transit), the fees per week are as follows:

\$95.00 – Zone 1      \$100.00 – Zone 2      \$105.00 – Zone 3      \$110.00 – Zone 4

**Half of the total transportation fee must be received by April 22, 2022. The remaining half must be received by July 11, 2022.**

**Please make checks payable to The Arc of York County.**

\_\_\_\_\_ I will be providing transportation for the camper directly to and from camp.

\_\_\_\_\_ I am responsible for the required weekly fee to use the assigned pick-up bus system through Kelly Transit. I assure timely payment as required.

• \_\_\_\_\_  
**PARENT’S SIGNATURE** **DATE**

**PLEASE CHECK WHICH PICK-UP POINT YOU WOULD LIKE TO USE:**

- | <b>Zone</b> | <b>Location</b>   |
|-------------|---|
| 1           | _____ Hannah Penn Middle School, 415 E. Boundary Avenue   |
| 1           | _____ Edgar Fahs Smith Middle School, 701 Texas Avenue  |
| 1           | _____ Jacob Devers Elementary School, 801 Chanceford Avenue                                     |
| 1           | _____ Weis Market, 2850 Carlisle Road, Weiglestown  |
| 1           | _____ Central York High School  |
| 1           | _____ West York High School, Bannister Street, York   |
| 1           | _____ United Way of York County, 800 E. King Street, York                                       |
| 1           | _____ First Church of Christian Scientist Reading Room, 1404 E. Market St, York                 |
| 1           | _____ Northeastern High School, Manchester  |
| 1           | _____ York Suburban High School, 1800 Hollywood Drive, York                                     |
| 2           | _____ Kenny’s Market, Spring Grove  |
| 2           | _____ Dallastown High School (lot near football field)  |
| 2           | _____ Holiday Inn Express, 140 Leader’s Heights Road (lower lot)                                |
| 2           | _____ Kelly Transit, N. Main St, Dover  |
| 3           | _____ Claire’s Drive-In, Grandview and Blooming Grove Road, Hanover                             |
| 4           | _____ I would like a pick-up point in Dillsburg (The feasibility will be assessed by The Arc.)  |
| 4           | _____ I would like a pick-up point in Shrewsbury (The feasibility will be assessed by The Arc.) |

**Please complete and return all of the following forms by April 22, 2022:** Application, Release Form, Medical History Form, Payment Form, Household Survey (confidential), Health Exam.

**Att: Camp Pennwood  
The Arc of York County  
497 Hill Street  
York, PA 17403**

**\*\*\*APPLICATION DEADLINE IS April 22, 2022\*\*\***

**The Arc of York County**  
**Media Release Form**

I hereby give my consent to all photographs, audio or video recordings taken of me or my minor child by The Arc of York County staff or their designee. I understand that any such photographs, audio and/or video recordings become the property of the The Arc of York County and may be used by the agency for educational, instructional, or promotional purposes determined by The Arc of York County in broadcast and electronic media formats now existing or in the future created.

\_\_\_\_ Yes, I give my consent.

\_\_\_\_ No, I do not give my consent.

Camper Name: \_\_\_\_\_  
(please print)

Parent's/Guardian's Name: \_\_\_\_\_  
(please print)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HEALTH EXAMINATION  
BY LICENSED PHYSICIAN  
FOR CAMP PENNWOOD**

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2022

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ authorize my physician to provide the following information.  
Parent/Guardian

I understand that it will be used only by The Arc of York County's staff to help my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE DOCTOR**

**Campers must have been fully examined by a doctor between September 1, 2021, and May 31, 2022 to be able to attend camp.**

I examined the above camp applicant on \_\_\_\_\_ (date)

Is applicant free of infectious disease?      Yes \_\_\_\_\_      No \_\_\_\_\_

If "No", please indicate type of disease: \_\_\_\_\_

Are there any medical reasons why this patient should not attend an outdoor, rural day camp?

\_\_\_\_\_

Identify any medical problems which may place this applicant at an increased risk of medical emergency:

\_\_\_\_\_

In my opinion, the above individual's condition **does** / **does not** preclude his/her participation in an active camp program, including swimming and being exposed to domestic/farm animals. Explain if "does".

The applicant is under the care of a physician for the following conditions (Please include if applicant has diabetes or seizures, etc.): \_\_\_\_\_

\_\_\_\_\_

Instructions for management of applicant's seizure disorder (if applicable): \_\_\_\_\_

\_\_\_\_\_



Current medications/treatments: (include dosages): \_\_\_\_\_

\_\_\_\_\_

Please list any medications that will need to be administered during camp (between 9:30 am and 3 pm):

\_\_\_\_\_

\_\_\_\_\_

Please list any orthotics or prosthetics which may be necessary at camp. List any special instructions required to use them properly: \_\_\_\_\_

\_\_\_\_\_

Describe prescribed meal plan or dietary restrictions:

\_\_\_\_\_

\_\_\_\_\_

Describe any allergies: \_\_\_\_\_

\_\_\_\_\_

**Health History (Circle if applicant has had any of the following):**

Frequent Ear Infections

Heart Defect/Disease

Convulsions/Seizures

Diabetes

Bleeding/Clotting Disorders

Hypertension

Hepatitis

Spinal/Orthopedic Conditions

Asthma

**Allergies:**

Hay Fever \_\_\_\_\_

Insect Stings \_\_\_\_\_

Foods \_\_\_\_\_

Poison Ivy/Oak \_\_\_\_\_

Drugs \_\_\_\_\_

Other \_\_\_\_\_

Please explain managing above conditions, if needed:

\_\_\_\_\_

\_\_\_\_\_

Hx of operations or serious injuries (please note): \_\_\_\_\_

\_\_\_\_\_

Disability or chronic recurring illness: \_\_\_\_\_

\_\_\_\_\_

Please provide the following vaccination records:

Vaccines:	Dates given:
<b>DPT/TD Diphtheria Pertussis (Whooping Cough) Tetanus</b>	1. 2. 3. 4. 5. 6.
<b>TOPV Trivalent Oral Polio</b>	1. 2. 3. 4. 5.
<b>Measles</b>	1. 2.
<b>Mumps</b>	1. 2.
<b>Rubella (German measles, 3-day measles)</b>	1. 2.
<b>HIB Haemophilus B</b>	1. 2. 3. 4. 5.
<b>Hep B Hepatitis B</b>	1. 2. 3.
<b>Other</b>	

Note: TB/Mantoux test is no longer required.

**Exam and form competed by Dr.** \_\_\_\_\_  
(Please type or print)

**Licensed Physician's signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Date form completed:** \_\_\_\_\_

**CAMP PENNWOOD 2022  
MEDICAL HISTORY FORM  
THE ARC OF YORK COUNTY**

**CHILD'S NAME:** \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PHYSICIAN'S NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**DENTIST'S NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

Are there any restrictions to your child's physical activities at Camp due to a medical condition?

\_\_\_\_ YES \_\_\_\_ NO

If YES, please give details about the restrictions: \_\_\_\_\_

Please list all medications and dosages that your child is taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your child or are there any special instructions regarding your child's condition(s) (such as seizure or allergy management)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: THE FOLLOWING INFORMATION MUST BE COMPLETED FOR ATTENDANCE**

**DAILY ADMINISTRATION OF MEDICATION/EMERGENCY AUTHORIZATION:**

I give permission to personnel selected by the Camp Coordinator to administer medication at my request and to apply routine first aid as needed.

I give permission for a physician to hospitalize, order x-rays, routine tests, and/or secure proper treatment for me. I certify that this health information, which I have supplied, is accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



**HOUSEHOLD SURVEY**

The Arc of York County receives contributions and funding from many sources, including the United Way and the County of York. They have requested that we collect the following information. It is not mandatory for you to complete this form, but it will be appreciated, as it will help The Arc receive much needed funding.

Please check the gender of the person (s) who will receive services through The Arc of York County.

\_\_\_\_\_ Female                      \_\_\_\_\_ Male                      \_\_\_\_\_ Other

Please check the age range of the person (s) who will receive The Arc of York County services.

0-5 \_\_\_\_\_ 6-12 \_\_\_\_\_ 13-24 \_\_\_\_\_ 25-39 \_\_\_\_\_ 40-59 \_\_\_\_\_ 60+ \_\_\_\_\_

Please check the race or ethnic background of the person (s) who will receive The Arc of York County services

You may check more than one.

- |                                   |  |
|-----------------------------------|--|
| _____ White (not Hispanic/Latino) | _____ Asian                            |
| _____ African American/Black      | _____ Hawaiian/Pacific Islander        |
| _____ Latino/Hispanic Origin      | _____ American Indian or Alaska Native |
| _____ Other                       | _____ Multi-race                       |

What is your total yearly income from wages or salary, self-employment, social security, pension, public assistance, rent, interest, or other sources? (Check one line only)

- |                          |                          |
|--------------------------|--------------------------|
| _____ Unemployed         | _____ \$ 25,000-\$49,999 |
| _____ Less than \$15,000 | _____ \$50,000-\$74,999  |
| _____ \$ 15,000-\$24,000 | _____ Over \$74,000      |

Please indicate your Zip Code. \_\_\_\_\_

Name of individual receiving services: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of person completing form (not required) \_\_\_\_\_

Please complete this form and return it to The Arc at this address:

Dept \_\_\_\_\_

The Arc of York County  
497 Hill St.  
York, Pa. 17403

**This information will be kept strictly confidential. Thank you.**