



Dear Parents and Campers,

We are excited to announce that we will be holding both virtual camp sessions AND modified residential camps this summer!! Camp Aldersgate is taking safety precautions to protect our campers and staff and ensure that we have another fun, successful, and safe summer camp season. Therefore, additional screening and restrictions will apply to in-person applications (see eligibility criteria for in-person camps and the registration process breakdown in this packet for more information.) We look forward to what to serving you and seeing what this summer has in store! Registration for the following camps is now open:

Virtual Weekend Camps

- Provide an opportunity for campers to connect and build meaningful relationships while participating in staff-led activities directly from home. Participants will receive a package containing all of the supplies needed to engage in live, interactive, online sessions.
- Camp Aldersgate has secured partial funding to aid families in covering the tuition. Fees are determined on a sliding scale based on family income. More information about fees can be found in packet.
- Serves campers with disabilities and/or medical conditions, ages 6-18, who meet one of the following criteria:
 1. Eligible for a Camp Aldersgate Summer Camp
 2. Receives special education and "related services" in the school setting
 3. Requires the use of assistive devices and adaptations to complete Activities of Daily Living (ADLs)

Virtual Summer Camps

- High-quality, week-long virtual camp experiences for campers with disabilities and medical diagnoses. Eligibility criterial is the same for this program as it is for virtual weekend camps.
- 5 diagnosis-specific sessions and 1 inclusive Kota session. See camper registration form for session dates.
- Fees are determined on a sliding scale based on family income. More information about fees can be found in packet.

Modified Residential Camps – *limited capacity*

- Week-long residential camp experiences for children ages 6-18 with disabilities and/or medical conditions.
- 3 sessions (not diagnosis specific) and 1 inclusive Kota session. Although sessions are not diagnosis specific, campers will be placed with peers who have similar daily life adaptations.
- Fees are determined on a sliding scale based on family income. More information about fees can be found in packet. See camper registration form for session dates.

We strongly encourage you to complete registration as soon as possible to help ensure your child's participation. If you need additional copies of applications or have any questions, please just give us a call or visit our website, www.campaldersgate.net. A complete application, including your Physician's Authorization, is necessary to secure placement in any of our programs.

Sincerely,

The Camp Aldersgate Program Team

Ali Miller

Katie Jenkins

Ian Shuttleworth

Camp Aldersgate Camping Programs Camper Application Checklist

Please use this form as a guide to ensure a completed application is returned. Space for camping sessions is limited.
ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR ACCEPTANCE.

- | | | | |
|-----|--|--------------------------|-----------|
| 1. | Camper Registration Form | <input type="checkbox"/> | completed |
| 2. | Camper Information section | <input type="checkbox"/> | completed |
| 3. | Parent/Guardian Information section | <input type="checkbox"/> | completed |
| 4. | Emergency Contact Information section
This section must be completed in full. There must be 2 alternate contacts other than parent/guardian who do not reside in the same household.
example: #1 is a neighbor and #2 is the camper's aunt. | <input type="checkbox"/> | completed |
| 5. | Parent/Guardian Authorization & Release section
Parent Authorizations – includes emergency authorization for treatment must be completed and signed by a parent or guardian. | <input type="checkbox"/> | completed |
| 6. | Optional Information section | <input type="checkbox"/> | completed |
| 7. | Personal Care and Activity Information section | <input type="checkbox"/> | completed |
| 8. | Special Instructions and Daily Routines section | <input type="checkbox"/> | completed |
| 9. | Insurance Information section | <input type="checkbox"/> | completed |
| 10. | Immunization History
First time campers must include a complete copy of their immunization record.

Returning campers need to provide record of any new immunizations since last attending camp. If there have been no immunizations since last attending Camp Aldersgate disregard this section. | <input type="checkbox"/> | attached |
| 11. | Health History & Physician's Authorization
The child's physician (or Advanced Practice Nurse representing the physician) must complete this section and sign the Physician's Authorization portion. | <input type="checkbox"/> | completed |
| 12. | Camper Code of Conduct | <input type="checkbox"/> | completed |
| 13. | Financial Disclosure Form | <input type="checkbox"/> | completed |



Please return completed application to:
Camp Aldersgate
Attn: Applications
2000 Aldersgate Rd
Little Rock, AR 72205

Camp Aldersgate

2021 Camper Registration Form

Camper Name: _____

Summer Camp Experience 2.0 – Interested in virtual camps AND in-person camps?!
Apply for both programs for a chance to have DOUBLE the fun this summer!

Virtual Summer Camps (& Themes)

Description: Campers will receive activity supplies prior to their assigned session, as well as a secure link to join in on the video calls and participate/engage with peers & camp staff. While there are two sessions offered during the same time-period, each session listed below is an independent program.

Hours: Sunday~ 6:00pm

Monday-Thursday~ 10:30am, 1:00pm, 3:00pm, 6:00pm

Friday~ 10:30am

Activity periods listed above typically last between 45-60 minutes. Times are subject to change.

____ June 6 - 11	Muscular Dystrophy Camp	Pirates, Sailors, & Mermaids
____ June 6 - 11	Spina Bifida Camp	Pirates, Sailors, & Mermaids
____ June 13 - 18	Kota	Disney
____ June 13 - 18	Cardiac/Arthritis/Kidney Camp	Disney
____ June 20 - 25	Diabetes Camp	Cirque du Star Wars (<i>circus/space mashup</i>)
____ June 20 - 25	Cancer/Bleeding Disorders Camp	Cirque du Star Wars (<i>circus/space mashup</i>)

Summer Residential & Kota Camps (& Themes)

Description: These week-long camp sessions provide residential camping experiences for children with disabilities and/or medical conditions

Hours: Sunday afternoon– Friday morning (camper drop off/pick up times will be assigned prior to each session)

____ July 11 - 16	Session 1	Spirit Week
____ July 18 - 23	Session 2	Marvel & DC
____ July 25 - 30	Session 3	Olympics
____ August 1 - 6	Session 4 (Kota Camp)	Under the Sea

Kota Weekend Camps (& Themes)

____ May 7 - 9	Spring Kota (Virtual)	Secret Agents
____ Sept. 10 - 12	Fall Kota	TBA

☆ Please note that all applications for in-person camps will be screened on an individual basis. Any applicant that does not receive medical approval to attend an in-person camp will have priority placement in a virtual summer session.

(This page to be left blank)

Is a Parent/Guardian Active Duty Air Force: (circle) Yes No
If Yes Complete Information below:

Sponsor's Name (Last, First, MI)

Sponsor's Rank

Sponsor's SSN



Attach
Recent
Photo
Here

CAMPER APPLICATION

Date of this application: ____/____/____

Please indicate the program and year your child last attended: New Camper _____ Summer Camps yr. _____ Weekend Camps yr. _____

CAMPER INFORMATION

Name: _____ Birth Date: ____/____/____
Last First Middle

Gender (circle): male female T-shirt Size: _____ Child's School: _____

Where is your child's primary residence? ____with both parents ____with mother ____with father ____with guardian

Primary Medical Diagnosis/Condition (if not applicable write "none"): _____

List any Secondary Diagnoses/Conditions: _____

How did you hear about Camp Aldersgate's camping programs? _____

If possible, this applicant would like to be assigned with the following cabinmate(s): _____

Applying with (only for Kota Camp "paired applicants"): _____

PARENT/GUARDIAN INFORMATION

Mother or Guardian

Job Title: _____

Name: _____
Last First

Employer: _____

Telephone Numbers: Home ____/____/____

Work ____/____/____

Cell ____/____/____

Email address: _____

Address: _____

City: _____

County: _____ State: _____

Zip: _____

Father or Guardian

Job Title: _____

Name: _____
Last First

Employer: _____

Telephone Numbers: Home ____/____/____

Work ____/____/____

Cell ____/____/____

Email address: _____

Address: _____

City: _____

County: _____ State: _____

Zip: _____

EMERGENCY CONTACT INFORMATION

Primary contact while your child is at camp: (circle) Mother Father Other _____ Best phone number to call: ____/____/____
If unable to reach parent/guardian, please notify: (Two different individuals not living in the same household are required.)

1) Full Name: _____

Relationship to camper: _____

Daytime telephone: ____/____/____

Evening telephone: ____/____/____

2) Full Name: _____

Relationship to camper: _____

Daytime telephone: ____/____/____

Evening telephone: ____/____/____

PARENT / GUARDIAN AUTHORIZATION

*The following authorization **MUST** be signed before applicant can be accepted as a camper.*

The health history I have provided in this application is correct and complete as far as I know. I agree to inform the camp of any significant health related issues that may arise following submission of this application and prior to my child's/ward's participation in the camp's programs and understand additional information and/or physician authorization may be requested. I give permission to Camp Aldersgate, Inc. to provide routine health care, administer prescribed medications, and seek emergency medical treatment including x-rays or routine tests for my child/ward: (name of camper) _____

I give permission for my child/ward (named above) to participate in the programs at Camp Aldersgate, Inc., in all camp activities, including field trips away from camp, except as noted by the physician or parent/guardian. I hereby release Camp Aldersgate, Inc., its Board of Directors, employees, volunteers, collaborating agencies, physicians, agents, independent contractors, and any and all parties of interest from all claims, demands, grievances and causes of action of every kind whatsoever, including, but not limited to, all which may arise from or out of any injury incurred by my child/ward (named above) while in attendance at the camp. This includes any necessary transportation.

In the event I cannot be reached in an emergency, I give permission to the physician selected by Camp Aldersgate, Inc. to secure and administer any necessary treatment, including hospitalization for my child/ward (named above). I give permission to Camp Aldersgate, Inc. to arrange necessary related transportation for my child/ward (named above).

I give permission for Camp Aldersgate, Inc. staff to administer over-the-counter medications for my child/ward (named above) if the camp medical staff deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

I agree to the release of any records necessary for insurance purposes and give permission for Camp Aldersgate, Inc. personnel to receive information concerning my child/ward (named above) from various medical, therapeutic, and other professionals which may be necessary for participation in Camp Aldersgate, Inc. programs.

I grant full permission and authority to Camp Aldersgate, Inc., its collaborating agencies, and their representatives to photograph my child/ward (named above) and to use, publish, and release for publication such photos relating to the programs of the above named organizations. The name of my child/ward may be used in connection with the above, with the understanding that there is to be no exploitation of the family

Camp Aldersgate may not be able to accommodate all medical conditions and/or disabilities. Camp Aldersgate reserves the right to make the final decision regarding admittance and dismissal of participants to its programs. This policy is to insure that adequate provisions can be made for participants while they are in the care of the camp.

Camp Aldersgate serves those who do not: require personal caregivers other than camp staff or engage in aggressive and/or abusive behavior. Campers are recruited on a non-discriminatory basis, without regard to race, color, creed, sex, gender identification, national origin, religious or political affiliation.

member and that any photographs so used should conform to standards of good taste.

This form may be photocopied for use outside of camp. My signature below indicates that I have read and agree with all the statements of the Parent Authorization.

Signature of Parent/Guardian: _____ Date: _____

OPTIONAL INFORMATION

The following section is information used solely for gathering statistical information and obtaining grant funding. Omission of any or all questions will not affect the status of your application. This assists Camp Aldersgate in securing funding to lower program costs. Answer questions as they pertain to your child and his/her household.

Ethnic Origin: (circle one) Black/African American Asian White American Indian Hispanic/Latino Other: _____

Religious Affiliation: _____

Household Information: (circle one) two parent one parent

Number of Children, not including camper, living in household: _____

PERSONAL CARE AND ACTIVITY INFORMATION

The following specific applicant information is to be completed by parent/guardian for camp medical staff. A copy will be given to the applicant's counselors. Please attach any additional information necessary to assist the counselors and volunteers to care for your child.

Does the camper like to be called by any other name? _____ Age during camp: _____

Current grade in school: _____ Height: _____ Weight: _____ Gender: (circle) male female

Please indicate (✓) the level of assistance needed for the following daily activities

Personal Care Activity	needs no assistance	minimal assistance	total assistance	notes/needs	
brushing teeth					
showering					
dressing					
hair brushing					
transfer (to and from wheelchair)					

Camp Activity	needs no assistance	minimal assistance	total assistance	should not participate	notes/needs
swimming					
fishing					
canoeing/boating					
outdoor sports and games					
archery					
adventure challenge activities (ropes course)					
nature trails					
arts/crafts					

Please circle/write the appropriate information below (attach additional page if needed)

Ambulation: wheelchair: <i>manual</i> <i>electric</i> walker crutches braces walks alone - no devices wanders? yes no occasionally
Sleeping: no problems needs help turning over needs help getting in or out of bed needs bed rails wets bed wears diapers at night walks in sleep usual sleep time: from _____ p.m. to _____ a.m.
Behavior: no problems use time out (minutes: _____) problems triggered by: _____ positive reinforcers: _____ suggestions: _____
Toilet Management: no problems diapers training pants catheterization every _____ hours self-catheterization catheter size _____ brand _____ type _____ usually has bowel movement every _____ day(s) needs help with: _____
What does the applicant take for pain/discomfort: _____

Eating: no assistance needed at meals regular diet G-Tube NG-Tube tube feedings every _____ hours food must be: cut chopped mashed pureed must be fed special utensils: _____ needs help with: _____ special diet: _____
Seizures: none has seizures date of last one _____ Type _____ usual duration _____ usual frequency _____ triggered by _____
Communication: no problems non-verbal sign language limited abilities can communicate personal care needs communication device (type _____)
Hearing: no problems oral deaf hearing impaired wears aides
Vision: normal wears glasses limited blind
Heat Tolerance: good fair poor

SPECIAL INSTRUCTIONS AND DAILY ROUTINES

Camp Aldersgate strives to make each camper's participation a safe, comfortable, and fun experience. It is important that we have as much information as possible regarding what your child is used to and comfortable with. Sometimes following routines or special ways of doing things helps a camper feel more at ease with a new environment. Please take a few moments and share with us your child's typical daily routine (especially consistent behavior problems, as well as personal care and mealtime procedures) and include any special instructions, techniques of motivating and rewarding your child, hobbies, likes/dislikes, etc. Everything that you provide will help us better care for your child.(example: My child will only settle down at night if I rock her. She will smile each morning if I hum a song to her.) Also include any goals you would like the applicant to achieve during their stay at camp.(examples: improve personal care skills, make new friends, learn to float in pool, etc.) Enclose extra pages if necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

INSURANCE INFORMATION

Medicaid #: _____ Hospital preference in Little Rock (if any): _____

Name of Primary Care Physician: _____

Physician's office phone: (____)_____ Physician's emergency phone: (____)_____

Address: _____ City: _____ State: _____ Zip: _____

IMMUNIZATION HISTORY

We are required to have a copy of each camper's immunization record on file.

New campers at Camp Aldersgate - a *complete* copy of his/her immunization record **MUST** accompany this application.

Returning campers - all we need is a record of any immunizations received since last at Camp Aldersgate. If your child has not received any new immunizations, disregard this section.

Applications submitted without the required immunization information cannot be processed until this information is received. Camp Aldersgate adheres to immunization guidelines used by most educational facilities.

Please check with your school nurse or administration about obtaining a copy of your child's record.

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Please check with your school nurse or administration about obtaining a copy of your child's record.

HEALTH HISTORY AND PHYSICIAN'S AUTHORIZATION

The Health History and Physician's Authorization (**both sides of this form**) is to be completed by the applicant's Primary Care Physician. It will be used by the camp's medical staff to determine medical eligibility, be reviewed by the camper's counselors, and will be kept on file in the infirmary.

Dear Physician,

Camp Aldersgate's Camping Programs feature 3 to 6 days of traditional camping activities for children with medical conditions, physical disabilities, and developmental delays. Accepted applicants will be assigned to live with 6 to 8 cabin mates as well as junior and senior counselors. Activities may include nature hikes, canoeing, fishing, swimming, SCUBA, archery, campfires, music, adventure/challenge (ropes course) activities, arts and crafts. Although activities have been adapted so children of all abilities can participate, they may require physical exertion and/or travel to and from various locations throughout the camp.

Please complete both sides of this form. Attach additional information you feel the camp medical staff should be aware of.

Primary Medical Diagnosis:(if not applicable write "none") _____

List any Secondary Diagnoses: _____

CURRENT MEDICATION(S) (please indicate if pill, inhaler, injection, etc.)	STRENGTH	DOSAGE	TIME(S)			
			breakfast	lunch	dinner	other

ALLERGY INFORMATION

Is this child allergic to any:

Medications	Name	Reaction (be specific)	Age of last reaction
Foods	Name	Reaction (be specific)	Age of last reaction
Animals Insects Plants	Name	Reaction (be specific)	Age of last reaction
Other	Name	Reaction (be specific)	Age of last reaction

Is this child latex sensitive? yes no

Camper Name: _____

Date of last tetanus shot: _____ height: _____ weight: _____

blood pressure: _____ / _____ heart rate: _____ respiration rate: _____

PHYSICAL EXAMINATION			
Body System	normal	abnormal	If abnormal, please explain
HEENT			
Cardiovascular			
Respiratory			
Gastrointestinal			
Skeleto-muscular			
Genitourinary			
Other:			

Please circle/write the appropriate information below

General: frequent ear infections heart defect/disease seizures bleeding/clotting disorders hypertension rashes/ringworm

comments regarding circled items: _____

Surgeries (specify): _____

Childhood Diseases: chicken pox mumps measles German measles other (specify): _____

For Female Applicants - Has this applicant menstruated? yes no If so, is her menstrual history normal? yes no

Special consideration: _____

Medical Equipment

wheelchair charger hearing aids dialysis cyclor other: _____

Bi-PAP C-PAP ventilator inhaler hospital bed other: _____

Has Down syndrome been diagnosed in this applicant? yes no

If yes, is the applicant clear of Atlantoaxial Dislocation Condition confirmed by diagnostic x-ray? yes no

Restrictions/limitations on participation in any camp activities: _____

Additional Comments:

PHYSICIAN'S AUTHORIZATION

I have examined _____ within the past 6 months (date examined: _____)
and in my opinion, his/her condition **DOES NOT** preclude his/her participation in an active camp program.

Physician's Printed Name: _____ Phone: ____ / _____

Address: _____ City: _____ State: ____ Zip: _____

Licensed Physician Signature (or Advanced Practice Nurse/Registered Nurse Practitioner representing the physician):

X _____ Date: _____

ASTHMA CAMPER INFORMATION

This section to be completed by parent or guardian and reviewed by the applicant's Primary Care Physician. The camp's medical staff and counselors will utilize this form.

Who is responsible for giving your child's asthma medication at home? (please circle) child parent other _____

Does your child use a peak flow meter? (please circle) yes no If yes, what is your child's normal reading? _____

What brand of peak flow meter? _____ Do they use it regularly? (please circle) yes no

On a scale of 1 to 10, how do you rank your child's asthma? (please circle one number)

(NO ASTHMA) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE ASTHMA)

ASTHMA HEALTH HISTORY

How long has your child had asthma? _____ years

WITHIN THE LAST 5 YEARS, has your child been:

Admitted to the hospital for asthma? (please circle) yes no How many times? _____ Age (most recent)? _____

In an intensive care unit for asthma? (please circle) yes no How many times? _____ Age (most recent)? _____

Intubated for asthma? (please circle) yes no How many times? _____ Age (most recent)? _____

WITHIN THE PAST YEAR ONLY, how many times has your child:

Been home from school because of asthma? _____ number of days

Been to the doctor's office because of difficulty with his/her asthma? _____ number of days

Been to the emergency room or urgent care clinic because of asthma? _____ number of days

Been on oral corticosteroids (such as prednisone, Prelone, Pediapred) _____ how many times most recent date _____

WITHIN THE LAST THREE MONTHS, (on the average):

How many times per week does your child wake up because of asthma or coughing? _____ nights per week

How many times per week does your child have to use his/her reliever (rescue inhaler)? _____ days per week

How much does your child's asthma interfere with exercise? (please circle) none some a lot

Please circle Yes (Y) or No (N)

1. Have there been any hospitalizations for asthma in the PAST 5 YEARS? Y / N How many times? _____

Date of most recent hospitalization (month/year): ____/____

2. Has this child been:

a. In the ICU or intubated because of asthma in the PAST 5 YEARS? Y / N How many times? _____

Date of most recent ICU admittance or intubation (month/year): ____/____

b. On oral corticosteroids within the PAST YEAR? Y / N How many times? _____

Date of most recent course (month/year): ____/____

c. Hospitalized for reason other than asthma? Y / N How many times? _____

3. Has this child received the following tests or evaluations in the PAST YEAR?

4. Based on the NHLBI's guidelines severity classification, how would you rate this child's asthma?

Intermittent Asthma

Persistent Asthma

Mild

Moderate

Severe

CAMPER CODE OF CONDUCT

(Please review with your child)

It is our hope that everyone that participates in our program will have a positive experience that will last a lifetime. To help everyone get the most out of their camp experience, we have set up a list of ground rules to help parents and children understand what we expect at camp. We recognize the special needs of our campers and will, as much as possible, individualize the rules according to the needs and abilities of each camper.

Camp has four basic rules that we explain to the children and also post in the cabins. We have these rules so that everyone can be assured of a positive experience.

- **Respect yourself, others and property.** Abusiveness toward others or using inappropriate language, fighting, stealing, etc. is not allowed. It also covers property damage, graffiti or vandalism. Respect yourself, refers to keeping your things picked up, personal hygiene and taking your medication on time.
- **Participate in camp activities.** It is camp's responsibility to know where all the campers are at all times. We encourage campers to try all activities unless excused by staff. Campers are supervised at all times and cannot be left alone.
- **Follow directions.** There are a lot of fun things to do at camp but every activity has rules so we can operate the activity safely and appropriately. We ask the campers to follow staff direction during these activities.
- **No put-downs.** Examples of this would include teasing, name-calling, racial slurs or inappropriate practical jokes.

If we do have a problem with inappropriate behavior, we have a camper behavior response policy. The counselor will start by giving the child a warning, and then a time-out with an explanation and discussion on what is causing the problem. If the counselor needs help, a supervisor or coordinator on site will work with the child to help avoid further problems. We will also call home to find out if the parents have any suggestions on ways to deter the inappropriate behavior. As a last resort, we may need to send a child home. Sometimes in the case of severe homesickness or if misbehavior could cause immediate harm to themselves or others, we reserve the right to immediately ask that the child be removed from camp.

It is our hope that each child will go home with great memories of camp. These rules are designed to protect the camper's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please feel free to call. It is our mission to provide a quality experience for everyone.

I understand and accept that my child must abide by the Camper Code of Conduct

Parent's Signature _____ Date _____

I agree to abide by the Camper Code of Conduct

Camper's Signature _____ Date _____

Camp Aldersgate Virtual & Residential Camps Registration Process

March 31st

Registration for Virtual & Residential summer programs is now open! Application packets will be sent to all eligible campers who attended a 2019/2020 Summer Sessions as well as new campers who have requested applications.



Beginning in April...

Completed applications will be reviewed and processed internally. All applications for residential sessions will be screened based upon eligibility criteria set internally by Camp Aldersgate and in-house medical team.



Once approved, the camper will be placed in their virtual and/or residential camp session. Available camper slots will be filled on an as-received basis.



April-June

Families will be notified of camper/application status by Camp Aldersgate. Acceptance packets as well as a description of Covid-19 related procedures & expectations will be sent with camper placements.

- **ONLY completed** application packets will be processed. Conditions for a completed application are listed on the application checklist included in the application packet.

Camp Aldersgate Kota Camps

CAMPER ACCEPTANCE GUIDELINES

- A. Campers are recruited on a non-discriminatory basis, without regard to race, color, creed, sex, national origin, religious or political affiliation. **Kota Camps** are open to children and youth ages 6 through 18 with and without medical or physical conditions or developmental delays. **Kota Camps** serves those who do not: require personal caregivers other than camp staff or engage in aggressive and/or abusive behavior.
- B. Utilizing a lottery process, each Kota Camp Summer Session will be comprised of 65% returning campers and 35% new campers.
- C. Priority for camper enrollment will be as follows:
 - 1. a **"pair"** consisting of disabled and non-disabled friends applying together or disabled and non-disabled siblings applying together
 - 2. individual with a disability
 - 3. individual without a disability
 - 4. second pair of applicants from same family
- D. Applicants not accepted for a **Residential** camp session will have priority placement in a Virtual camp session.
- E. Campers who have not previously been a participant in a Camp Aldersgate Camping Program may be required to participate in an interview with program staff and/or participate in a **Weekend Camps** session.
- F. Camper enrollment will be limited to 56 campers for a summer session and 30 campers for a weekend session. As much as possible, there should be equal representation of:
 - 1. campers with disabilities and campers without disabilities
 - 2. female and male campers
 - 3. age groups (6 - 11 years old and 12 - 18 years old)



Camp Aldersgate, Inc.
Financial Disclosure

Please complete this form if you are applying for the
Residential, Virtual, or Weekend Camp Programs.

Camper's Name _____

The following statement of understanding **MUST** be signed before applicant can be accepted as a camper. *All information contained in this document is confidential and will be used solely for the purpose of determining fees for participating in Residential, Virtual, and Weekend Camp programs.*

I understand that the information provided below will be used to determine the family's contribution towards the cost for my family member to participate in Residential, Virtual, and/or Weekend Camp program(s) at Camp Aldersgate. ***I further understand that should I choose not to provide my family financial information, my family member will not be eligible for any reduction in the family's contribution towards the cost of participation.***

_____ I choose not to disclose my family financial information

My family's ***total annual income*** is: \$ _____

Signature of Parent/Guardian _____

Date _____

Financial Aid for tuition may be available to those who qualify.

Please see the back of this form for Virtual & Residential Camps tuition information.

Camp Aldersgate, Inc.

Camper Fee Schedule – 2021

The cost of residential summer camp is approximately \$1000 per camper per session and approximately \$700 for a weekend session. Camp Aldersgate fundraises so that we are able to offer Tuition Assistance to all campers not funded by an agency. This assistance is based on family income. If you would like to make a donation and can afford more than the rate indicated we would appreciate it.

Virtual Summer Camps Tuition <i>Tuition must be paid in full at the beginning of each session the camper attends.</i>			
Annual Income	Cost to Families	Cost for each additional camper	Cost to families for 2 children to attend
\$25,000 and under	\$51.00	\$41.00	\$92.00
\$25,001 - \$35,000	\$82.00	\$66.00	\$148.00
\$35,001 - \$50,000	\$113.00	\$90.00	\$203.00
\$50,001 - \$75,000	\$144.00	\$115.00	\$259.00
\$75,001 - \$100,000	\$174.00	\$139.00	\$313.00
\$100,001 and above	\$205.00	\$164.00	\$369.00
Choose not to disclose	\$205.00	\$164.00	\$369.00

Summer Residential & Kota Session Tuition <i>Tuition must be paid in full at the beginning of each session the camper attends.</i>			
Annual Income	Cost to Families	Cost for each additional camper	Cost to families for 2 children to attend
\$25,000 and under	\$148.00	\$118.00	\$266.00
\$25,001 - \$35,000	\$236.00	\$189.00	\$425.00
\$35,001 - \$50,000	\$325.00	\$260.00	\$585.00
\$50,001 - \$75,000	\$414.00	\$331.00	\$745.00
\$75,001 - \$100,000	\$502.00	\$402.00	\$904.00
\$100,001 and above	\$591.00	\$473.00	\$1,064.00
Choose not to disclose	\$591.00	\$473.00	\$1,064.00

Dear Camp Aldersgate Families and Friends,

As the Pandemic persists, Camp Aldersgate has worked diligently to ensure we are able to safely serve all of our campers this year, and is very excited to offer both virtual and modified in-person programming this summer.

Virtual Summer Camp Sessions

- 6 Virtual week-long sessions beginning June 6th (dates and session information are broken down in the application packet).
- Enhanced, week-long experiential virtual engagement sessions
- All activity supplies and Camp gear will be supplied and sent to applicants upon placement

In-Person Modified Summer Programming

- 4 residential week-long sessions beginning July 11th (dates and session information is broken down in the application packet).
- Please see Camp Aldersgate's Covid-19 Risk Mitigation, Preparedness and Response Outline on the following page
- Applications will be open for all people with disabilities and medical conditions to apply
- Additional screening and qualification information is listed below and further information can be found in the application packet

Camp Aldersgate has worked diligently to evaluate and set criteria to allow us to safely welcome back campers and volunteers. *Our modified on-site programming will include reduced number of available slots for campers and volunteers, and all applicants will be screened to ensure that we can confidently care for each individual on Camp.* Our screening process and criteria was determined based upon best practice recommendations from the Centers for Disease Control and Prevention, the American Camp Association, the Arkansas Department of Health and our strong team of medical advisors. This screening will limit our ability to serve individuals with specific high-risk medical diagnoses as well as significant behavioral challenges/needs.

Camp will NOT be able to accept campers in-person this summer who:

- require awake, overnight medical or behavioral care
- have a history within the last two years of: harm to self or others that may require physical intervention by a caregiver/counselor, teacher, etc., or exhibited physically aggressive behaviors
- are unable to stay in assigned cabin group during activity periods/sleep and rest times/transitions
- are at a high risk of severe illness from the virus that causes COVID-19 and determined unsafe to attend Camp in person by MedCamps, Inc. upon additional screening of application*

*The CDC has outlined a list of underlying medical conditions and populations with potentially increased risks of severe illness from the virus that causes COVID – 19. *Camp is aware that this list is not exhaustive nor should it be exclusionary to determine if a camper can safely attend camp. Other medical and/or behavioral factors may be utilized to determine if it is safe and appropriate to serve individual campers and volunteers in-person during the 2021 modified in-person programming.*

If the campers' application is approved for them to attend in-person, all campers and volunteers will still be required to have a negative COVID-19 test result obtained within 72 hours before arriving to Camp.

Camp Aldersgate's Covid 19 Risk Mitigation, Preparedness and Response Outline

1. Health Screening for Symptoms for COVID – 19 and Medical Testing for SARS-COV-2
 - a. Pre-Camp Behavior Awareness and Screening
 - b. Pre-Camp Medical Testing for SARS-COV-2 Virus (RNA via PCR analyses or viral proteins via antigen analyses)
 - c. Screening upon arrival
 - d. In-Session
 - e. Staff additional testing considerations
2. Implementation of Non-Pharmaceutical Interventions (NPIs)
 - a. Face coverings
 - b. Physical distancing
 - c. Use of cohorts
 - d. Residential housing arrangements
 - e. Ventilation in buildings
3. Activity Program Modifications
 - a. Outdoor, limited shared equipment, all cleaned and disinfected between uses, sanitation stations, remaining among cohorts
4. Food Safety and Meal Service
 - a. Camper, staff and volunteer pick-up and drop-off
 - b. Visitor restrictions
 - c. Vendor deliveries
 - d. Staff safety restrictions between sessions
5. Cleaning and Disinfection Practices
6. Personal Protective Equipment (PPE)
 - a. Provide and train staff of appropriate PPE provided and care and treatment to be utilized (DISCUSS PHYSICIAN'S TRAINING ON COVID)
7. Management of Suspect and Confirmed Individuals
 - a. Isolation, Quarantine, Communication, Sanitation
8. Contingency Plans
 - a. Sustaining core leadership, administrative, health and first aid management and activities in the event that staff member is affected
 - b. Staff and parent communication

* Nonpharmaceutical interventions (NPIs) include:

- Pre-camp activity and behavioral requirements for all camp participants, Daily Health Screenings, Face Coverings, Physical Distancing measures, Outdoor programming and modified low-contact activities, use of cohorts for sleeping, eating, and group activities, Hygiene and cough etiquette, Ventilation and air cleaning measures for indoor spaces, Surface cleaning and disinfecting practices, and Medical case management and contact tracing for identification, isolation and quarantine of individuals with COVID-19 and their close contacts.