



Welcome, Camp Baker Friends!

Enclosed is our SOAR365 Summer Camp @ Camp Baker application! Please complete the application in as much detail as possible to help us get to know your camper. Completed applications should be sent via one of the methods listed on the final page of the camp application, along with your \$400 non-refundable deposit.

****Please note: A slot for camp cannot be held without the \$400 deposit or written verification of non-waiver funding (including CSB funding).***

Attending Summer Camp is as easy as 1.2.3!

Here's the application process for Camp Baker:

1. Turn in the completed Summer Camp Application for review, and your \$400 deposit.
2. A consent packet with remaining paperwork will be mailed to approved applicants.
3. Please return ALL paperwork and funding by the listed due date, and you will receive a confirmation packet that will include a suggested packing list for your session(s).

Applications are reviewed in the order in which they are received. Spaces are limited, so apply soon! The cost for one week of *overnight* camp is \$1,850. Two weeks of *overnight camp* (to include the weekend in between) is \$4,525 (limited weekend slots are available). One week of *day camp* (Monday-Thursday 8am-5:30pm, and Friday 8am-12pm) is \$825. If you plan to use waiver respite hours for camp, please contact your Support Coordinator to begin the approval process. A deposit is not required if you are using waiver respite hours and have proof of funding.

We look forward to making magical memories with your camper this summer! At Camp Baker, everyone belongs! If you have questions, please contact us at (804) 748-4789.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Hulcher", is placed over a light gray rectangular background.

Matt Hulcher
SOAR365 Director of Camp and Respite Services





2024 Summer Camp Application

Camper Name: _____
Last First Preferred/Nickname

Date of Birth: _____ Age: _____ Sex: _____ T-Shirt Size: Y/S Y/M Y/L XS S M L XL 2X 3X 4X

Does camper currently attend any SOAR365 program(s) other than Summer Camp? Yes No

If "Yes" please list current program(s): _____

List previous year(s) camper attended Summer Camp: _____

Primary Diagnosis: _____

Intellectual Disability (Select one): Mild Moderate Severe/Profound

Does camper live in a group home? Yes* No ***If Yes, camper is ineligible to use waiver services.**

If "Yes," name of group home: _____

Group Home Contact Person: _____ Phone Number: _____

Address of Camper: _____

City: _____ State: _____ Zip Code: _____

Your name: _____ Your relationship to camper: _____

Who is the camper's guardian? Parent Camper is their own guardian Other: _____

Contact Information

Main contact for camper receives **ALL** Summer Camp paperwork and is responsible for providing completed paperwork and any remaining funds by the due date.

Name of main contact for camper: _____

Relationship to camper: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Mobile: _____ Evening: _____

Preferred Contact Method: Email Day Phone Mobile Phone Evening Phone

Emergency Contact

This person is responsible for the camper's welfare **if the primary caregiver is absent**. In the event of an emergency, this person must be available to pick up the camper within 2 hours, at any time during the camper's stay at Summer Camp.

Emergency situations include, but are not limited to medical emergencies, behavioral emergencies, and unexpected closure of camp. ***Failure to provide an appropriate contact will impact future camp eligibility.***

Name of emergency contact for camper: _____

Relationship to camper: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Mobile: _____ Evening: _____

Preferred Contact Method: Email Day Phone Mobile Phone Evening Phone

Name of primary physician/nurse practitioner: _____

Name of practice: _____

Phone: _____ Fax: _____



Camper Name: _____
Last First

Camp Payment Information

Application Will NOT Be Processed Without This Page

Important: A non-refundable \$400 deposit is REQUIRED with the application to hold your spot
Camp slot(s) will not be held or guaranteed until the \$400 deposit has been received.
The deposit will be applied towards camp tuition.

Camp Fees

- One-Week Day Camp:** \$825 or 40 Family & Individual Support or Community Living Medicaid Waiver - Respite Hours
- One-Week Overnight Camp:** \$1850 or 120 Family & Individual Support or Community Living Medicaid Waiver - Respite Hours
- Two Weeks Overnight Camp:** \$4,525 or 288 Family & Individual Support or Community Living Medicaid Waiver - Respite Hours

How will Summer Camp be funded?

Self-Pay (Guarantor, Trust, Church, Sponsor, etc.):

- **Personal Check** - Payable to SOAR365 and include the camper's name in the memo line: Check #: _____
- **Credit Card** – Type of card: _____ CCV#: _____ Expiration Date: _____
Credit Card #: _____
- **Amount:** \$400 Deposit Other Amount: \$ _____

Camper's slot(s) will not be held without \$400 non-refundable deposit. This fee applies towards Camp Tuition

*A limited amount of "campership" funds are available to assist eligible families with paying for summer camp.
Please call (804) 748-4789 to request an application for financial assistance.
Applications for financial aid must be submitted by March 29, 2024.

Non-Waiver Agency Funding (CSB, State or Locality Funding) *Written proof of funding is required with this application*

Camper's slot(s) will not be held without \$400 non-refundable deposit (applies towards Camp Tuition) OR written proof of funding

- Name of Agency Paying for Camp: _____
- Agency Contact Person: _____ Agency Phone #: _____
- E-Mail Address: _____
- Amount Funder will pay: \$ _____ (if not full tuition the camper is responsible for the balance)

Family & Individual Support or Community Living Waiver – Respite Hours

NO DEPOSIT IS REQUIRED FOR APPROVED WAIVER SERVICES WITH SERVICE AUTHORIZATION ON FILE

Important Note: Please contact your support coordinator/case manager and let them know you want to use your waiver for extended respite services. If you have any questions, please contact Summer Camp at (804) 748-4789.

- Name of Agency: _____
- Name of Case Manager: _____ Medicaid #: _____
- Phone #: _____ E-Mail Address: _____
- Does camper live in a sponsored residential setting or group home? Yes No
- Is anyone in the camper's home being paid to provide services to them? Yes No
- Does camper receive respite services from another provider? Yes No



Camper Name: _____
Last First

2024 Summer Camp Sessions

OVERNIGHT CAMP: Sunday – Friday. Sunday drop-off times and packing lists will be sent once all paperwork has been received. Friday pick-up time is between 10am-12pm

DAY CAMP: Monday – Thursday drop-off 8:30, pick-up 5:30pm, Friday 8:30am-12:00pm

CAMP CLOSSES AT NOON ON FRIDAYS

Will camper stay overnight? (Select one)

YES,
Camper will stay overnight

NO,
Camper will come during the day **ONLY**
(Day Camp, see drop-off/pick-up times above)

2024 CAMP SESSIONS					WEEKEND OPTIONS		DEADLINES
Please indicate your desired week(s)** by placing a 1 in the Session Choices box Indicate alternate weeks by entering 2 (2nd choice) and 3 (3rd choice) in remaining boxes **Multiple weeks ex: sessions 4 & 6 are 1st choice and sessions 6 & 7 are 2nd choice; session 4 enter 1, session 6 enter 1, 2 and session 7 enter 2.					(ONLY for OVERNIGHT CAMPERS attending more than one session in a row)		
Number Session Choices	Session	Ages	Theme	Dates	Attending Weekend Session? <small>*Limited amount of weekend session availability</small>		Final Payments and Consent Paperwork
<input type="checkbox"/>	1	18+	Around the World	June 9 - June 14	<input type="checkbox"/> Yes (must also select session 2)	<input type="checkbox"/> No	May 6, 2024
<input type="checkbox"/>	2	18+	Adventure	June 16 - June 21	Weekend Option Not Available		May 13, 2024
<input type="checkbox"/>	3	6-17	Carnival	June 23 - June 28	<input type="checkbox"/> Yes (must also select session 4)	<input type="checkbox"/> No	May 20, 2024
<input type="checkbox"/>	4	6-17	Party in the USA	June 30 - July 5	Weekend Option Not Available		May 27, 2024
<input type="checkbox"/>	5	18+	Summer Olympics	July 7 - July 12	<input type="checkbox"/> Yes (must also select session 6)	<input type="checkbox"/> No	June 3, 2024
<input type="checkbox"/>	6	18+	Wild West	July 14 - July 19	<input type="checkbox"/> Yes (must also select session 7)	<input type="checkbox"/> No	June 10, 2024
<input type="checkbox"/>	7	18+	Disney	July 21 - July 26	<input type="checkbox"/> Yes (must also select session 8)	<input type="checkbox"/> No	June 17, 2024
<input type="checkbox"/>	8	18+	Hawaiian	July 28 - Aug 2	<input type="checkbox"/> Yes (must also select session 9)	<input type="checkbox"/> No	June 24, 2024
<input type="checkbox"/>	9	18+	Carnival	Aug 4 - Aug 9	<input type="checkbox"/> Yes (must also select session 10 <small>MALES ONLY</small>)	<input type="checkbox"/> No	July 1, 2024
<input type="checkbox"/>	10	18+ <small>MALES ONLY</small>	Superheroes	Aug 11 - Aug 16	Weekend Option Not Available		July 8, 2024

If you desired session(s) is full, we will contact you with alternative options.

Alternative session choices or note regarding your choices: _____



2024 Summer Camp Application

Camper Name: _____
Last First

Camper Medical Information

Does your camper:

Have seizures/epilepsy? No Yes Have a VNS?

If "Yes," list type and frequency: _____

Have diabetes? No Yes Type I Type II

Have allergies? No Yes Have an epinephrine pen?

If "Yes," please list: _____

Use any medical equipment/devices (e.g., oxygen, g-tube, etc.) No Yes

If "Yes," please list: _____

Have a DNR? No Yes If "Yes," please provide a copy of DNR documentation.

Have any hospitalizations in the past 6 months? No Yes

If "Yes," list, please explain hospitalization: _____

Have any new medical diagnosis within the past 6 months? No Yes

If "Yes," list condition and treatment: _____

Take medications? No As needed Daily

Please list any additional medical information that you deem necessary: _____

****After camper's application is approved** you WILL be required to submit signed physician's orders for ANY medication camper will receive at Camp.**

Summer Camp may not administer ANY medication without an order signed by the doctor.

This includes over-the-counter medications such as Tylenol, vitamins and sunscreen.

For your camper to receive medications while at Camp, please obtain a signed physician's order from the doctor.

Summer Camp is required to follow the prescription exactly as it is written.



2024 Summer Camp Application

Camper Name: _____
Last First

In order for us to better understand the individualized needs of your camper and to ensure they have a fun and safe experience under our care,
please provide the following information with a much detail as possible.

Is your camper:

- Hyperactive Withdrawn Physically aggressive Verbally aggressive Self-abusive

Does your camper:

Have a history of substance abuse or a current concern with substance abuse? No Yes

If "Yes," list condition and treatment: _____

Have a mental health diagnosis? No Yes

If "Yes," list condition and treatment _____

Does your camper: Destroy property Wander Have sexual behaviors (e.g. stripping, touching others, etc.)

Please provide more detail on any of the above selections and/or additional concerns: _____

Please list any PRN behavioral medications: _____

Please list any stress triggers: _____

Please provide recent effective strategies for similar or new situations like Summer Camp: _____

Please list any interests: _____

Please list any animal aversions (e.g. fear, allergies, etc.): _____



2024 Summer Camp Application

Camper Name: _____
Last First

Communication (please provide details)

Verbal: Speaks clearly Uses full sentences Uses words and/or phrases Difficult to understand

Non-Verbal: Uses communication device Uses sign language
 Uses basic signs (e.g. bathroom, eat) Uses gestures or pointing

Please list any additional information: _____

Camper Mobility

- Walks independently Walks with cane Walks with walker Gait Belt
- Requires occasional physical assistance walking over uneven ground, upstairs and over difficult terrain
- Uses splint for wrist/arm AFOs Scoliosis vest

For campers who use a wheelchair:

- Wheelchair at all times Wheelchair for long distances only
- Manual Wheelchair: Fully Independent Needs Assistance
- Electric Wheelchair: Fully Independent Needs Assistance

***All overnight campers who use electric wheelchairs MUST bring their wheelchair charger to camp.**

Personal Care

Restroom:
 Fully independent Needs assistance. Explain: _____

Bathing:
 Fully independent Needs assistance. Explain: _____

Dressing (changing clothes if/when needed: swimming, etc.):
 Fully independent Needs assistance. Explain: _____



2024 Summer Camp Application

Camper Name: _____
Last First

Nutritional Requirements (please provide details)

Level of Assistance with Eating: Fully independent Needs assistance

Food allergies: _____

Dietary restrictions: _____

Additional information: _____

Sleeping Habits and Routines

Camper's usual bedtime: _____ Camper's usual wake time: _____

Sleep problems (unable to sleep, bed wetting, etc.) No Yes

If "yes," please explain: _____

Gets out of bed during the night Rarely Sometimes Always

If "sometimes" or "always," please share the approximate hours of the night the camper wakes up: _____

Requires repositioning during the night No Yes

If "yes", please explain: _____

Has camper ever attended a sleep away program? No Yes

If "yes," please explain type of program and general reaction: _____



CAMPER ADMITTANCE/ PERMISSION AND PARENT/ GUARDIAN AGREEMENT FORM

I hereby give my permission to SOAR365 to accept _____ as a camper at SOAR365 Summer Camp. By doing so, I agree to the following terms of admission:

1. If the camper/family cancels, the camp tuition (aside from the \$400 deposit) will not be refundable unless:
 - A) Placement is canceled by the parent/guardian with four weeks' notice in writing; or
 - B) Cancellation is due to a documented health-related reason

No refunds or credits will be given for any of the following circumstances:

 - Camper does not show up for scheduled camp session.
 - Camper is denied admission to camp upon arrival (i.e. incomplete medical forms, acute medical condition, etc.)
 - Camper leaves camp prior to the end of the camp session.
2. In the event of destruction of property by the camper, parent/guardian is liable for payment and will be billed accordingly.
3. The parent/guardian hereby agrees that the camper may partake in all SOAR365 activities, and the camper may be taken to any places for the purposes of entertainment, learning, and recreation. **NOTE: If the camper wishes to partake in SOAR365's horseback riding and paddle boating program, the Parent/Guardian must also complete the enclosed "Horseback Riding" and "Paddle Boating" forms.*
4. The parent/guardian hereby agrees and gives permission for the nurses chosen by SOAR365 to examine, diagnose, and administer medication within the legal parameters of their license to the camper for minor ailments whenever necessary without prior notice. Parent/guardian will be notified at the earliest possible time of said treatment. Parent/guardian further agrees that nurses or med-certified personnel may administer medication to the camper as required by a physician's prescription.
5. In the event of an emergency arising from a serious illness or injury, if the parent/guardian cannot be contacted, the physicians appointed by SOAR365 and their consultants are authorized by the parent/guardian to carry out any medical or surgical procedures which the physicians deem necessary for the well-being of the camper.
6. The parent/guardian hereby agrees to assume financial responsibility for any and all medical expenses incurred by the camper while at SOAR365 Summer Camp which are not camp related and understands that SOAR365 is not liable for any such expenses. **PLEASE ENSURE INSURANCE INFORMATION AND COPY OF INSURANCE CARD(S) WITH FRONT AND BACK VIEWS IS SENT WITH MEDICAL FORMS.*
7. Should unforeseen circumstances require that SOAR365 terminate its season prior to the scheduled closing date, the camp reserves the right to return the camper to his/her home. In such event, the camp fee will be refunded on a pro-rated basis.
8. This permission to accept camper at SOAR365 is for the period covering the dates of the session(s) enrolled. Should unforeseen circumstances prevent the camper from being reunited with the parent/guardian at the end of that session, this permission shall remain in effect until such time that said reunion takes place.
9. Cell phones, iPODs, iPADS, Tablets, and any other electronic devices are not recommended items to bring to camp. In the event that electronic items are brought the parent/guardian will not hold SOAR365 responsible for any damaged, lost, or stolen items.

Camper name (please print): _____

Guardian/L.A.R. name (please print): _____

Signature of guardian/L.A.R.: _____ Date: _____

Relationship to camper: Parent Legal Guardian Other (please specify) _____

2024 Summer Camp Application

Please sign and date below to confirm that you have completely and accurately filled out the application.

Signature

Date

Please choose one of the options below to submit your application:

1

Print and sign this PDF and mail completed application to:

SOAR365 Summer Camp
7600 Beach Road, Chesterfield, VA, 23838

2

Print and sign this PDF and fax completed application to:

(804) 956-3571 Attn: SOAR365 Summer Camp

3

Sign and save this PDF and upload completed application to:

After you have saved your completed application,
Go to this secure link below to upload and submit your completed application:

<https://www.dropbox.com/request/K13zEAeoF6JaULrwRhBV>

Once we have received your completed application and deposit or confirmation of services/funding, we will send out your camper's confirmation packet. This packet will have time sensitive documents and consent forms required to attend camp and/or participate in our activities.

Thank you for applying to SOAR365's Summer Camp @ Camp Baker!