



## 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 \$500 non-refundable deposit.

***\*Please note: A slot for camp cannot be held without the \$500 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 \$500 deposit.
2. A consent packet with remaining paperwork will be mailed to approved applicants.
3. Please return ALL paperwork (if medical paperwork cannot be completed by due date, please send ALL other paperwork by 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 \$2,300. Two weeks of *overnight camp* (to include the weekend in between) is \$5,500 (limited weekend slots are available). One week of *day camp* (Monday-Thursday 8:30am-5:00pm, and Friday 8:30am-12pm) is \$900. 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.

Tina Carter  
Summer Camp Director



Please Attach  
Recent Camper  
Photo Here

## 2025 Summer Camp Application

Camper Name: \_\_\_\_\_  
Last First Preferred/Nickname

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ T-Shirt Size (Y/S - 4X): \_\_\_\_\_

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

\*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? ☐ No ☐ Yes **\*If Yes, camper is ineligible to use waiver services.**

If "Yes," name of group home: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Group Home Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Group Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your relationship to camper: \_\_\_\_\_

Your phone # (if differs from below): \_\_\_\_\_ Email address: \_\_\_\_\_

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 (**Cannot be the same contact person as above**)

This person is responsible for the camper's welfare if the primary caregiver is absent/unreachable. **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

Camper Name: \_\_\_\_\_  
Last First

## Camp Payment Information

### Application Will NOT Be Processed Without This Page

**\*Important: A non-refundable \$500 deposit is REQUIRED with the application to hold your spot\***  
Camp slot(s) will not be held or guaranteed until the \$500 deposit has been received.  
The deposit will be applied towards camp tuition.

## Camp Fees

**One-Week Day Camp:** \$900 or 40 Family & Individual Support or Community Living Medicaid Waiver - Respite Hours  
**One-Week Overnight Camp:** \$2,300 or 120 Family & Individual Support or Community Living Medicaid Waiver - Respite Hours  
**Two Weeks Overnight Camp:** \$5,500 or 288 Family & Individual Support or Community Living Medicaid Waiver - Respite Hours

## How will Summer Camp be funded?

Check Appropriate Funding Box **\*For funding using Self-Pay & Non-Waiver, check both boxes and provide fill-in Non-Waiver Contact Information\***

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

- **Personal Check** - Payable to SOAR365 and include the camper's name in the memo line: Check #: \_\_\_\_\_  
Name on Account (Check writer): \_\_\_\_\_
- **Credit Card** – Type of card: \_\_\_\_\_ CCV#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_ Card Holder's Name: \_\_\_\_\_
- **Amount:** ☐ \$500 Deposit ☐ Other Amount: \$ \_\_\_\_\_

**\*Camper's slot(s) will not be held without \$500 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 28, 2025.\***

### ☐ 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 \$500 non-refundable deposit (applies towards Camp Tuition)\***

- Name of Agency Paying for Camp: \_\_\_\_\_
- Agency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Contact's 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

## 2025 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 9am-12pm**

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

**CAMP CLOSING AT NOON ON FRIDAYS**

How many overnight weeks are you requesting? \_\_\_\_\_ How many day camp weeks are you requesting? \_\_\_\_\_

Please provide your 1<sup>st</sup>-3<sup>rd</sup> session options, if your 1<sup>st</sup> choice option is full, we will place camper in the 2<sup>nd</sup> choice and so on. If we cannot accommodate your choices, we will reach out to you with options available. (Enter multiple consecutive weeks enter as 1-2, 5-7, etc. Enter multiple non-consecutive weeks enter as 1, 5, 7, etc.) **\*\*Only consecutive weeks include the weekend\*\***

1<sup>st</sup> Choice session weeks: \_\_\_\_\_

2<sup>nd</sup> Choice session weeks: \_\_\_\_\_

3<sup>rd</sup> Choice session weeks: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

### 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)

2025 CAMP SESSIONS				WEEKEND OPTIONS		
Please write in your session choices with details above. Please provide 1st, 2nd, and 3rd choice options for multiple weeks or a singular week.				(ONLY for OVERNIGHT CAMPERS attending more than one session in a row)		
Session	Ages	Theme	Dates	Attending Weekend Session?		
1	18+	Decades Decadence	June 8- June 13	<input type="checkbox"/> Yes (must also select session 2)	<input type="checkbox"/> No	
2	18+	Jungle Jam	June 15 – June 20	Weekend Option Not Available		
3	6-17	Superheroes	June 22 – June 27	<input type="checkbox"/> Yes (must also select session 4)	<input type="checkbox"/> No	
4	6-17	Party in the USA	June 29 – July 4	Weekend Option Not Available		
5	18+	Summer Olympics	July 6 – July 11	<input type="checkbox"/> Yes (must also select session 6)	<input type="checkbox"/> No	
6	18+	Country & Western	July 13 – July 18	<input type="checkbox"/> Yes (must also select session 7)	<input type="checkbox"/> No	
7	18+	Disney	July 20 – July 25	<input type="checkbox"/> Yes (must also select session 8)	<input type="checkbox"/> No	
8	18+	Hollywood Hullabaloo	July 27 – Aug 1	<input type="checkbox"/> Yes (must also select session 9)	<input type="checkbox"/> No	
9	18+	Superheroes	Aug 3 – Aug 8	<input type="checkbox"/> Yes (must also select session 10 MALES ONLY)	<input type="checkbox"/> No	
10	18+ MALES ONLY	Rockstars	Aug 10 – Aug 15	Weekend Option Not Available		

## 2025 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 ☐ Type I ☐ Type II ☐ Pre-Diabetic

Have allergies? ☐ No ☐ Yes ☐ Have an epinephrine pen?

If "Yes," please list: \_\_\_\_\_

Have a DNR? ☐ No ☐ Yes - If "Yes," please provide a copy of DNR documentation with application.

Take medications? ☐ No ☐ As needed ☐ Daily

Please list any additional medical information that you deem necessary: \_\_\_\_\_

Require medical equipment/devices **while at camp** (e.g., oxygen, g-tube, CPAP, etc.) ☐ No ☐ Yes

If "Yes," please list: \_\_\_\_\_

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: \_\_\_\_\_

**\*\*If camper's application is approved\*\* you WILL be required to submit signed physician's orders for ANY medications camper will receive while 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.**

## 2025 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 a safe experience under our care,

**please provide the following information with as much detail as possible.**

Is your camper:

☐ Hyperactive ☐ Withdrawn ☐ Physically aggressive ☐ Verbally aggressive ☐ Self-abusive

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

**Please provide more detail on ALL the above selections and/or additional concerns:** \_\_\_\_\_

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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: \_\_\_\_\_

Please list any PRN behavioral medications: \_\_\_\_\_

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Please list any stress triggers: \_\_\_\_\_

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

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

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Please list any interests: \_\_\_\_\_

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## 2025 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 \*all equipment must arrive with camper at drop-off\*

☐ 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

Type of Wheelchair:

☐ 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.**

Select on for campers who use a wheelchair:

☐ Wheelchair at all times ☐ Wheelchair for long distances only

Please list any additional information: \_\_\_\_\_  
\_\_\_\_\_

### 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2025 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

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 \$500 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): \_\_\_\_\_

Self/Guardian/L.A.R. name (please print): \_\_\_\_\_

Signature of guardian/L.A.R.: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to camper: ☐ Parent ☐ Legal Guardian ☐ Other (please specify) \_\_\_\_\_

## 2025 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,  
type in the secure link below to your browser to upload and submit your  
application:

<https://www.dropbox.com/request/5xb54u3Lj3MJIC0VG3Ey>

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!**