

New Jersey State Elks Association Camp Moore

Weekend Adult Respite Program Application 2020

Lodge Special Children's Chair Please Complete

Sponsoring Lodge _____ Lodge Number _____

Sponsoring Lodge's District _____

Special Children's Committee Chairperson _____

Phone Number _____ Email _____

Mailing Address _____

Camper's Name _____

How many weekend sessions for this season are you sponsoring the camper for: ____ 1 or ____ 2

Special Children's Committee Headquarters Please Complete

Date Application Received _____ Application Number _____

**Parents: Please return the completed application to your
Sponsoring Lodge Chairperson.**

We are pleased to welcome you to register your child into our spring and fall program. We are enthusiastic about creating an incredibly rewarding recreation program for your children. Our program provides a safe, caring and fun environment for your child. The benefits we strive to achieve within our camp include: *successful peer and group socialization, relationship building, self-confidence building, greater independence, improvement to fine and gross motor skills, project completion, and personal hygiene.*

The serenity of the camp's surroundings in Haskell, NJ represents a harmony of life upon which we pattern our programs. Our professionally trained staff offers the caring support your child needs and we are dedicated to providing positive, beneficial opportunities and outcomes.

Your child will experience an excellent summer!

- Enjoy our Fun Programs
- Swimming, Music and Cooking
- Drama, Sports and Arts & Crafts
- Sensory Room and Positive Integration
- Professional camp staff
- Professional Medical Staff

IMPORTANT INFORMATION ABOUT YOUR REGISTRATION

Campers are placed on a first come first serve basis so please get your application into your sponsoring Elks Lodge as soon as possible. If you do not received an e-mail from our state office within two weeks of completing the application please contact your Elks Special Children Chair Person and check on your application status. If you do not receive this email that means that we do NOT have your application from the lodge and the application has NOT been registered. No spaces may be held for campers that we have not received an application from.

PLEASE PRINT CLEARLY

Camper's Information:

Has the camper participated in Elks Camp Moore residential camp program previously? Yes No

Camper Name: _____
Last First

Official Diagnosis: _____

Birth date: ____ / ____ / ____ Age During Camp: ____ Gender: _____

Mailing Address: _____

City _____ State: _____ Zip: _____

Primary Family/Guardian's Contact Information:

Parent or Guardian's Name: _____
Last First

Primary telephone number: ____ - ____ - ____ Cell Home Work

Alternative telephone number: ____ - ____ - ____ Cell Home Work

Email: _____

Please print email clearly as all confirmation information/paperwork will be sent to this address. Email addresses that can't be read clearly may mean you don't get the information in a timely manner.

Secondary Family/Guardian's Contact Information:

Parent or Guardian's Name: _____
Last First

Primary telephone number: ____ - ____ - ____ Cell Home Work

Alternative telephone number: ____ - ____ - ____ Cell Home Work

Email: _____

Please print email clearly as all confirmation information/paperwork will be sent to this address. Email addresses that can't be read clearly may mean you don't get the information in a timely manner.

2020 Spring / Fall Session Request Form

THIS APPLICATION MUST INCLUDE PROOF OF AGE (SUCH AS A COPY OF BIRTH CERTIFICATE) AND A CURRENT PICTURE.

Indicate what session you would like to register your camper for. Please choose all of the session you are available to attend. Utilize numbers to indicate your 1st, 2nd, 3rd, 4th and 5th choice. If the weekend(s) that you request are full prior to the receipt of your application your camper they will be placed on the waiting list for the requested session. If an opening becomes available a member of staff will contact you to see if we can place your camper.

Program Age Range:

Individuals must be 19 years of age and above to participate in these respite programs

- _____ Spring Respite 1 (April 17th - 19th)
- _____ Spring Respite 2 (May 1st - 3rd)
- _____ Spring Respite 3 (May 15th - 17th)

- _____ Fall Respite 4 (September 11th - 13th)
- _____ Fall Respite 5 (October 2nd - 4th)
- _____ Fall Respite 6 (October 16th - 18th)

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The staff at Elks Camp Moore will do their best to place all of the children we receive applications for. Unfortunately we do not always have as many available spots as campers. Your flexibility in scheduling could mean the difference between your child attending camp or being placed on the waiting list.

If you should have to cancel your child from their session please notify the camp director at 973-835-1542 or elkscampmoore@njelks.org as soon as possible. We may be able to fill your spot with a camper who is currently on the waiting list.

The staff at Elks Camp Moore appreciates your assistance with making the registration process as smooth as possible for all involved

Please read all statements carefully and sign at the bottom of the page.
You must sign and date this page for your application to be considered complete

1. **Behavioral Agreement:** My signature below indicates that I am ready and willing to support camp staff who may be working through behavioral, emotional or other challenges my child may experience while at camp. I understand that the Director reserves the right to terminate my child's stay at camp if his/her safety, or the safety of other campers and staff can not be ensured, or his/her behavior has become disruptive(i.e. **biting, smacking, hitting, aggressions, self-injury, eloping, etc.**) to the point of precluding other campers from enjoying a successful summer experience. The named camper does not require more than 1 staff member to provide support/intervention and does not require any physical interventions including restraints. If my child's termination is deemed necessary, I or my designee will pick up my child from Elks Camp Moore as soon as is reasonable, exceeding no more than 5 hours from the time I am informed of my child's termination from the Camp program. I understand that dismissal from the camp is nonnegotiable and I will honor the request of the Director to pick up my child. I have been notified in the situation of a behavioral emergency the administration staff is trained by "handle with Care" and Crisis Prevention Institute" all techniques utilized are outlined in the training manuals located in the camp office and available for review. If at any point I have questions or concerns on techniques used in a behavioral emergency I am able to speak to the director.

2. **Contact Information:** I understand that I must notify the camp office of any changes in my contact information (address, home or work number, etc.) between the time of the application and the end of camper attendance, so that I can always be reached for information or in case of an emergency. I also agree that I will be available for the duration of my child's stay at camp in case camp staff needs to reach me. If for some reason I must be unavailable, I will contact the camp office with contact information of a person who will be available and has permission to act in my place on behalf of my child.

3. **Elks Promotional Materials:** I agree that photographs, videos or other media may be taken of my child and may be used for future promotional materials. This may include, but shall not be limited to promotional photographs, videos, social media posts, any and all media not specifically mentioned, reporting on or promoting Elks Camp Moore, the New Jersey State Elks Association or the Benevolent and Protective Order of Elks. I agree to release and indemnify the New Jersey State Elks Special Children's Committee, Inc., if my child's picture, image, description or voice is used in any of these media. This release is intended to be comprehensive and cover any and all uses of my child's picture, image, or voice by any and all conceivable media or forms of communication, without limitation. *(If you do not give permission, please cross off this section only and initial)*

4. **Medical Authorization:** If my child is taking any medication, as indicated on the Health and/or medications forms, I give permission for Camp Moore Medical Staff to administer medication as prescribed. In the event that I can not immediately be contacted in a medical emergency, I give permission to the physician selected by the Camp Director, or someone acting on his/her behalf, to order x-rays, tests, and treatment for the health of my child. I understand that a reasonable effort will be made to contact me before treatment is obtained and that I will be notified of any treatment as soon as possible thereafter. A physical examination is required prior to attendance at camp, within 12 months of last exam. A *Camp Health and Medical Form* will be sent to you with your program assignment information. Parents will be responsible for all medical bills, such as visits to a physician, dentist, optometrist, x-rays, hospitalization and any prescribed medication. All medication **MUST** come in its **original** container. We **can not** deviate from the script that is on the bottle. We must administer as per the doctors orders.

5. **Release:** I give permission for my child to attend Camp Moore and participate in all programs, which may include activities off the camp premises. I agree that Camp Moore will observe all reasonable precautions for the care and protection of my child. I understand that staff selection policies and procedures as well as the camper discipline policy are available to parents/guardians at their request. By signing this application, I hereby release and hold harmless the Camp, its directors, officers, employees, agents, and representatives, from any and all damages, claims, injuries and liabilities, which may arise out of my child's attendance at camp and out of his/her participation in any activities.

Parent/Guardian Signature: _____ **Date:** _____

Camper Profile and Daily Living Skills

Please check all that apply and provide additional information so our staff can better plan and support your child. Be honest and provide details for worst case situations, how new the camper might act in new environments, not having their normal routines at home/school, etc. **The more we know about your child the better prepared we can be and the more successful of an experience everyone will be able to have.** Attach additional information such as behavioral plans, etc. if required.

Social Abilities:

- | | |
|--|---|
| <input type="checkbox"/> Participates and plays well with others | <input type="checkbox"/> Has some difficulty around other children |
| <input type="checkbox"/> Prefers limited contact with others | <input type="checkbox"/> Does not get along with others |
| <input type="checkbox"/> Engages in aggressive behaviors
<input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Often | <input type="checkbox"/> Engages in Self-Injurious behavior
<input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Often |
| <input type="checkbox"/> Destroys Property
<input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Often | <input type="checkbox"/> Tantrums
<input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Often |

Please give any other information you feel is important relating to your child's behavior:

Communication:

- Uses full Speech Single Words Attempts Words Non-Verbal

Please give any information you feel is important relating to your child's communication such as use of a communication device or PECS: Please also let us know if you will be bringing the device or PECS.

Mobility:

- Walks independently Walks with assistance Uses walker or Crutches Wheel Chair (manual or power)

Please give any other information you feel is important relating to your child's ambulation:

Dressing:

- Independent Requires verbal prompts Needs partial Assistance Needs total assistance

Please give any other information you feel is important relating to your child's dressing:

Toileting Skills:

- Independent Requires verbal prompts Needs partial Assistance Needs total assistance

Please give any other information you feel is important relating to your child's toileting:

Bathing / Personal Hygiene

Independent Requires verbal prompts Needs partial Assistance Needs total assistance

Please give any information you feel is important relating to your child's Bathing / personal hygiene needs. Note teeth brushing, showering needs, normal routines, etc:

Dietary / Eating Skills

Normal Diet Food Allergies G-Tube Selective eater

Please give any information you feel is important relating to your child's dietary needs. Please note that we ask that campers with special dietary needs bring their own food/snacks and meet with our chef at check in:

Sleeping Habits: (please note that our cabins are open planned shared accommodations. We are unable to support campers who will be extremely disruptive to the sleep of others within that cabin. Please speak with the director for more information)

Good Sleeper Wakes up but goes back to sleep Has difficulty sleeping Functions on close to no sleep

Please give any information you feel is important relating to your child's sleep such as a specific routine:

Seizures History:

No previous history Previous history, no medication required Previous history, controlled by medication

If yes please list all types of seizures your child has and rate of occurrence. Please also give all important information regarding treatment of your child during and post seizure: (If your child is accepted for attendance you will need to provide a seizure action plan from your doctor.)

Advance Care / Nursing Intervention: (Does your child require personalized nursing in your home or require regular nursing treatments including multiple g-tube feedings, catheterization's, diabetic monitoring and/or other treatments throughout the day) Yes No

If yes please list the services required for your child in your camper while in our care. Take note that the camp cannot provide 1:1 nursing care for campers for long periods of the day. Our nursing staff is responsible for the entire camp both staff and campers. If your child requires 1:1 advance care, our nursing staff is not equipped to provide that level of care for him/her alone. Other supplemental nursing care would need to be found. This care can be provided by your insurance, sponsoring lodge, personal expense and or a combination of these and/or other means. Please contact the Camp Director to discuss possible questions you may have concerning nursing care during his/her session.

Important Additional Comments:

Information you feel would be important for your child's camp counselor to know:
