

**CAMP PEP APPLICATION - 2012**

**Programs Employing People  
1200 S. Broad Street  
Philadelphia, PA 19146  
Phone: (215) 389-4006  
FAX: 215-389-5228  
E-mail: info@pepservices.org**

**INSTRUCTIONS FOR COMPLETING CAMP PEP  
APPLICATION - 2012**

**PLEASE READ CAREFULLY**

Dear Parent/Sponsor:

Enclosed is the 2012 Camp PEP application, please follow the instructions below to ensure your Camper's admittance to Camp PEP. Should you have any questions please do not hesitate to call your service coordinator at your Service Coordination Organization or Michele Cheng, Office Manager at Programs Employing People at 215-389-4006.

1. Camp will be held at the Albert Greenfield School, 22<sup>nd</sup> and Chestnut St. Lower level. Monday – Friday, 9 AM to 2:30 PM. Four - one week sessions will be offered beginning Monday, July 9<sup>th</sup> through Friday, August 3<sup>rd</sup>.
2. Tuition includes bus transportation to and from camp, lunch and snack daily, admission to all trips and activities, one 2012 Camp PEP tee shirt.
3. Tuition for camp is \$400.00 per week or \$1,600 for all four weeks.  
**ALL TUITION IS DUE PRIOR TO START OF CAMP \***  
**Campers will not be admitted until all fees or authorizations are received and paid.**

**\*Families using funding through FDSS or any of the available Waivers PFDSW or Consolidated must arrange with Service Coordination and document payment authorization prior to start of camp.**

4. Answer all questions as completely as possible. We must have a phone number where a parent, guardian, or relative can be reached at all times in the event of any emergency.
5. Have your family physician complete the medical information (or submit a medical evaluation of their own with the same information as requested).

**No Camper will be accepted without a medical form.**

7. If the camper requires 1:1 support you must make arrangements for this support through the Service Coordination Organization / TSS organization prior to the scheduled session. Camp PEP cannot provide these supports and campers deemed needing these supports where they are not provided by the family will not be admitted to camp.
8. Families will be notified the week before the selected camp session as to where and what time the bus or van will pick-up and return the Camper. We will make every effort to arrange transportation as close to your home as possible. Door-to Door service will be provided to those Campers whose physical limitations require this service. **NO CAMPER WILL BE DROPPED OFF WITHOUT AN ESCORT AT THE DROP-OFF POINT.**

How did you here about Camp PEP?

1. Family/ Friend \_\_\_\_\_
2. School \_\_\_\_\_
3. Publication/ Advertisement \_\_\_\_\_
4. Other \_\_\_\_\_

Thank you for your interest in Camp PEP, we look forward to seeing your child at Camp this year. We hope to see you at our Open House which is scheduled for Wednesday, August 1<sup>st</sup>. 2012.

CAMP PEP APPLICATION DUE: Friday, May 25<sup>th</sup>, 2012  
RETURN TO: Michele Cheng, Office Manager at PEP  
1200 S. Broad Street Philadelphia, Pa., 19146

**PLEASE COMPLETE ALL INFORMATION**  
**Do not leave blank spaces.**

**PERSONAL DATA OF CAMPER (PLEASE PRINT CLEARLY)**

Camper's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

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

Nearest intersection to home, needed for bus pick up: \_\_\_\_\_

Telephone Number: Home/cell: \_\_\_\_\_

Age of Camper: \_\_\_\_\_ Birth date: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Language camper understands \_\_\_\_\_

Does Camper require the use of a wheelchair: YES: \_\_\_\_\_ NO: \_\_\_\_\_ If Yes, is the wheelchair fully collapsible to fit in a vehicle Yes \_\_\_ No \_\_\_\_\_. Can the Camper sit in a vehicle seat: YES: \_\_\_\_ NO: \_\_\_\_\_.

If No, Please explain: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's Name: \_\_\_\_\_

Home/ Cell Phone Number: \_\_\_\_\_ Work Number \_\_\_\_\_

Address (If Different than Camper's) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Address (If Different than Camper's) \_\_\_\_\_

**PLEASE CHECK WEEKS CAMPER WILL ATTEND CAMP**

\_\_\_\_\_ Week 1 (July 9-12)

\_\_\_\_\_ Week 2 (July 16 - 20)

\_\_\_\_\_ Week 3 (July 23 -27)

\_\_\_\_\_ Week 4 (July 30 -August 3)

**CAMPERS NEEDING ONE-TO-ONE SUPERVISION MUST HAVE THEIR OWN SUPPORTS contact your TSS coordinator.**

**\$\$\$\$\$\$ PAYMENT SECTION \$\$\$\$\$**

**CAMP TUITION FOR 2012 is \$400.00 per week**

(Waiver calculation is 22 units/day x 5 days = 110 units / week @ \$3.64 / 15 Min unit)

**4 week registration is \$1,600**

**All Payments must be received by July 1, 2012**

**All Camp tuitions must be paid in full by July 1<sup>st</sup> or camper cannot attend.\* (\*waiver consumers exempt)**

**Payment submission:**

**CAMPER' S NAME** \_\_\_\_\_

Enclosed is payment in the amount of \$ \_\_\_\_\_  
for \_\_\_\_\_ Weeks of camp as noted on front page of application.

**1 week 400.00**

**2 weeks 800.00**

**3 weeks 1,200.00**

**4 weeks 1,600.00**

A letter guaranteeing the payment from a provider agency is acceptable provided the letter contains the following information:

- The letter is written on company letterhead.
- The letter is signed by authorized entity and has contact phone number to confirm information.
- Letter must contain the amount and the dates being paid by the agency
- All past due balances must be paid in full

**FOR INTERNAL USE ONLY:**

Date received at PEP: \_\_\_\_\_

Initials \_\_\_\_\_

Date received in Finance: \_\_\_\_\_ Finance Initials \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

Receipts sent to family /provider agency \_\_\_\_\_

Date added to camp roster \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**WHERE CAN WE REACH YOU IN CASE OF AN EMERGENCY**

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

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

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

**IF WE CAN NOT REACH YOU, WHO SHOULD WE CONTACT**

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

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

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

**IMPORTANT FACTS ABOUT THE CAMPER**

**FOOD RESTRICTIONS AND ALLERGIES**

**READ CAREFULLY AND COMPLETELY..... IMPORTANT INFORMATION**

1. Does camper have any food restrictions?  yes  no  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_
2. Does camper have any allergies?  yes  no  
If yes, please describe the allergy and what action should be taken to avoid it. \_\_\_\_\_  
\_\_\_\_\_
3. If allergy occurs, what should the camp staff do? \_\_\_\_\_  
\_\_\_\_\_

*Place a check on the answer that most applies*

1. Does the camper use a wheelchair or walker?  yes  no
2. Can the camper walk unassisted?  completely  yes  no
3. Can the camper feed himself or herself?  completely  yes  no
4. Is the camper toilet trained?  completely  yes  no
5. Can the camper dress themselves?  completely  yes  no
6. Can the camper follow verbal directions?  completely  yes  no
7. Can camper speak or express themselves?  completely  yes  no
8. If camper is female, is she menstruating?  yes  no  
If yes, can she care for her hygiene needs?  yes  no
9. Does the camper need constant supervision?  completely  yes  no
10. Is camper afraid of water?  somewhat  completely  yes  no
11. Can camper swim?  somewhat  completely  yes  no
12. Does camper attend any other program activities?  yes  no  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_
13. What school or program does camper attend or has last attended?  
\_\_\_\_\_
14. What grade?  Type of class (LD, SPI, TMR, Autistic support, etc.) \_\_\_\_\_
15. Additional information you feel would be helpful regarding the camper \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What adaptive equipment does the Camper use (i.e., walker, brace, communication aid, prosthesis device, etc.) \_\_\_\_\_

Does Camper need specially prepared food?  Yes  No. If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

**CAMPER BEHAVIOR**

1. What can arouse fear or excitement in the camper? (EX: loud noises, sirène, heights, Animals, darkness, close quarters, crowds, certain colors, etc.) Please describe:

\_\_\_\_\_

2. What are the camper's favorite leisure time activities? (EX: Movies, playing Sports, reading, arts and crafts, cards, checkers, coloring games, etc.) \_\_\_\_\_

3. Please describe the methods you use at home for behavior management. Please list the consequences you use when your child misbehaves. (EX: time out, take away privileges, etc.) \_\_\_\_\_

4. What are the most successful rewards that the camper responds to? (EX: stickers, small toys, extra privileges, etc.) \_\_\_\_\_

5. Does this camper have 1:1 staffing supports during the school year?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE ANSWER ONLY IF THE CAMPER HAS LIMITED  
SPEECH AND/OR HEARING DIFFICULTIES**

1. What word, phrase, or gesture is used when the camper wants to use the bathroom?

\_\_\_\_\_

2. What word, phrase, or gesture is used when the camper wants a drink or food?

\_\_\_\_\_

3. What word, phrase, or gesture is used for dressing?

\_\_\_\_\_

4. What word, phrase, or gesture is used to show approval or disapproval of camper's behavior?

\_\_\_\_\_

**Consent Page**

**PERMISSION FOR CHILD TO ATTEND ALL TRIPS AND EVENTS**

Camper has permission to attend all trips and events:

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)

**PERMISSION FOR EMERGENCY CARE OF CAMPER**

In event of Medical Emergency Camper has permission to be treated by a Health Care professional at a hospital/medical facility of Camp Administrator's discretion:

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)

**RELEASE FOR USE OF PHOTOGRAPHS**

I, hereby grant permission to Programs Employing People to use photographs and videotapes of my child taken at Camp PEP activities for publicity, advertising and educational purposes.

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

**PARENT / GUARDIAN AUTHORIZATION**

**I have completed this application to the best of my ability and knowledge and hereby agree to allow my child/ward to fully participate in Camp PEP activities within their capabilities. I hereby authorize the staff of Camp PEP to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive, indemnify and release the camp from any and all liability for any injuries incurred while at camp.**

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

**This form is to be completed by camper’s physician at time of examination.** Regulations concerning camp attendance require that a physician conduct an annual examination no more than 12 months prior to attending the program. The examination must indicate the health status of the individual and the administration of the necessary immunizations. Form must be legible. **Return all forms with the completed application.**

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

**HEALTH HISTORY**

(CHECK ALL INFORMATION THAT APPLIES include dates )

- |                             |                       |                       |
|-----------------------------|-----------------------|-----------------------|
| _____ Hay Fever             | _____ Chicken Pox     | _____ Measles         |
| _____ Poison Ivy, etc.      | _____ Ear Infections  | _____ Diabètes        |
| _____ Insect Stings allergy | _____ Pneumatic Fever | _____ Mumps           |
| _____ Penicillin allergy    | _____ German measles  | _____ Asthma          |
| _____ Other Drug allergy    | _____ Epilepsy        | _____ Tetanus Booster |

**Operations or serious injuries (please describe in detail):** \_\_\_\_\_

\_\_\_\_\_

**Chronic or recurring illnesses (please describe in detail):** \_\_\_\_\_

\_\_\_\_\_

**Any specific activities to be restricted?** \_\_\_\_\_

\_\_\_\_\_

**Any specific activities to be encouraged:** \_\_\_\_\_

\_\_\_\_\_

This Health History is true and correct to the best of my knowledge and the person herein described has permission to engage in all prescribed camp activities except as noted by the examining physician and me. In the event I cannot be reached in an emergency, I hereby give permission to the staff of Camp PEP to administer first aid and the physician hospital selected by the Camp Director to hospitalize and/or otherwise secure proper treatment for the child named herein.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of examining physician)

\_\_\_\_\_  
(Date)

T-SHIRT INFORMATION

**A Camp PEP Tee-shirt is included with tuition**

*Camper Name:* \_\_\_\_\_ *Size:* \_\_\_\_\_

**SHOW YOUR CAMP SPIRIT WITH A  
2012  
CAMP PEP TEE SHIRT**

**Extra shirt Order form**

To order additional shirts, please indicate quantity below  
Payment for additional shirts will be due upon delivery  
\$15.00 each

**YOUTH SIZES**

<b>SIZE</b>	<b>Quantity</b>
4-8	_____
10-12	_____
14-16	_____

**ADULT SIZES**

<b>SIZE</b>	<b>Quantity</b>
Small	_____
Medium	_____
Large	_____
X-Large	_____
XX-Large	_____
XXX Large	_____

<b>For internal use:</b>	
<b>Sizes ordered:</b> _____	
<b>Total Amount Due:</b> _____	<b>Date delivered</b> _____