

CHECKLIST

Part 1 - Online Fillable PDF (Part 1 and Payment needed to hold spot)

- Personal Details
- Camper Placement Information
- Behavior Information
- Medications
- Payment Information

***Please mail to PO Box 50, Sherrill, IA 52073 or email registration@albrechtacres.org**

Important:

- **Only fully completed camper applications can be considered for camper placement. Please make sure to fill out all the appropriate information. We will contact you to provide missing information or return the application to you for completion.**
- Once we receive the fully completed camper application part 1 and payment, we will hold a spot for your camper on a **first-come, first-served basis**. If your first choice is full, we will make every effort to accommodate your second choice. If all weeks are full, we will add your application to the waiting list. We will be accepting applications until June 1, after which we will add your application to our waiting list
- We want to offer every camper a chance to attend camp this year which is why we are limiting our camper's stay to one week. If your camper wants to attend multiple weeks you may request to be added to the waiting list and we will contact you if a spot opens up.

Camp Albrecht Acres · 2024 Camp Application · Part 1
PERSONAL DETAILS

Camper Name: (Last) _____ **(First)** _____

Sex: Male Female **Birth Date:** _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Camper Lives: Independently With Family Foster Family Group Home Residential Facility

Name of Primary Caregiver: _____ **Relationship:** _____

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

Work Phone: _____ **Cell Phone:** _____

Email: _____

24 HOUR EMERGENCY CONTACT (Do NOT list an office number unless staffed 24 hrs/day):

Social/Case Worker Name: _____ **Phone:** _____

Person/Facility: _____ **Relationship:** _____

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

Office Phone: _____ **Cell Phone:** _____

Email: _____

Please check the session(s) you would like to attend:

- Open to any week available
- Week 1: June 16-21
 - Week 2: June 23-28
 - Day Camp: July 1 & 2
 - Week 3: July 7-12
 - Week 4: July 14-19
 - Week 5: July 21-26
 - Week 6: July 28-Aug 2
 - Week 7: Aug 4-9

- Please note:**
- Only fully completed applications are accepted for camper placement on a first-come, first-served basis. Applications are accepted until June 1.
 - Capacity for 1:1 campers is limited. Camper ratios are decided by camp management.
 - Day Camp is July 1 & 2 only.

Second Choice (if first is full): _____

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CAMPER PLACEMENT INFORMATION

Camper Name: (Last) _____ (First) _____ Age: _____

Camper Gender: Male Female Has camper attended camp before? No Yes (When?) _____

Camper works better with a male counselor female counselor no preference

Albrecht Acres works on a 3 campers to 1 counselor ratio; is this suitable for your camper? Yes No
 If not, why? _____

Primary Diagnosis: _____

Please Check All that Apply:

Intellectual Disability: Mild Moderate Severe & Profound

Down Syndrome Diabetes Hydrocephalic Autistic Spina Bifida Brain Injury Cerebral Palsy

Hearing Impaired Orthopedic Impaired Speech Impaired Learning Disabled Visually Impaired

Muscular Dystrophy Behavior Disorder Alzheimer's Attention Deficit Hyperactivity Disorder

Emotional Disorders Seizures If checked, Type: _____ Frequency: _____

Most likely to occur: _____ Date of last seizure: _____ Description: _____

Adaptive Equipment* (please check all that apply): wheelchair power-assisted wheelchair walker
glasses contacts other, _____

*Camp does not provide adaptive equipment

	Independent	Minimal Assistance*	Complete Assistance*	*Detailed Explanation Required
Standing				
Transfer				
Walking				
Climbing Stairs				
Gross Motor Skills (jumping)				
Ability to walk long distances (i.e. 150 yards)				
Dressing				
Brushing Teeth				
Washing face/hands				
Showering				
Toileting				
Menstrual Care				
Portion Taking				
Cutting Food				
Placing Food in Mouth				
Monitoring food intake				

Please describe any special diets; food allergies or intolerances; likes or dislikes:

CAMPER ACTIVITY LEVEL

Communication (please check yes or no):

Reads Yes No

Writes Yes No

Speaks Verbally Yes No

Sign Language Yes No

Gestures Yes No

Uses Communication Technology Yes No

Please describe all “no” answers and any communication technology your camper uses:

Sleep Pattern:

Does your camper sleep throughout the night? Yes No

If no, what assists him/her in falling back asleep?

Camper typically gets _____ hours of sleep. Camper goes to bed at _____ pm and wakes up at _____ am.

***Please note we do not have awake staff overnight. If this could be a potential issue, please contact us to further discuss.**

Uses a CPAP **BIPAP** **Other sleep-aid,** _____

Water Activities:

Is camper afraid of water? Yes No

Can camper swim? Yes No

Does the camper adjust easily to water temperature change? Yes No

Additional comments:

Does your camper smoke? Yes No

If yes, please know that Camp policy indicates the camper must sign a contract with camp which explains designated smoking times and places as well as storage of cigarettes, lighters, paraphernalia, etc.

Please describe any special interests/hobbies/habits/fears your camper may have:

PLEASE ATTACH A CURRENT PHOTO OF THE CAMPER.

CAMPER BEHAVIOR FORM

Does your camper have an established behavior plan?* Yes No

***IF CAMPER HAS ESTABLISHED BEHAVIOR PLAN- PLEASE ATTACH. APPLICATION CANNOT BE CONSIDERED WITHOUT BEHAVIOR PLAN.**

Behavior: Please indicate how often, if ever, the following behaviors occur and how staff should respond.

	Never	Seldom	Often	Explanation/Details
Stubborn				
Self-Injurious				
Aggressive towards others				
Hair pulling				
Uses inappropriate words				
Inappropriate sexual behavior				
Difficulty with transitions				
Spits				
Incontinence				
Smears feces				
Removes clothing				
Elopement				
Wanders				
Aggressive				
Hyper Emotional				

Do you have any suggestions or techniques to help us deal with behaviors?

What typically triggers behaviors?

What are two or three effective rewards?

***Please know that Camp Albrecht Acres is a hands-off facility. We do not use restraints or holds; physical or material.**

ATTACH ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL FOR STAFF.

Camp Albrecht Acres · 2024 Camp Application · Part 1
MEDICATIONS

Pharmacy: _____ Phone: _____

CAMP MEDICATION REQUIREMENTS AND PACKING:

Camper medications for the week must be prepared in medication blister packs aka bubble packs (preferably prepared by a pharmacist) and should include one additional day's worth of medication.

- Blister packs can be ordered through online retailers, like Amazon.
- No individual packing techniques (envelopes, bags, bottles) will be accepted.
- Failure to have pre-packaged medications means your camper will be unable to attend their session

Medications may be shipped to camp in advance of camp attendance; these campers will have preferred check-in.

PLEASE ATTACH:

- **COPY OF CURRENT MEDICAID/TITLE XIX/INSURANCE CARD.**
- **COPY OF RECORD OF IMMUNIZATIONS**
- **COPY OF CURRENT MEDICATION LIST (non-prescription too).**
- **COPY OF CURRENT MEDICATION ADMINISTRATION RECORDS FOR CAMPERS RESIDING IN GROUP HOMES OR FACILITIES.**

***Camp Albrecht Acres requires annual medical exams for each camper to be completed by Licensed Medical Personnel (Physician, Physician Assistant or Nurse Practitioner) Please see "CAA Physician Examination Form"**

Camp Albrecht Acres · 2024 Camp Application · Part 1

PAYMENT INFORMATION

The camp fee should be included with this application; If you cannot pay the camp fee, you may request a campership. Please note that campership is not available for day camps, or for campers who attend multiple weeks of camp. If you request a campership, please pay the portion of the fee you are able to afford. If you request campership, a form will be sent to be completed and returned before arrival to camp.

Camp Fee*:

WEEK Camp: \$700 (Full payment is required with Part 1 of Application)

DAY Camp: \$100/day (Full payment is required with Part 1 of Application)

*Please note, actual cost to attend camp is around \$1,500. Thanks to our donors and community support, we are able to offer discounted camp fees.

Please indicate payment below by circling the number of the option you choose, and filling out applicable information:

1. Full payment of \$_____ is enclosed.

Check (#:_____)

Online Credit Card Payment (Date Paid:_____)

2. Someone else is paying \$_____. Camp Albrecht Acres of the Midwest should send an invoice to the following:

• Name of Person/Organization:_____

• Address:_____

• Phone:_____ Email:_____

3. If paying through insurance such as Medicaid, Medicare, Managed Care Organization etc., include Notice of Decision and Service Plan in application materials.

_____ (initial) I hereby give Camp Albrecht Acres permission to release information needed to bill above providers.

4. I would like to request an application for campership.

• I have enclosed \$_____ as partial payment.

CANCELLATION POLICY

We do understand that for various reasons you may have to cancel. If this should happen, please call the main office as soon as possible so we can give someone on our waiting list a chance to attend. If you cancel:

- Before 3 weeks of your scheduled camp session, all but \$25.00 of your payment will be refunded.
- Within 3 weeks of the first day of your scheduled camp session, \$200 is non-refundable.
- If a cancellation is made less than 7 days before the start of the camp session, no portion of the payment is refundable.

*Camp Albrecht Acres reserves the right to alter or cancel any scheduled programs. All fees will be refunded for programs that have been cancelled.

To submit, please save the completed document as a PDF and email it as an attachment to registration@albrechtaeres.org OR print and mail completed application to PO Box 50, Sherrill, Iowa 52073. Once received and processed, a confirmation email will be sent within 10-14 business days.