

PO BOX 875 Owingsville, KY 40360 (606) 336-0326

Email: Katie.SNCKI@gmail.com
Website: www.specialneedscamp.org

Dear Parents/Guardian/Caregiver/Camper:

Thank you for taking the opportunity to complete this application to attend the Special Needs Camp of KY, Inc. Summer Camp 2023. We have many exciting activities and events planned for this year's camp. The camp dates are June 19th through 23rd at Crossroads Elementary School from 9:00 am - 4:00 pm.

We are an official 501 (c) 3 non-profit organization now known as Special Needs Camp of KY, Inc. (SNCKI). This has brought many changes, including all donations are now 100% tax-deductible.

Camp has always been free for campers to attend, and it will continue to be free this year with the help of continued financial support. The cost of the camp is constantly increasing each year. Expenses have gone from \$2,000 to fund camp several years ago to over \$25,000 to support Camp 2022; please help us with this need. It takes a minimum of \$500 per camper just for them to be able to attend camp. If you know of any potential camp supporters (individuals or businesses), please contact them to see if they would like to contribute to the camp or even sponsor your camper. We gratefully appreciate your continued support.

Here are a few things to consider when completing the application:

- Campers must meet the age requirement for camp, be 13 years, and have an intellectual disability.
- Please ensure that ALL sections of the application are filled out completely. Only completed
 applications will be allowed.
- Applications are taken into consideration on a first-come-first-serve basis due to limited space.
- We <u>MUST</u> receive all applications by <u>May 1st, 2023</u>, via mail, e-mail, or hand delivery to 6255 E.
 Hwy. 60, Salt Lick, KY 40371, or to Katelyn Harvey at Morehead State University.
- Acceptance or denial letters will be sent out to applicants the 2nd week of May. In addition, if the camper is accepted, additional information will be needed and described in the acceptance letter.

If you have any questions, please contact us via any of the sources at the top of this letter!

Sincerely,

Katelyn Harvey

Katelyn Harvey, President



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Camper Application Form June 19th – 23rd 2023 MUST BE RETURNED BY May 1st

Name of Camper:
Parent/Guardian Name:
Address:
City: State: Zip Code:
Phone: () Date of Birth:/ Gender: M or F
Phone Number (where you can be reached at all times!): (
Email Address:
Height/Weight: Shirt Size:
Camper's Disability(s):
Emergency Contact:
Relationship to Camper: Phone Number: ()
Please list any individuals who are legally denied contact with your child:
Name of person(s) transporting child other than parent/guardian/caregiver:
Please turn over to complete the rest of this application.

Does the camper:	
1. Wander away from a group: Yes or No	
If yes, explain:	
2. Have difficulty following directions: Yes or No	
If yes, explain:	
3. Have any specific fears, worries, or concerns: Yes or No	
If yes, explain:	
4. Have any specific likes or dislikes: Yes or No	
If yes, please list:	
5. Have any allergies: Yes or No	
If yes, please list here:	
6. Need a Personal Care Assistant to attend camp with them: Yes or No	
If yes, please have PCA complete a volunteer application and submit it along with the camper application. Volunteer applications can be found on our website www.specialneedscamp.org , or contacting Katelyn Harvey.	by
*****The camper should bring his/her special utensils and any other equipment needed. The camp do not have this equipment on hand. Please make sure each piece is marked with the camper's name.	es
*****Please list any other information that you feel is important for us to know:	
Parent/Guardian Signature:Date://	
Please feel free to contact us at any time if you should have any questions or concerns. We will be more than happy to put your mind at ease:	e

SNCKI reserves the right to accept or deny this application. Notification of the decision will be made by mail in the second week of May.