

**Special Needs Camp of KY, Inc.**

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 Special Needs Camp of KY, Inc. Summer Camp 2020. We have many exciting activities and events planned for this year’s camp. The date for camp is June 22nd through 26th.

 We are EXCITED to announce that as of July 1, 2015, we became an official 501(c) 3 non-profit organization, and are now known as Special Needs Camp of KY, Inc. (SNCKI). With this brings many changes; 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 running over $20,000 to support Camp 2019, please help us with this need. It takes a minimum of $275 per camper just for them to be able to attend camp. If you know of any potential camp supporters (individuals or businesses) please get in touch with them to see if they would like to contribute to camp or even sponsor your camper. We gratefully appreciate your continued support.

A few things to consider when completing the application:

* Campers must meet the age requirement for camp, 13 years of age, and have an intellectual disability.
* Please ensure that **ALL** sections of the application are filled out completely. Incomplete applications will be denied.
* Applications are taken into consideration on a first-come-first-serve basis due to limited space.
* We **MUST** receive all applications by **May 1st, 2020**  via mail delivery, e-mail delivery, or hand delivery to 6255 E. Hwy. 60, Salt Lick, KY 40371 or to Ralpha Harvey in Room 119 at Bath County High School.
* Acceptance or denial letters will be sent out to applicants the 2nd week of May. In addition, if 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 the letter!

Sincerely,

Katelyn Harvey

Katelyn Harvey, President



**Special Needs Camp of KY, Inc.**

PO BOX 875

Owingsville, KY 40360

 (606) 336-0326

Website: [www.specialneedscamp.org](http://www.specialneedscamp.org)

**Camper Application Form**

**June 22nd - 26th 2020**

**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 list whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_\_

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

\*\*\*\*\*The camper should bring his/her special utensils and any other equipment needed. Camp does not have this equipment on hand. Please make sure each piece is clearly marked with camper’s name.

\*\*\*\*\*\*Please list any other information that you feel is important for us to know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_/\_\_\_/\_\_\_\_\_\_\_

**Please feel free to contact me at any time if you should have any questions or concerns. We will be more than happy to put your mind at ease:**

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