



## Special Needs Camp of KY, Inc.

PO BOX 875

Owingsville, KY 40360

(606) 336-0326

Email: [Katie.SNCKI@gmail.com](mailto:Katie.SNCKI@gmail.com)

Website: [www.specialneedscamp.org](http://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 2025. We have many exciting activities and events planned for this year's camp. The camp dates are June 16th through 20th at Crossroads Elementary School, 4755 East Highway 60, Owingsville, KY 40360, 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 being 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 \$40,000 to support Camp 2024; 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 old, 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 **MUST** receive all applications by **May 1st, 2025**, 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



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

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

**Camper Application Form  
June 16th – 20th 2025  
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.***

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**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 with the camper application. Volunteer applications can be found on our website [www.specialneeds-camp.org](http://www.specialneeds-camp.org), or by contacting Katelyn Harvey.**

\*\*\*\*\*The camper should bring his/her special utensils and any other equipment needed. The camp does not have this equipment on hand. Please make sure each piece is marked with the 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 us anytime with 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. The decision will be notified by mail in the second week of May.\***