

**CAMP PEP APPLICATION - 2017**

**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 - 2017**

**PLEASE READ CAREFULLY**

Dear Parent/Sponsor:

Enclosed is the 2017 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 Supports coordinator at your Supports Coordination Organization or Eileen Eccleston, Office Manager at Programs Employing People at 215-389-4006.

1. Camp will be held at Programs Employing People, 1200 S. Broad Street, Philadelphia, PA 19146, Monday – Friday, 9 AM to 3:00 PM. Four - one week sessions will be offered beginning Monday, July 10 through Friday, August 4.
2. Tuition includes lunch and snack daily, admission for all trips and activities and one 2017 Camp PEP tee shirt.
3. Tuition for camp is \$300.00 per week or \$1,200 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/or paid.**

**\*Families using funding through FDSS, PFDS/W or  
Consolidated waivers must arrange with their Supports  
Coordinator or DBH/IDS and document payment  
authorization in the ISP 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.**
6. **If the camper requires 1:1 or group TSS support** you must make arrangements for this support through the Supports Coordination Organization / DBH -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. **Transportation to and from camp is not provided.** Families should plan to arrange transportation with natural supports, Septa Para Transit, etc. Campers should arrive no later than 9:00am and pick up no later than 3pm.

**Late pick-ups after 3:15 will be assessed a \$ 1.00 per minute late fee.**

Thank you for your interest in Camp PEP, we look forward to seeing your child at Camp PEP this year. We hope to see you at our Open House which is scheduled for 10:30 am on Wednesday, August 2.

**CAMP PEP APPLICATION DUE: Tuesday, May 30, 2017**  
**RETURN TO: Eileen Eccleston, Office Manager at PEP**  
**1200 S. Broad Street Philadelphia, Pa., 19146**

**PLEASE COMPLETE ALL INFORMATION**  
Incomplete applications will be returned

How did you hear about Camp PEP?

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

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

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

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

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 unassisted: YES: \_\_\_\_\_ NO: \_\_\_\_\_.

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

**PARENT/GUARDIAN INFORMATION**

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

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

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

Email: \_\_\_\_\_

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

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

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

EMAIL: \_\_\_\_\_

**PLEASE CHECK WEEKS CAMPER WILL ATTEND CAMP**

\_\_\_\_\_ Week 1 (July 10- July 14)

\_\_\_\_\_ Week 2 (July 17 – July 21)

\_\_\_\_\_ Week 3 (July 24-July 28)

\_\_\_\_\_ Week 4 (July 31 – August 4)

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

**CAMP TUITION FOR 2017 is \$300.00 per week**

(Waiver calculation is 24 units/day x 5 days = 120 units / week @ \$2.50 / 15 Min unit)

**All Payments and authorizations must be received by July , 2017**

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

**Payment submission:**

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

Enclosed is payment in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ Week/s of camp as noted on page 3 of application.

- 1 week \$300.00**
- 2 weeks \$600.00**
- 3 weeks \$900.00**
- 4 weeks \$1,200.00**

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 responsible for paying the camp bill and has a 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 prior to this year's registration

**FOR INTERNAL USE**

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

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

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

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

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

Receivers Initials \_\_\_\_\_

**EMERGENCY CONTACT  
INFORMATION**

**WHERE CAN WE REACH PARENT OR GUARDIAN IN CASE OF  
AN EMERGENCY**

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

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

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

Email \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

**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 best represents camper ability  
If checking no please provide explanation on separate sheet of paper*

- |   |                              |                             |         |
|---|------------------------------|-----------------------------|---------|
| 1. Does the camper use a wheelchair or walker?                                | yes                          | no                          |         |
| 2. Can the camper walk unassisted?  | yes                          | no                          |         |
| 3. Can the camper feed himself or herself?                                    | yes                          | no                          |         |
| 4. Is the camper toilet trained?  | yes                          | no                          |         |
| 5. Can the camper dress themselves?   | yes                          | no                          |         |
| 6. Can the camper follow verbal directions?                                   | yes                          | no                          |         |
| 7. Can camper speak or express themselves?                                    | 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?                                 | yes                          | no                          |         |
| 10. Is camper afraid of water?  | yes                          | no                          |         |
| 11. Can camper swim?  | yes                          | no                          |         |
| 12. Does camper attend any other program activities?<br>please describe _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no | If yes, |

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 related to a  
**NO** answer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What adaptive equipment does the Camper use (i.e., walker, cane, communication aid, prosthetic 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, siren, 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, redirection, follow prescribed behavior plan 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 or group staffing supports during the school year?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE ANSWER ONLY IF THE CAMPER HAS**

**Communication Challenges**

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?

\_\_\_\_\_

**Please list other communication recommendations for your child**

**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  | _____ Diabetes |
| _____ Insect Stings allergy     | _____ Pneumatic Fever | _____ Mumps    |
| _____ Medication / Drug allergy | _____ Asthma          | _____ Epilepsy |
| _____ Tetanus Booster           |                       |                |

**PLEASE LIST ALL MEDICATIONS**

<b>Current Medications:</b>	<b>Dose</b>	<b>Administration time</b>	<b>Reason</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*Please note Camp PEP staff are not permitted to hold or administer any medication to campers. If medication needs to be taken while at camp, the camper must be able to self-medicate. \*\***

**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:*** \_\_\_\_\_

**Circle size needed**

**YOUTH SIZE**

4-8

10-12

14-16

**ADULT SIZE**

Small

Medium

Large

X-Large

XX-Large

XXX- Large

**SHOW YOUR CAMP SPIRIT WITH A  
2017  
CAMP PEP TEE SHIRT**

**Extra Shirt Order**

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	_____

**For internal use:**

**Sizes ordered:** \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

**Date delivered** \_\_\_\_\_