



Spring Respite 2020 Weekend Application



Info/Payments/Directions:

Camp Nuhop
1077 Twp. Rd. 2916
Perrysville, OH 44864
419-938-7151

Camper's Full Name: _____

Sex: Male [] Female [] Birth Date: _____ Age: _____ Shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone:(_____) _____

Mother/Guardian: _____

Home Phone:(_____) _____ Work Phone:(_____) _____

Address (If different from that of applicant): _____

City: _____ County: _____ State: _____ Zip: _____

E-mail Address: _____

Father/Guardian: _____

Home Phone:(_____) _____ Work Phone:(_____) _____

Address (If different from that of applicant): _____

City: _____ County: _____ State: _____ Zip: _____

E-mail Address: _____

Emergency Contact: _____ Relationship to Camper: _____

Home Phone:(_____) _____ Work Phone:(_____) _____

*Check the respites your child will attend

For Office Records Only

Each respite cost \$240.00

_____ January 24-46, 2020

_____ March 13-15, 2020

_____ May 15-17, 2020

Total: _____

Amount Received _____ P/A

Amount Received _____ P/A

Amount Received _____ P/A

THIS FORM MUST BE SIGNED AND COMPLETELY FILLED OUT BY ALL FUNDING SOURCES, EXAMPLES ARE SELF PAYING, AGENCY, SCHOOL, OR OTHER ORGANIZATIONS. THE FUNDING SOURCE IS REQUIRED TO SIGN THIS PAGE OR ATTACH A PAYMENT AUTHORIZATION DOCUMENT WITH THIS APPLICATION. THE CHILD WILL NOT BE ALLOWED TO ATTEND IF THIS FORM OR CORRECT DOCUMENTATION IS NOT SIGNED OR ATTACHED.

CAMPER: _____ TOTAL COST OF RESPITE: _____

SELF-PAY/PARENTS

I/We authorize services for the amount specified in the Self-Pay/Parents line. In the case of non-payment of the amount specified, the undersigned agrees to pay all costs of collection.

WILL PAY:

\$ _____

Name of Payee: _____

Authorized by- Signature _____

Relationship to Child: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

SOURCE # 1

I/We authorize services for the amount specified in the Source #1 line. In the case of non-payment of the amount specified, the undersigned agrees to pay all costs of collection.

WILL PAY:

\$ _____

Name of Organization: _____

Authorized by- Signature _____

Title: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____

TOTAL

\$ _____

CASE/SOCIAL WORKER INFORMATION

If you are working through an agency with a caseworker or social worker, please provide their information.

Name _____ Title _____

Address of Business _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____ Fax _____

AGENCY BILLING/INVOICE INFORMATION – Provide billing address if different from Source #1.

Name/Organization _____

Address of Business _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

***NOTE TO PAYING ORGANIZATIONS/AGENCIES: Payments should be mailed to:**

Nuhop

1077 TWP. Rd. 2916 Perrysville, OH 44864

If you have questions regarding this form please call 419-938-7151.

Application- Please Complete and Mail

1. Child's Diagnosis: Please check all that apply.

____ ADD ____ ADHD ____ ED/BD ____ CD ____ LD ____ OCD ____ ODD

____ PTSD ____ RAD ____ Anxiety ____ Asperger's ____ Autism ____ Bi-Polar

____ Other: Please explain: _____

2. Child's School Placement: Please check all that apply

____ Public School regular classroom ____ Homeschooled

____ Public School regular classroom with tutoring/inclusion ____ Public School self-contained

____ Private/Charter School (please explain) _____

____ Day Treatment (please explain) _____

____ Other (please explain) _____

3. Has your child ever attended another camp before?

Yes

No

If yes, please explain when and where: _____

4. Is this your child's first year at camp?

Yes

No

If no, how many years has your child been attending camp? _____

5. What is your child's attitude about coming to camp? _____

6. List three things that your child enjoys:

A) _____

B) _____

C) _____

7. If your child has been to camp before, what are his/her favorite activities?

8. What are two realistic goals you would like to see your child accomplish at camp?

A) _____

B) _____

9. We require campers to be able to take care of their personal hygiene and belongings with only verbal prompting from staff. Is your child capable of this? **Yes** **No**

If not, please explain: _____

10. Does your child wet the bed? **Yes** **No**

If yes, how often? _____

11. Is your child an extremely early riser? **Yes** **No**

12. Are there any major changes happening in your child's life (e.g. divorce, moving, new baby?)

13. Does your child interact better with older, younger, or children of the same age? Please explain:

14. What tends to upset your child?

15. What does your child do when he/she is upset?

16. Does your child have a history of physically aggressive behavior? **Yes** **No**

If yes, please describe the circumstances, frequency, and how you defuse the situation:

17. Does your child have a history of self-injurious behavior? **Yes** **No**

If yes, please describe the circumstances, frequency, and how you defuse the situation:

18. Has your child spent any time in a mental health facility? **Yes** **No**

If yes, please describe the circumstances:

19. Does your child have any history of inappropriate sexual behavior? **Yes** **No**

If yes, please describe the behavior and how you address it:

20. To your knowledge, has your child been a victim of sexual abuse? **Yes** **No**

If yes, please provide some insight:

21. How does your child react to changes in his/her environment?

22. If your child has difficulty with change, what ways can we at camp be proactive while we are transitioning?

23. Please use the space below to provide us with any other information that you feel will be helpful for us to know about your child.

24. My child has permission for their picture to be taken with the possibility of it being published for promotional use.

Yes

No

25. If not, may we include your child in our tribe picture?

Yes, they can be in their tribe picture that will be distributed to the other campers in their tribe.

No

26. My child has permission to be included in videotaping with the possibility of it being published for promotional use.

Yes

No

27. How did you hear about Camp Nuhop? (Please provide names and addresses or websites.)

<input type="checkbox"/> Internet	<input type="checkbox"/> Advertisement	Other: _____
<input type="checkbox"/> Teacher	<input type="checkbox"/> Doctor	_____
<input type="checkbox"/> Friend	<input type="checkbox"/> Past Camper or Family	_____

General Consent, Waiver, and Release

Please read completely before signing. The effect is to release The Nuhop Center for Experiential Learning (Nuhop) from any liability resulting from participation in camp activities and waive all claims for damages or losses against Nuhop.

Nuhop is committed to providing a safe recreational experience, both physical and mental. However, the undersigned recognizes the inherent risk of loss, damage, and/or injury, involved when participating in any activity facilitated at or through Nuhop.

In order to participate in activities facilitated at or through Nuhop, this form must be signed by the participant (if over 18 years of age) or the participant's parent or legal guardian. By signing, you acknowledge and assume all associated risks, known and unknown, and agree that Nuhop shall not be held responsible or liable for any damages arising from personal injury sustained by the above-named participant.

In addition, you allow Nuhop to transport the above-named participant by motor vehicle, including those owned by Nuhop and its staff members. Nuhop and its employees take the utmost precaution to transport clients safely and will not be held liable individually or collectively for any injuries sustained through motor vehicle transportation to or from Nuhop facilities.

PHYSICAL AGREEMENT: I hereby make an application for enrollment of my child in Nuhop subject to the conditions set forth on this.

BEHAVIOR MANAGEMENT POLICY: Nuhop campers come with a variety of mild behavioral issues related to ADHD, learning differences, Asperger's, and their frustration with the challenges these present. We utilize a system of positive peer culture and natural consequences in addressing the issues that arise. These issues include lack of focus, difficulty following directions, anger and frustration management, noncompliance, arguing, disrespect, impulsivity, and inappropriate social interactions. Nuhop is not a treatment program; we work to build skills, but do not do therapy with campers. Nuhop does not work with physically aggressive campers.

It is our policy to separate any camper who will not work within our structure to resolve issues or who exhibits more extreme behaviors than we allow. Our first step will be removal to a primitive campsite with a qualified staff person, where they can earn the privilege of rejoining their group by participating fully in campsite life. If this is ineffective, we will consider discharge. In all cases, we will maintain close contact with the parents.

Nuhop reserves the right to discharge any camper who is found to be inappropriate for our programs. Grounds for dismissal include, but are not limited to; physical assault or serious threat of assault, possession of weapons or illegal drugs, sexual acting out, suicidal ideation or attempt, major property damage, chronic runaway, or psychotic behavior. Parents will have 24 hours to retrieve their child once notified of discharge.

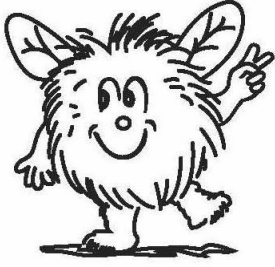
I have read and agree with the above five agreements and policies: General Consent/Waiver/Release, Physical, Behavior Management Policy.

Please Sign:

X _____

Relationship to Participant: _____ **Date:** _____

If you have questions regarding this application please call 419-938-7151.



**Camp Nuhop
Health Form**

Camper's Full Name: _____

Date of Birth: _____

Parent/Guardian: _____

Phone Number: (____) _____

Address: _____

Health History

Please check and give approximate date

General Health	Allergies	Food Allergies
____/____ Asthma	____/____ Hay Fever	____/____ Dairy
____/____ Ear Infections	____/____ Insect Stings	____/____ Gluten
____/____ Seizures	____/____ Latex	____/____ Peanuts
____/____ Chicken Pox	____/____ Penicillin	____/____ Tree Nuts
____/____ Measles	____/____ Poison Ivy	____/____ Other _____
____/____ Mumps	____/____ Other _____	_____
____/____ Other _____	_____	_____
_____	_____	_____

Immunizations are up to date _____ **Last Tetanus Booster** _____

(Please attach immunization record)

Operations/Serious Injuries: _____

Chronic/Recurring illness: _____

Other Health Issues/Concerns: _____

Please list all current medications including epi-pen, inhalers, PRN medications, vitamins and supplements. Please attach an additional page should you need to.

Medication	Dosage	Time Given	Length of time camper has been stable on medication

The following non-prescription medications are commonly stocked in the health center and are used on an as needed basis to manage illness and injury. *Please cross out items the camper should not be given.*

Acetaminophen (Tylenol)

Caladryl

Gold Bond Powder

Ibuprofen (Advil, Motrin)

Hydrocortisone 1% Cream

Antacids

Diphenhydramine (Benadryl)

Topical Antibiotic Cream

Pepto- Bismol

Cough Drops

Medical Provider Information

Family Physician: _____ Phone Number: _____

Insurance Carrier: _____

Policy or Group Number: _____

Parent/ Guardian Authorization

The Nuhop staff has my permission to administer the medications listed above. I understand I am responsible for dividing these medications into single envelopes, one for each time the medication is to be given, containing the correct medication and labeled with the above information.

This health history is correct and complete to the best of my knowledge. I hereby give permission to Nuhop or a selected health care provider to treat the child listed on this health form in the event that medical attention is needed.

Medical attention may be first aid, physician visit, or hospitalization, including injections, anesthesia, x-rays, tests, and surgery.

Signature: _____ Relationship to Camper: _____ Date: _____

Challenge Course Program

Participation Agreement

Only participants 12 years of age and older need to fill out this page.

Print Participant Name

Session

Instructions: Please read this form carefully. Each participant and their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual will not be able to participate in the program.

I understand that my participation in the Challenge Course Program at The Nuhop Center for Experiential Learning (Nuhop) is based on "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

Initial

I understand the employees of Nuhop have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes course, ground initiatives, and other activities in the Challenge Course Program for which I and/or my child have enrolled, entail certain risks. I elect to participate in spite of these risks.

Initial

Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release Nuhop and its members, trustees, officers, employees, independent contractors, and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily or psychological injury, loss of life, or personal property that may occur as a result of participating in this program.

Initial

Optional:

I grant Nuhop and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in promotional materials they may create.

Initial

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

Participant Signature

Participant Age

Parent/Guardian Signature

Date



Nuhop Transportation Permission

Child: _____

Session Dates: _____

I give permission for my child/charge (“child”) to be transported in a motor vehicle to an event on the dates indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult counselors.

I have read, understand, and discussed with my child that:

- 1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety belt while traveling;
- 2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- 3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- 4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Nuhop, its Board of Trustees and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child’s behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Teacher/Counselor Questionnaire

Dear Teacher/Counselor,

Thank you for taking a moment to fill out this questionnaire. The Nuhop Center, home of Camp Nuhop, provides a week-long residential summer experience for children with learning differences. Our mission is to create a safe, nurturing, dynamic learning environment where people are empowered to succeed. At Camp Nuhop, children with special needs will find a place where individuality is appreciated. This questionnaire is an important part of providing a successful week of adventure, fun, and friendship.

I am completing this form regarding: _____
Student's Name

1.) In what capacity do you know the above student?

Teacher Counselor Intervention Specialist Social Service Provider

2.) Student's Diagnosis? Please check all that apply:

ADD ADHD ED/BD CD LD OCD ODD PDD-NOS PTSD

RAD SLD Anxiety Asperger's Autism Bi-polar

Other, Please Explain: _____

3.) Student's school placement? Please check all that apply:

public school regular classroom public school regular classroom with tutoring/inclusion

public school self-contained classroom day treatment program homeschooled

private/charter school: please explain: _____

other: please explain: _____

4.) Three ways your student is successful:

1. _____
2. _____
3. _____

5.) We require that campers be able to take care of themselves with minimal help. To your knowledge, is this child capable of this? _____ If no, please explain: _____

6.) To your knowledge does this student have issues with authority _____ If yes, please explain: _____

7.) Does this student have behavioral issues? _____ If yes, please explain: _____

8.) If you answered yes to the above question, please explain what strategies are used to successfully deal with those behaviors.

9.) Do you feel that this student will be successful with a 3:7 staffing ratio? _____ If no, please explain:

10.) Please use the space below to share any other information you feel would be beneficial to the staff in providing your student with the most successful camp experience.

Name (Please Print)

Title/Position

Please send additional information about Camp Nuhop to give to other students

Name _____

Address _____

I would like _____ copies of the summer camp brochure.

Please mail this completed form to:

Nuhop
1077 Township Rd 2916
Perrysville, Ohio 44864

If you would like to know more information about Camp Nuhop, please:

Visit our website: www.nuhop.org

Or

Call our camp office: 419-938-7151