



Home of Camp Nuhop

Serving Children with Learning Differences

For Over 40 Years

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 attention deficit, learning disabilities, high-functioning autism spectrum disorder, mood disorders, and other neurotypical children will find a place where individuality is appreciated. This application is the first step toward a week of adventure, fun, and friendship.

Should you have any questions or concerns regarding Camp Nuhop, please use one of the following contacts:

Office phone: (419) 938-7151

Office Email: info@nuhop.org

Web Site: www.nuhop.org

**Please mail the completed application
to our camp office, located at:**

Nuhop

1077 TWP Rd 2916

Perrysville, OH 44864

Important Information and Reminders

This page is intended to be used as a continuous reference. Please keep for your records.

Saturday June 1st, 2019- Orientation Day

- **Presentation 1:** 10:00 A.M. – 11:30 A.M.
- **Presentation 2:** 12:30 P.M. – 2:00 P.M.
- **Presentation 3:** 2:30 P.M. – 4:00 P.M.

Session Dates for Summer 2019

- **Orientation Day:** June 1
- **Session 1:** June 9 - 14
- **Session 2:** June 16 – June 21
- **Session 3:** June 23 – June 28
- **Session 4:** July 7- July 12
- **Session 5:** July 14 – July 19
- **Session 6:** July 21 – July 26

Orientation day, scheduled for Saturday June 1st, is for first-time campers and families.

The purpose of orientation day is to familiarize newcomers with the Nuhop staff, program, and facilities. Campers and siblings get the opportunity to meet counselors and other campers, and parents have the chance to ask any and all questions they have following a short presentation by the Summer Camp Directors. Attendance is highly recommended, and beverages and snacks are provided. Please sign up for the presentation time you are most likely to attend on the “Session and Camp Signup” page.

Each session begins on Sunday and ends on Friday. Please use the following schedules to determine arrival and departure times for each week-long camp session.

Sunday (First day of session)

Please arrive during the following check-in times:

- **All Camps:** 2:00 P.M. – 4:30 P.M.

Friday (Last day of session)

- Arrive between 10:00 A.M. – 10:30 A.M.
- Awards program begins at 10:30 A.M.
- Departure by 11:30 A.M.

Out-of-State Families: Please contact the office if you need to arrange airport transportation.

Please use the following address for directions to Orientation Day and Summer Camp Sessions:

Camp Nuhop
1077 Township Road 2916
Perrysville, OH 44864

Application and Payment Process

Application Process:

1. Please read through the entire application carefully.
2. Choose which session and camp you wish to attend.
3. Send in completed pages with your \$150.00 deposit.
4. Have a teacher or counselor complete and mail the questionnaire.

Payment Process:

1. Send in \$150.00 deposit with the completed application. You may also pay in full at this time.
2. If you prefer to make installments, you may use the following timeline:
 - Deposit is still due with the application.
 - Half of the balance is due on or before May 15th.
 - The remainder is due on or before June 5th.
3. You may pay by cash, check, or credit card.
4. Your session must be paid in full in order to attend camp.
5. The refund policy can be found on page 11.

After receiving the Application and Deposit we:

1. Send a postcard telling you we have received your application and deposit, along with confirmation of reserved session and camp choice.
2. Postcards will be sent out every Thursday, starting the second week of February.
3. The first week of May we will send a packet of information that includes:
 - a) Another Information and Reminders Page.
 - b) A "What to Bring" List
 - c) A map with directions to camp

For any application received after May 1, we will only send out the packet of information, but we will include confirmation of reserved session and camp choice.

Financial assistance and Scholarship information

- Financial aid is available for those in need of financial assistance.
- Scholarships through Nuhop can only be considered for up to half of tuition and the percentage of tuition covered will depend on financial need as determined by the financial aid packet.
- The \$150.00 deposit is not covered by the scholarship and must be included with the application.
- Please contact the Nuhop office or check the scholarship information box on page 4 to receive a financial aid packet.

If you have any questions, please contact the Nuhop Office at (419) 938-7151

Please mail application and deposit to:

Nuhop

1077 TWP 2916

Perrysville, OH 44864

Camper's Information

Full Name: _____

Address: Street _____

City, State, Zip: _____

County: _____

Phone: (_____) _____ - _____

Age: (When attending camp) _____ Grade: _____

Birth Date: _____

Sex: Male Female

Shirt Size (circle one:) **YS YM YL AS AM AL AXL A2XL**

How did you find Camp Nuhop? _____

Attended Camp Nuhop in the past: Yes No

I would like to receive a scholarship packet: Yes No

Parent/Guardian Information

Mother/Guardian Name:	Father/Guardian Name:	Emergency Contact Name/Relation
<p>_____</p> <p>Address (If different from above)</p> <p>Street _____</p> <p>City _____ State _____</p> <p>County _____ Zip _____</p> <p>Phone (_____) _____ - _____</p> <p>Email _____</p>	<p>_____</p> <p>Address (If different from above)</p> <p>Street _____</p> <p>City _____ State _____</p> <p>County _____ Zip _____</p> <p>Phone (_____) _____ - _____</p> <p>Email _____</p>	<p>_____</p> <p>Phone (_____) _____ - _____</p> <p>Name/Relation _____</p> <p>_____</p> <p>Phone (_____) _____ - _____</p>

For Office Use Only

Application Rec'd _____

Health form Rec'd _____

Date Postcard Sent _____

Date Packet Sent _____

Session ____ Camp _____

Session ____ Camp _____

Photograph yes no

Financial Records

_____ Early Bird Savings

Deposit Rec'd _____/_____

P1) \$ _____/_____

P2) \$ _____/_____

P3) \$ _____/_____

P4) \$ _____/_____

Organization/Agency: _____

Please address all questions concerning this camper to: _____ Mother _____ Father

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

All questions need to be answered for the application to be processed and your child to be enrolled in camp.

To Complete this sheet:

1. Please label first (1) and second (2) choice of session and camp on the line provided.
2. First year campers please check the Orientation Day box accordingly.
3. Out-of-state campers please check the last box accordingly.
4. Programs are listed by camp, age, and cost (**please make sure you are choosing a camp that is age appropriate.**)
5. You may only sign up for **2 sessions**. If you would like to apply for more than two sessions, it **must** be approved by the summer director.

<p>Session 1: June 9-14, 2019</p> <p><input type="checkbox"/> Exploration (6-7) \$850</p> <p><input type="checkbox"/> Traditional (8-18) \$850</p> <p><input type="checkbox"/> Crusoe (13-17) \$900</p> <p><input type="checkbox"/> Expedition (18+) \$1,000</p> <p><input type="checkbox"/> Sports (10-12) \$1,000</p> <p>Session 2: June 16-21, 2019</p> <p><input type="checkbox"/> Traditional (8-18) \$850</p> <p><input type="checkbox"/> Art & Music (14-18) \$1,000</p> <p><input type="checkbox"/> Animal Encounters I (8-10) \$1,000</p> <p><input type="checkbox"/> Animal Encounters II (11-13) \$1,000</p> <p><input type="checkbox"/> Aqua (15-18) \$1,000</p> <p><input type="checkbox"/> 2 Week Walkabout (13-18) \$2,250 (June 16-28)</p> <p>Session 3: June 23-28, 2019</p> <p><input type="checkbox"/> Traditional (8-18) \$850</p> <p><input type="checkbox"/> Science (8-10) \$1,000</p> <p><input type="checkbox"/> Backpacking (14-18) \$1,000</p> <p><input type="checkbox"/> Sports (13-17) \$1,000</p> <p><input type="checkbox"/> Leadership (16-18) \$850 <i>*By Invitation Only</i></p> <p><input type="checkbox"/> Haunted Ohio (14-17) \$1,000</p>	<p>Session 4: July 7-12, 2019</p> <p><input type="checkbox"/> Exploration (6-7) \$850</p> <p><input type="checkbox"/> Traditional (8-18) \$850</p> <p><input type="checkbox"/> Leadership (15-18) \$850 <i>*By Invitation Only</i></p> <p><input type="checkbox"/> Lake Erie (14-18) \$1,000</p> <p><input type="checkbox"/> Western (13-16) \$1,000</p> <p>Session 5: July 14-19, 2019</p> <p><input type="checkbox"/> Traditional (8-18) \$850</p> <p><input type="checkbox"/> Science (11-13) \$1,000</p> <p><input type="checkbox"/> Animal Encounters (14-17) \$1,000</p> <p><input type="checkbox"/> Caves & Climbing (14-18) \$1000</p> <p><input type="checkbox"/> 2 Week Walkabout (13-18) \$2,250 (July 14-26)</p> <p><input type="checkbox"/> National Trip (16-18) \$2,250 (July 14-26)</p> <p>Session 6: July 21-26, 2019</p> <p><input type="checkbox"/> Traditional (8-18) \$850</p> <p><input type="checkbox"/> Science (14-17) \$1,000</p> <p><input type="checkbox"/> Expedition (18+) \$1,000</p> <p><input type="checkbox"/> Art & Music (11-14) \$1,000</p>
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<p>First Year Families:</p> <p>Orientation day will be on Saturday June 1st we STRONGLY encourage you to attend.</p> <p><input type="checkbox"/> Yes, we will attend presentation 1 10:00-11:30 A.M.</p> <p><input type="checkbox"/> Yes, we will attend presentation 2 12:30-2:00 P.M.</p> <p><input type="checkbox"/> Yes, we will attend presentation 3 2:30-4:00 P.M.</p>	<p>Out-of-State Families:</p> <p><input type="checkbox"/> My child will need transportation to and/or from the airport (\$75 each way.)</p> <p>Stay Between:</p> <p><input type="checkbox"/> My child will need to stay the weekend between two sessions (\$275)</p> <p>Sessions: _____</p>
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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

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.

REFUND POLICY: Deposits are non-refundable once the camper is accepted. Full tuition is due by the 5th of June. Should you not make this final payment, your child may be unenrolled from camp. If you register later than the deadline, payment is due two weeks prior to the start date to retain a spot. Cancellations will be refunded (**minus the deposit**) at the following rate:

100% Refundable or credited **until** April 1, 2019

75% Refundable or credited **until** May 15, 2019

50% Refundable or credited **after** May 15, 2019

In order to receive a refund, you must cancel two weeks before your child is set to arrive at camp.

There is no refund for campers who are discharged early.

BILLING POLICY:

May 15, 2019: Half of balance due.

June 5, 2019: Remaining balance due.

If payment is not received, I understand that I forfeit the right for my child to attend camp.

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

Please Sign:

X _____

Relationship to Participant: _____

Date: _____

**The Nuhop Center for Experiential Learning,
The Home of Camp Nuhop,
Presents...**

We would love to talk to you!

If you belong to a school, agency, or organization that would like to learn more about The Nuhop Center and our summer programs at Camp Nuhop, we would love to send one of our staff members to speak with you! We would be delighted to meet with potential campers, their parents, and teachers to describe our unique program. Please contact the office to set up a time (419) 938-7151.

We would love to save you some money!

Early Bird Special

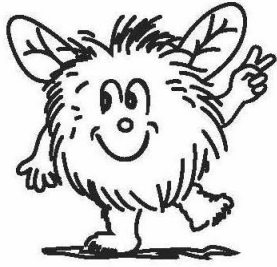
Application must arrive by April 15, 2019.

\$25.00 off



We would love to save you some money. It's easy.

Just check the box labeled "Early Bird Savings" on the Application and get it to us by April 15, 2019!



**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-contain 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