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 competed application to our camp office, located at:

Nuhop
1077 TWP Rd 2916
Perrysville, OH 44864
Join us this year for Zoom Info Sessions!

Thursday
March 11, 2021
7:00 PM EST

Thursday
April 8, 2021
7:00 PM EST

Session Dates for Summer 2021

- **Session 1:** June 13\(^{rd}\) – June 18\(^{th}\)
- **Session 2:** June 20\(^{th}\) – June 25\(^{th}\)
- **Session 3:** June 27\(^{th}\) – July 2\(^{nd}\)
- **Session 4:** July 4\(^{th}\) - July 9\(^{th}\)
- **Session 5:** July 11\(^{th}\) – July 16\(^{th}\)
- **Session 6:** July 18\(^{th}\) – July 23\(^{rd}\)
- **Trailblazers Camp:** July 11\(^{th}\) – July 18\(^{th}\)
- **Horizon Quest Camp:** June 20\(^{th}\) – July 2\(^{nd}\)
- **Horizon Quest Camp:** July 11\(^{th}\) – July 23\(^{rd}\)

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)**
- **CHECK-IN TIMES WILL BE DETERMINED BY YOUR CHILD’S TRIBE**

Families are to remain in their vehicles during check-in. Staff members will come to assist you.
Further instructions and your check-in time will be outlined in your Family Welcome Packet.

**Friday (Last day of session)**
- **PICK-UP TIMES WILL BE DETERMINED BY YOUR CHILD’S TRIBE**

Families are to remain in their vehicles during pick-up. Staff members will come to assist you.
Further instructions and your pick-up time will be outlined in your Family Welcome Packet.

Please use the following address for directions to 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 $250.00 deposit.
4. Have a teacher or counselor complete and mail the questionnaire.

Payment Process:

1. Send in $250.00 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 10th.
   • The remainder is due on or before June 4th.
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 April 30th, 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 $250.00 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
Application- Please Complete and Mail

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: ________________________________

Address (If different from above)
Street ________________________________

City__________ State ________

County _________ Zip __________

Phone (_____)__________-______________________________

Email____________________________

Father/Guardian Name: ________________________________

Address (If different from above)
Street ________________________________

City__________ State ________

County _________ Zip __________

Phone (_____)__________-______________________________

Email____________________________

Emergency Contact

Name/Relation
______________________________

Address
______________________________

City__________ State ________

County _________ Zip __________

Phone (_____)__________-______________________________

Email____________________________

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
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.

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.

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. Programs are listed by camp, age, and cost (please make sure you are choosing a camp that is age appropriate.)
3. 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.

<table>
<thead>
<tr>
<th>Session 1: June 13-18, 2021</th>
<th>Session 4: July 4-9, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuhop Jr. A (6-8, 6/13-6/15) $450</td>
<td>Nuhop Jr. A (6-8, 7/4-7/6) $450</td>
</tr>
<tr>
<td>Nuhop Jr. B (6-8, 6/16-6/18) $450</td>
<td>Nuhop Jr. B (6-8, 7/7-7/9) $450</td>
</tr>
<tr>
<td>Traditional [Magic &amp; Mystery] (8-18) $1,050</td>
<td>Traditional [Magic &amp; Mystery] (8-18) $1,050</td>
</tr>
<tr>
<td>Animal Encounters (8-12) $1,200</td>
<td>Mixed Media (12-15) $1,200</td>
</tr>
<tr>
<td>Science (11-14) $1,200</td>
<td>Wilderness Survival (13-17) $1,200</td>
</tr>
<tr>
<td>Art &amp; Music (14-18) $1,200</td>
<td>Aqua (14-18) $1,200</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Session 2: June 20-25, 2021</th>
<th>Session 5: July 11-16, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional [Amazing Race] (8-18) $1,050</td>
<td>Traditional [Amazing Race] (8-18) $1,050</td>
</tr>
<tr>
<td>Farm Camp (8-12) $1,200</td>
<td>Science (14-18) $1,200</td>
</tr>
<tr>
<td>Leadership (15+) $1,050 *By Invitation Only</td>
<td>Expedition (18+) $1,200</td>
</tr>
<tr>
<td>Expedition (18+) $1,200</td>
<td>Trailblazers Camp (13-17, 7/11-7/18) $1,500</td>
</tr>
<tr>
<td>Horizon Quest Camp (14-17, 6/20-7/02) $2,600</td>
<td>Horizon Quest Camp (14-17, 7/11-7/23) $2,600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 3: June 27- July 2, 2021</th>
<th>Session 6: July 18-23, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional [Full STEAM Ahead] (8-18) $1,050</td>
<td>Mini Camp (8-12, 7/21-7/23) $450</td>
</tr>
<tr>
<td>Science (8-10) $1,200</td>
<td>Traditional [Full STEAM Ahead] (8-18) $1,050</td>
</tr>
<tr>
<td>Drama &amp; Art (11-15) $1,200</td>
<td>Art &amp; Music (8-12) $1,200</td>
</tr>
<tr>
<td>Wilderness Survival (10-14) $1,200</td>
<td></td>
</tr>
</tbody>
</table>

**First Year Families:**

Orientation day isn’t traditionally occurring this year due to COVID-19. Because of this we ask that you reach out to us at the office in order to set up a time for a one-on-one meeting with one of our camp directors. Please give us a call at 419-938-7151 to schedule your meeting.
Application - Please Complete and Mail

1. Child’s Diagnosis: Please check all that apply.
   _____ ADD  _____ ADHD  _____ CD  _____ LD  _____ OCD  _____ ODD
   _____ PTSD  _____ RAD  _____ Anxiety  _____ 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?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
What are two realistic goals you would like to see your child accomplish at camp?

A) ____________________________________________________________

B) ____________________________________________________________

8. 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: ____________________________________________________________

9. Does your child wet the bed?  
   Yes  No 
   If yes, how often? ____________________________________________________________

10. Is your child an extremely early riser?  
    Yes  No 

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

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

13. What tends to upset your child?
    ____________________________________________________________
    ____________________________________________________________

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

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

16. 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:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

17. Has your child spent any time in a mental health facility?  
Yes  No  
If yes, please describe the circumstances:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

18. Does your child have any history of inappropriate sexual behavior?  
Yes  No  
If yes, please describe the behavior and how you address it:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

19. To your knowledge, has your child been a victim of sexual abuse?  
Yes  No  
If yes, please provide some insight:

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

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

22. 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.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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

   Yes                                          No

24. 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

25. 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:

Students participating in Nuhop programming present a broad range of behaviors and challenges. Generally speaking, Nuhop uses a multi-tiered approach in dealing with all behaviors at camp. Nuhop is not a treatment program; however, we work to build skills and provide each participant with the opportunity to engage, participate, and grow as an individual. While Nuhop staff are trained in dealing with students exhibiting severe acting out behaviors, we use these methods (i.e. physical restraint) as a last resort and only when the camper is a threat to themselves or others.

Nuhop reserves the right to discharge any camper who is threatening to themself or others. 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 attempts. Parents will have 8 hours to retrieve their child once notified of discharge.
CONDUCT AND DISCIPLINE POLICY: Camp Nuhop (“Camp”)

Thank you for considering Camp Nuhop for your child. It is our intention to provide your child with a fun, safe, and secure environment. In order to ensure the quality of this program and the safety of all the campers, each participant must follow program expectations. Every parent/guardian is required to read the following information to his/her/their camper and sign and return the conduct Discipline Policy Form to camp. (This must be on file prior to the start of camp).

Campers are encouraged to practice those social skills that will allow them to resolve conflicts and meet their needs without the use of harmful or destructive behaviors. When disciplinary situations occur that require intervention, camp staff will provide the camper with clear explanations as to why a specific behavior is inappropriate. They will then help him/her/them find alternative behaviors that fit within the camp guidelines of appropriate behavior. These guidelines prioritize the safety and well-being of all members of Camp Nuhop.

STAGES OF MANAGEMENT AT CAMP NUHOP

The management procedures at Camp Nuhop are based upon a three-tiered system that begins with self-management of behaviors by the individual camper. It is our hope that the camp activities and events will serve as a self-motivating environment for each camper, making any external control unnecessary. This tier is considered a “universal” management plan for all campers. We consider all campers/students to be Tier One students until behaviors indicating otherwise are observed.

Tier One- Camper Expectations

Be Kind- Being kind to everyone is the first and most important expectation we have at Camp Nuhop. Bullying, fighting, or teasing of any kind is not acceptable.

1. **Be Truthful**- It is the expectation of all campers to always be honest with each other. Counselors expect this from campers, and campers can expect this from all staff members.

2. **Show Respect**- We will always show respect to all campers at Camp Nuhop. It is expected that campers will show respect in return and to each other. This includes, but is not limited to refraining from using profanity, not intentionally disrupting programs or activities, and not stealing or damaging Camp Nuhop property or the property of other campers.

3. **Be Safe**- The woods can be a dangerous place. Please listen and follow all staff directions and guidance as it is designed to keep all members of the Camp Nuhop community safe.

4. **Be Positive** – Remain positive and supportive throughout the week. Support your friends and encourage them. Be a light to others.
A great deal of time is spent on planning a week at camp that is specifically designed for your student/camper. The staff at Camp Nuhop provide a week of fun activities and events that are designed to engage your student/camper, challenge them, and build their self-esteem. A detailed and well-planned schedule for the entire week will be developed and documented prior to the camper’s arrival and leave flexibility to meet your camper’s developing needs. This program planning is considered the core of tier one management. Initial programming will focus on building rapport with counselors and the community within the group. We believe that building rapport between campers and counselors is vital in engagement and behavior management. Failsafe activities will also be developed to avoid “dead time” at camp and to maximize engagement as much as possible.

**Tier Two - External Guidance and Intervention**

Upon the occasion when a camper chooses not to engage appropriately or follow Camp expectations, the following protocol will be followed:

1. **Warning and reminder of expectations/ “Stop and Think”** - if the camper is able to resume following expectations, the incident and the management moment is over.

2. **If the camper does not choose to follow expectations after this warning**, he/she/they will be asked to take a break from the group/activity to reflect on appropriate choices. When the camper is ready, a counselor will invite the camper to help determine how to prevent similar situations in the future and how to rejoin their community appropriately.

3. **If the camper does not choose to follow expectations after this break**, an immediate and reasonable consequence will be given, and a discussion with their counselor(s) will occur. This may include time away from the group, lost time from a preferred activity, or making amends to the community/community members their behavior impacted. A counselor will again invite the camper to help determine how to prevent similar situations in the future, make better choices, how to rejoin their community appropriately, and discuss what supports their counselors can provide to foster success.

4. **If this type of behavior becomes chronic during the week**, the leadership team will be made aware, and an intervention plan will be developed by the counselors and leadership member(s), with input from the camper when possible, with the goal of maximizing positive engagement, teaching the missing skills necessary for the camper to self-monitor and regulate his/her/their own behavior, and rebuilding damaged relationships. This plan will be documented in the camper’s paper file.

5. **If the camper is unsuccessful in following expectations consistently after the intervention has been tried**, the camper’s situation will again be discussed with members of the leadership team and a “modified intervention” will be developed. Continued processing with the camper will occur with all counselors and the leadership team to assist the camper in learning and understanding why these interventions are necessary. These efforts should continue during the week with increasing external control being implemented with each iteration of the intervention. Documentation of behaviors observed and interventions developed will be provided and noted in the camper’s file.
It is our goal to provide a fun and safe week at camp for everyone. It is our experience that some campers need a bit more structure and external control placed upon them in order to feel safe enough to engage in camp activities and enjoy themselves. Some campers need less. Counselors and camp staff will try to provide the appropriate level of control or freedom the camper needs to fully engage and have fun at camp.

Tier Three - Physical Crisis Intervention/ Protocol for Removal.

Our main concern is to provide a safe and fun environment at camp and to ensure the care, welfare, and safety of all members of the Nuhop community. Camp staff have been trained and certified by the Crisis Prevention Institute and have been trained in both verbal de-escalation and non-violent crisis intervention techniques.

If a camper demonstrates that his/her/their behavior has become personally threatening or a threat to others, the following procedures will be followed:

1. Utilization of the Non-Violent Crisis Intervention De-Escalation procedures will be utilized in an effort to de-escalate the camper’s behavior prior to any physical intervention. Documentation required.
2. If the camper becomes a threat to him/herself/themself or others, then and only then will camp staff physically intervene with a child. The last resort will be physical intervention and it will only be utilized if the camper is a threat to him/herself/themself or others. Documentation required.
3. All physical incidents will be resolved by the counselor with the most rapport with the camper, if possible. If the situation is deemed safe for de-briefing, a plan will be developed by staff members as discussed in the tier two steps above. Documentation required.
4. All incidents will be documented by all staff members involved and submitted to the director via a digital incident report. These reports will be stored for future reference.
5. The director or director on duty will directly notify parents or guardians to relay the information to parents regarding the physical intervention. Directors must decide whether or not it is safe for this camper to continue as a camper for the week. In making this decision, the staff involved must consider the care, welfare, and safety of all other campers and staff. The final decision rests with the director or acting director of camp. If a camper who has needed to be physically restrained is allowed to stay at camp, a behavioral plan must be developed and implemented showing how this type of behavior by the camper will be proactively managed and what future consequences will be utilized for the remainder of the session.
6. If a camper cannot safely stay at camp, the camper may be dismissed from camp. Care and safety of everyone are the criteria used for this judgment. If they are dismissed there needs to be documentation and justification for removal. Campers may also be dismissed from camp for violating any camp policies, engaging in sexual conduct, possessing or using illegal drugs, alcohol or tobacco, or misusing prescription drugs. Prorated refunds not available upon dismissal.
REFUND POLICY:

$150.00 of the $250.00 deposit and 100% of the credit card fees are non-refundable once the camper is accepted. Full tuition is due by the 4th 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 $150 of the deposit and any credit card fees) at the following rate:

- 100% Refundable or credited until April 1st, 2021
- 75% Refundable or credited after April 1st and until May 15th, 2021
- 50% Refundable or credited after May 15th and until June 4th, 2021

Cancellations after June 4, 2021 will not be refunded, but can be credited to a later session or next summer.

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:

- June 4th, 2021: 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: ____________________
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 15th, 2021.

$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 15th, 2021!
Health Form

Camp Nuhop

Camper’s Full Name: 

Date of Birth: 

Parent/Guardian: 

Phone Number: (_____) 

Address: 

________________________

General Health

_____ / ____ Asthma
_____ / ____ Ear Infections
_____ / ____ Seizures
_____ / ____ Chicken Pox
_____ / ____ Measles
_____ / ____ Mumps
_____ / ____ Other 

Allergies

_____ / ____ Hay Fever
_____ / ____ Insect Stings
_____ / ____ Latex
_____ / ____ Penicillin
_____ / ____ Poison Ivy
_____ / ____ Other 

Food Allergies

_____ / ____ Dairy
_____ / ____ Gluten
_____ / ____ Peanuts
_____ / ____ Tree Nuts
_____ / ____ 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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time Given</th>
<th>Length of time camper has been stable on medication</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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)
- Ibuprofen (Advil, Motrin)
- Diphenhydramine (Benadryl)
- Pepto- Bismol
- Caladryl
- Hydrocortisone 1% Cream
- Topical Antibiotic Cream
- Gold Bond Powder
- Antacids
- 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 it 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    ___CD    ___LD    ___OCD    ___ODD    ___PDD-NOS    ___PTSD
   ___RAD    ___SLD    ___Anxiety    ___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: nuhop.org  Or  Call our camp office: 419-938-7151