



22242 Bay Shore Road | Chestertown, MD 21620-4407 USA
Phone: 410-778-0566 | Fax: 410-778-0567
fairlee@esdel.org | www.campfairlee.com
Federal ID: 51-0066728

Application Check List Instructions

To ensure a successful application process please make sure you have completed all sections. Please remember that once your application is received it must be processed and approved before your camper is accepted. Everything with **RED HEADERS** is required for processing/acceptance. The application will **NOT** be processed until it is completed in its entirety. Thank you.

- ☐ Participant Information
- ☐ Emergency Contacts
- ☐ Choose Sessions and Dates (maximum of three sessions per camper)
- ☐ Payment Information
- ☐ Waiver and Release signed and dated
- ☐ Participant Health Information
- ☐ Program Information
- ☐ Additional Information
- ☐ Letter of Intent (if an agency is paying)

Easterseals Camp Fairlee staff continue to monitor the conditions of the pandemic and the guidance as provided by the American Camp Association, the Centers for Disease Control and the Department of Public Health. During peak COVID periods, we may require that campers mask and be able to physically distance, if needed. Given that conditions of the pandemic continue to evolve, our procedures for keeping everyone safe will continue to evolve as well. We will send a copy of our safety procedures to all camp registrants as we work through the registration process and get closer to Camp Season 2023.

Thank you and be well.

Please mail back entire application book intact. DO NOT TAKE APART. Thank you.



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Before sending the application form, please ensure you have included the following:

- Page 1-8 completed (application will not be processed until all parts are completed)
 - Signed Waiver and Release (page 4)
 - \$100 deposit to process

Participant Information (Please print clearly or type)

First Name: Last Name: ☐ New Participant ☐ Returning Participant

Physical Address:

City: State: Zip: County:

Mailing Address: (if different than above)

City: State: Zip: County:

Birthday: Age:

Male/Female: Height: Weight:

Ethnic Origin: (optional - please check one) ☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other

☐ Parent ☐ Guardian ☐ Care Provider ☐ Case Manger Information (Please check one)

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

E-Mail:

Best form of contact: ☐ Phone ☐ E-mail Are you in or have served in the military? ☐ Yes ☐ No

How did you hear about us? ☐ Print ad ☐ Internet ☐ Resource Fair ☐ Social Media ☐ Friend ☐ Past Camper

Emergency Contacts (Please provide all three)

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

Referral Information (for camper interview)

Name of Teacher/Caseworker/Coordinator: _____

Agency: _____

Address: _____

Phone: _____

Payment Information and Options (MUST be completed and signed. Please check all that apply)

- ☐ Choice 1: Full Payment enclosed
☐ Choice 2: \$100 deposit enclosed (for each session choice)
☐ Choice 3: Paying by credit card (Visa/MasterCard/Discover/American Express-Please call with card information.)
☐ Choice 4: Paying balance monthly
☐ Choice 5: Autism Waiver (A copy of your Plan of Care must be submitted to Camp with number of hours needed.)

Amount Enclosed: \$ _____ Balance left to be paid: \$ _____

Name of Individual responsible for payments/balance: _____

E-Mail of Individual responsible for payments/balance: _____

Signature of individual responsible for payments/balance: _____

If a funding source is paying your deposit and/or balance, a **LETTER OF INTENT** must be completed and on file

☐ Choice 6: Balance to be paid by an agency or organization. \$ _____

☐ Choice 7: Deposit and balance to be paid by an agency or organization. \$ _____

Please complete the information below for Option 6 and 7.

Agency/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Name: _____ Contacts E-Mail: _____

Waiver and Release (MUST have a signature in order to process the application)

This document must be signed by either the participant and or the parent or legal guardian if applicable. All references to the participant include the parent or legal guardian.

As a condition of participation in the summer camp program, the participant agrees to the following:

Participant acknowledges that a wide variety of activities will be conducted, including swimming, challenge course, and waterfront. Participant acknowledges that some of the activities may subject him/her to certain stresses and hazards, not all of which can be foreseen. Participant desires and consents to take part in all such activities unless otherwise indicated in writing prior to the summer camp program. Participant assumes all the risks incident to the nature of the activities to be conducted and agrees that neither Easterseals Delaware Maryland's Eastern Shore, Inc., nor any of its representatives shall be held responsible for any damages or injuries resulting to the participant in the program. In the event the program staff determines that the participant cannot meet the program eligibility requirements, the participant may be dismissed. Supervision and transportation resulting from dismissal of such participant are the responsibility of the participant.

Participant understands that Easterseals and its representatives are not responsible for loss or damage to the personal property and possessions of the participant. **Participant** is liable for any damage to the property of Easterseals resulting from the acts of the participant.

Participant consents to the use of any film/photographs/video taken during the program, whether for advertising, social media, promotion, and/or publicity purposes by Easterseals unless otherwise indicated in writing prior to the program. The participant waives all claims of compensation for such use.

Permission is granted for participant to attend all program field trips. Participant acknowledges that transportation may be provided for program-related purposes in a vehicle provided by Easterseals and its representatives. It is the participant's responsibility to adhere to all safety requirements (using seat belts and remaining seated).

Participant represents that all of the information provided in this application, including the health forms, is true and correct and that Easterseals and its representatives have full right and authority to rely on the information contained therein. Participant further recognizes that Easterseals and its representatives reserve the right to reject any participant in the event of the failure or refusal of the participant to accurately complete and sign all of the required documents.

I have read and fully understand the program details, waiver, and release.

Signature of Parent/Guardian _____ Date: _____

Signature of Participant (if over 18 years of age): _____ Date: _____

2023 Summer Camp Dates

Sessions are organized according to age.
Please check the session or sessions the participant wishes to attend.

Summer Camp Session

June 25 - 30 2023 (6 Day) <input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice	Olympics Session	<input type="checkbox"/> \$2000(3:1) <input type="checkbox"/> \$3300(1:1) <input type="checkbox"/> MD Autism Waiver (82hrs)
July 2 - 13, 2023 (12 Day) <input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice	Mission Impossible Session	<input type="checkbox"/> \$3300(3:1) <input type="checkbox"/> \$6500(1:1) <input type="checkbox"/> MD Autism Waiver (165hrs)
July 16-21, 2023 (6 Day) <input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice	Super Hero Session	<input type="checkbox"/> \$2000(3:1) <input type="checkbox"/> \$3300(1:1) <input type="checkbox"/> MD Autism Waiver (82hrs)
July 23 - August 3, 2023 (12 Day) <input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice	Going to the Grammy's Session	<input type="checkbox"/> \$3300(3:1) <input type="checkbox"/> \$6500(1:1) <input type="checkbox"/> MD Autism Waiver (165hrs)
August 6-11, 2023 (6 Day) <input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice	Under the Sea Session	<input type="checkbox"/> \$2000(3:1) <input type="checkbox"/> \$3300(1:1) <input type="checkbox"/> MD Autism Waiver (82hrs)
August 13-18, 2023 (6 Day) <input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice	Color Me Happy Session	<input type="checkbox"/> \$2000(3:1) <input type="checkbox"/> \$3300(1:1) <input type="checkbox"/> MD Autism Waiver (82hrs)
August 20-27, 2023 (8 Day) <input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice <input type="checkbox"/> 3rd Choice	Around the World Session	<input type="checkbox"/> \$2700(3:1)only

Please Note:

In order to accommodate as many applicants as possible, Easterseals reserves the right to limit the number of sessions a camper attends. Please indicate your 1st, 2nd and 3rd choice of sessions.

Thank you for your understanding as we try to support all campers.

Ratio Descriptions

1:1 Ratio

This ratio applies to participants who needs constant, close supervision and individual assistance, such as:

- Verbal prompts
- Reminders, gestures, schedules
- Hand-over-hand assistance during their daily schedule meals & morning/night routines
- Participants can be ambulatory or use a wheelchair
- They may bear weight or need full assistance from staff, such as a 1/2/3 person transfer or Hoyer lift.
- Total assistance with bathing, toileting, and brushing teeth
- Poor balance

This also applies to a participant that has a history or current history of disruptive behaviors:

- Elopement
- Non-compliance
- Inappropriate behavior
- Sleeping issues or any behavior that could be considered disruptive to self or others.
- Participants who do not attend planned camp activities on a regular basis.

This ratio also applies to participants who require hourly health services:

- Such as tube feedings
- Overnight tube feedings or other health treatments that must be given by nurse periodically through the day.

3:1 Ratio

This ratio applies to participants who are typically independent or need minimal assistance from staff such as:

- Verbal prompts
- Reminders, or gestures during their daily camp schedule
- Participants must and ambulatory and/or use a wheelchair independantly.
- Must be able to transfer independently or with minimal assistance.
- Participants must also follow directions from their assigned staff on a regular basis.
- They must participate in activities on a regular basis with no disruptive behaviors.
- No assistance with bathing, toileting, and brushing teeth.

***While participants select a ratio on the application, Easterseals Camp Fairlee reserves the right to modify this based on the interview process or previous camp experience.**

PARTICIPANT INFORMATION

Participant Information (Please print clearly or type)

Name:	Last Name:	Nickname:
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Disability Information (Please check the primary and underline all the apply)

<input type="checkbox"/> Speech-language <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Visually impaired <input type="checkbox"/> Breathing treatment <input type="checkbox"/> Peripheral Nerve Injury/Disorder <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Central Nervous System Injury/Disorder <input type="checkbox"/> Stroke <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Head Injury <input type="checkbox"/> Spinal Cord Injury	<input type="checkbox"/> Neurological Condition(s) at Birth <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Spinal Bifida <input type="checkbox"/> Social/Psychological <input type="checkbox"/> Autism <input type="checkbox"/> Behavior <input type="checkbox"/> Alcohol/Drug Disorders <input type="checkbox"/> Psychosis <input type="checkbox"/> Learning/Developmental Delay <input type="checkbox"/> Intellectual Disability Level: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe/Profound	<input type="checkbox"/> Attention Deficit Disorder <input type="checkbox"/> Orthopedic Impairments at Birth <input type="checkbox"/> Postural Disorders <input type="checkbox"/> Heart, Circulatory, Respiratory <input type="checkbox"/> Asthma <input type="checkbox"/> Skin and Cellular Tissue Disorder <input type="checkbox"/> Allergic/Metabolic/Nutritional <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Diabetes <input type="checkbox"/> PICA <input type="checkbox"/> Other Disabilities (please list) _____
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General Background (Please check at that apply)

Communication <input type="checkbox"/> Speaks Clearly <input type="checkbox"/> Uses Sign Language <input type="checkbox"/> Speaks, but may be difficult to understand <input type="checkbox"/> Uses communication board or iPad <input type="checkbox"/> Gestures <input type="checkbox"/> Other: _____ Language Spoken/Understood: _____	Vision <input type="checkbox"/> Normal <input type="checkbox"/> Mild/moderate loss <input type="checkbox"/> Severe/total loss <input type="checkbox"/> Wears corrective lens Hearing <input type="checkbox"/> Normal <input type="checkbox"/> Mild/moderate loss <input type="checkbox"/> Severe/total loss <input type="checkbox"/> Wears hearing aids Sleeping <input type="checkbox"/> Bed Rails <input type="checkbox"/> Uses CPAP machine	Mobility <input type="checkbox"/> Walks independent entirely <input type="checkbox"/> Walks with assistance <input type="checkbox"/> Walks with cane/crutches/walker <input type="checkbox"/> Walking ability affected, but walks independently <input type="checkbox"/> Uses wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Uses AFO's
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Personal Care (Please check all that apply and provide a complete description if participant requires assistance)

Task	Independent	Requires Some Assistance	Requires Total Assistance	Description of Assistance Needed
Dressing				
Showering				
Toileting				
Teeth Brushing				
Shaving				
Menstruation				
Transferring				

Bladder control ☐ Normal ☐ Has accidents ☐ Incontinent ☐ Wets bed
Bowel control ☐ Normal ☐ Has accidents ☐ Incontinent ☐ Colostomy
Aids used (check all that apply) ☐ Diapers ☐ Bedpan ☐ Urinal ☐ Toilet chair
Eating Assistance ☐ No assistance ☐ Partial assistance ☐ Total assistance ☐ Can feed self finger foods ☐ G Tube ☐ Uses straw

What adaptive devices are used for eating? (must be sent to camp) _____

Does participant have difficulties swallowing? ☐ Solids ☐ Liquids

Does participant have any known food allergies or problems with foods? _____

PROGRAM INFORMATION

Horseback Riding: The program is held at Worthmore Farms, a KART riding center accredited by the Professional Association of Therapeutic Horsemanship (PATH). Instruction is provided under the direction of a PATH certified therapeutic riding instructor. All riders use a leader and side walkers.

Swimming: Swimming is a lifeguard supervised activity. All lifeguards are American Red Cross certified on a yearly basis that covers, CPR, First Aid & AED, and Lifeguard certification. Participants who are unable to swim, must wear life jackets and all campers must pass a swim test to be able to swim in the deep end.

Challenge Course: A Challenge Course program is accredited through ACA and ACCT. Inspections are conducted annually on all equipment and the tower. Staff participates in yearly training. Participants are required to have upper body and head control to participate. Our challenge course is based on freedom of choice and is a program for all abilities.

Canoeing: Canoeing is a certified lifeguard activity. All lifeguards are CPR, First Aid certified, as well as trained canoeing instructors. Participants must have upper body and head control to participate.

Transportation: Camp Fairlee transports all participants by bus to waterfront and horseback riding activities. All buses are inspected on a routine basis.

Hiking: The trails at Camp Fairlee are flat and not strenuous: It is a 1 mile hike, and appropriate shoes are required. All hiking activities are supervised.

Hayrides and Campfires are weekly program activities. All participants have the option of participating.

Activity Restrictions (All activities are accessible for people with disabilities.)

A wide variety of programs are offered at Camp Fairlee, including those listed below. Please indicate which activities the participant should or should not engage in.

Activity	OK To Participate	CANNOT Participate	Comments
Horseback Riding			
Swimming			
Challenge Course			
Canoeing/Kayak			
Transportation			
Hayrides			
Hiking			
Campfire			

Does your camper need to wear a life jacket to swim? Yes ☐ No ☐

[illegible]

ADDITIONAL INFORMATION

Has the participant previously attended a residential camp? ☐ Yes ☐ No

If yes please answer the following questions:

Which camp(s)?: _____

Was it a positive experience? ☐ Yes ☐ No

If no, please explain: _____

Does the participant follow direction? ☐ Yes ☐ No ☐ Occasionally

If no or occasionally, please explain: _____

Does the participant have any behaviors of which the staff need to be aware of? ☐ Yes ☐ No

If yes, please explain: _____

Are there key actions, words, or phrases used to stop behavior and redirect? ☐ Yes ☐ No

If yes, please explain: _____

Is a behavior management plan currently being used with participant? ☐ Yes ☐ No

If yes, please send a copy with the application. Easterseals prohibits most restrictive behavior intervention techniques. Acceptance will be based on our ability to follow plans within agency policies.

Does the participant sleep through the night? ☐ Yes ☐ No

Does the participant fall out of the bed? ☐ Yes ☐ No

Does the participant get up and move about in the middle of the night? (go to the bathroom, drink a water) ☐ Yes ☐ No

If yes, please explain: _____

Please list any strong fear(s) the participant may have: _____

Please list any activities the participant especially dislikes: _____

Please list any activities the participant especially enjoys: _____

Please use this space for any other information you feel would be helpful in providing the best experience for the Participant:

2023 Schedule and Descriptions

This is yours to keep

June 25-30, 2023: (6 days) [Olympic Week:](#) (Youth/Adult) Come kick off camp this summer with Olympic week, where campers can use motor skills by participating in our specialized program sports and games, water games, obstacle courses and more. As well as traditional camp activities like arts and crafts, swimming, horseback riding, challenge course, canoeing, photography, campfires, hayrides and much more.

July 2-13, 2023: (12 days) [Mission Impossible Week:](#) (Youth/Adult) Get ready for a session where the camper can use logical thinking plus problem solving skills to uncover “mysteries” and discover hidden treasure hunts, participate in escape rooms and become expert explorers with code names. As well as traditional camp activities like arts and crafts, swimming, horseback riding, challenge course, canoeing, photography, campfires, hayrides, and much more.

July 16-21, 2023: (6 days) [Super Hero Week:](#) (Youth/Adult) We are all super hero’s at Camp Fairlee, this session is an opportunity for the camper to join us in preforming arts as they take on the role of their very own super hero. As well as traditional camp activities like arts and crafts, swimming, horseback riding, challenge course, canoeing, photography, campfires, hayrides, and much more.

July 23- August 3, 2023: (12 days) [Going to the Grammy’s Week:](#) (Youth/Adult) A session where the camper explore their talents plus creative skills with singing, preforming in our talent show, playing games like “ name that tune” and expressing their musical interest. As well as traditional camp activities like arts and crafts, swimming, horseback riding, challenge course, canoeing, photography, campfires, hayrides, and much more.

August 6-11, 2023: (6 days) [Under the Sea Week:](#) (Youth/Adult) Highlighting our pool, “ Under the Sea Week” is filled with water games, ice slushies and all things water. As well as traditional camp activities like arts and crafts, swimming, horseback riding, challenge course, canoeing, photography, campfires, hayrides, and much more.

August 13-18, 2023: (6 days) [Color Me Happy Week:](#) (Youth/Adult) A session that explores the campers favorite color through games as well as a color walk/run 1K down the camp lane. As well as traditional camp activities like arts and crafts, swimming, horseback riding, challenge course, canoeing, photography, campfires, hayrides, and much more.

August 20-27, 2023: (8 days) [3:1 ONLY Around the World Week:](#) (Youth/Adult) In this session our staff who are from around the world have the opportunity to introduce the campers to their very own culture through music, dance, food, history and language. Traveling the world with the camper will be such a delight. As well as traditional camp activities like arts and crafts, swimming, horseback riding, challenge course, canoeing, photography, campfires, hayrides, and much more.



LETTER OF INTENT FOR FUNDING



INSTRUCTIONS FOR FAMILIES AND CARE PROVIDERS

If you are requesting funding from an agency or organization, this form must be completed and returned to the administrative coordinator at Easterseals Camp Fairlee as soon as possible, to secure a place and official enrollment at camp.

Complete **Section One** and contact your community agency/organization/community navigator providing funding towards your fee, before sending this form to the appropriate contact person, who will complete **Section Two**.

Your agency/organization may return the form to you or send it directly to the camp. If it is returned to you, please ensure you send the form back to the administrative coordinator at Easterseals Camp Fairlee. rbizzard@esdel.org

SECTION ONE (to be completed by family/care provider)

Name of participant requesting funding: _____

Address: _____

Camp session dates: _____ Funding requested: \$ _____

PLEASE NOTE: THE DEPOSIT OR ANY REMAINING BALANCE OF THE OVERALL FEE, WHICH WILL NOT BE COVERED BY THE AGENCY/ORGANIZATION, MUST BE PAID **NO LATER THAN JUNE 1ST**. FAILURE TO PAY THE REMAINING BALANCE (IF ANY) WILL RESULT IN THE LOSS OF YOUR PLACE AT CAMP.

INSTRUCTIONS FOR AGENCIES AND ORGANIZATIONS

For the participant to secure a place and official enrollment at camp, this form must be completed. By doing so, your agency or organization is agreeing to provide funding for the participant named above, who is scheduled to attend Easterseals Camp Fairlee during the time frame listed.

Complete **Section Two** and return this form directly to the administrative coordinator at Easterseals Camp Fairlee, or back to the family.

SECTION TWO (to be completed by agency/organization authorizing payment)

Agency/Organization: _____ Funding authorized: \$ _____

Address: _____

Contact person: _____ Phone: _____

E-Mail: _____

Signature: _____ Date: _____

PLEASE NOTE: PAYMENT FROM THE AGENCY/ORGANIZATION MAY BE RECEIVED AFTER THE SERVICE, PROVIDED THAT THE LETTER OF INTENT FOR FUNDING IS ON FILE. THIS MUST BE COMPLETED AND SIGNED AS AN AUTHORIZATION OF PAYMENT.

☐ Payment is enclosed ☐ Please send invoice before session ☐ Please send invoice after session

Checks can be made payable to:
Easterseals of Delaware and Maryland's Eastern Shore

AGENCIES AND ORGANIZATIONS SUCH AS YOURS ARE VITAL IN HELPING PEOPLE WITH DISABILITIES ENJOY THE INDEPENDENCE THAT SUMMER CAMP EXPERIENCES PROVIDE. ON BEHALF OF THOSE WE SERVE, EASTERSEALS CAMP FAIRLEE THANKS YOU FOR YOUR SUPPORT.