

Southampton Fresh Air Home

36 Barkers Island Road, Southampton, New York 11968

Camp Phone: (631) 283-1594

Camp Fax: (631) 283-1620

dbillingham@sfah.org

www.sfah.org

October 28, 2009

Dear Parents,

Summer 2009 was another great success. The wonderful weather, the fabulous activities, the great trips, it was an amazing summer filled with wonderful memories. Our campers were again able to enjoy swimming, beach trips, parties, sports, and so much more. All set against the backdrop of our wonderful new bunks!

This fall also bought more of our new 'mini-camp' sessions. Small groups of campers come to camp for a weekend of fun that includes many of the traditional summer activities along with a few of the specialties that the East End can offer with the season. So far this fall we have been able to run three sessions and campers have enjoyed fireside nights at the beach, a trip to the Aquarium and a very fun afternoon of pumpkin picking! We are currently making plans for other weekends and shall be sure to update you once we have definitive dates. In the meantime please feel free to contact me if you would like more information.

This fall we are also busy planning for summer 2010. All of your input from the camper/parent surveys has been greatly appreciated and we look forward to developing your suggestions. For this summer we will once again have three sessions—two 21-day sessions and one 8-day session. Our 8-day program will focus on campers who have never been to camp. However, as in the past, we will include a few returning campers in each bunk during this short session.

Enclosed you will find a new application, a guide to completing it, and some general information for our first-time campers and their parents. Please do not send any money with this application. If you have any questions, please do not hesitate to give me a call.

I look forward to seeing each and every one of you next summer. Until then, have a great school year!

Sincerely,

David Billingham
Camp Director

Southampton Fresh Air Home 2010 Season Camper Application

General Information

Southampton Fresh Air Home is a residential camping program serving youth with physical challenges. The dates for the summer 2010 program are as follows:

- First Session: Sunday, June 27th- Saturday, July 17th (21 days)**
- Second Session: Wednesday, July 21st - Wednesday, July 28th (8 days)**
- Third Session: Sunday, Aug 1st - Saturday, August 21st (21 days)**

Session 2 is primarily for children who have never been to camp. However, it is open to all applicants. All three sessions serve both boys and girls.

Financial Information

- 2010 camp fees: \$2,600 for new campers and \$2,300 for returning campers for three week sessions, and \$900 for all campers for the eight-day session.
- The Southampton Fresh Air Home is committed to providing a wonderful camping experience to any child who can benefit from its programs. All families requiring financial aid must complete an application for aid, and submit a recent year's federal tax return. Financial aid awards will be made on or before May 17.
- Parents/guardians of children accepted will be expected to apply for other scholarships/financial assistance suggested by the Southampton Fresh Air Home.

Application Guidelines

- More and more children are applying to camp each year, so submit applications as early as possible. We consider only non-financial information in making acceptance decisions. No child will be denied camp acceptance based on race, religion, or ability to pay.
- The application form allows you to choose sessions in an order of preference. It is very difficult for us to give an applicant two sessions prior to camp. Occasionally there are last minute openings, which a camper who wishes two sessions may fill.
- All applicants must submit a \$60 non-refundable deposit with their acceptance form, to hold their place at camp. Please do not submit this with this application. If your child is accepted you shall receive confirmation from the camp, along with a deposit request.
- All camp applications are dated as they are received in our camp office, and assignments are made on a first come, first served basis.

New Applicants

- New applicants are strongly advised to complete and send the application and consent forms as quickly as possible. Applicants will be processed on a first-come, first-served basis.
- If you would like to visit us before your child comes to camp, please contact the camp office. We are open for visits all year round, or you can visit a session before your child's arrival. We would love to show you our camp!
- Please submit a photograph of your child taken within the past six months.
- New applicants must complete a consent form allowing us to visit your child at his/her educational program to talk to professionals and take a photograph. If you have some short footage of your child it would be very helpful to include this with your application. Often being able to see a child's range of motion, speech etc answers many of the questions we need to answer and can help us greatly in finding out more about your child.

While Camp Is in Session

- There is a Visitors' Day in the middle of each three-week session, when immediate family members may come to the camp and have lunch with their child. There are no visitors allowed at the camp except on Visitors' Day.
- Campers may not have cell phones at camp. We follow the same policy as most children's camps regarding phone calls: no phone calls are allowed between campers and their families, except for emergencies. Campers whose families cannot come to the camp on Visitors' Day will have access to telephones to speak with their parents that day.
- Campers receive mail daily, and have access to e-mail programs several times a week. Family members may send e-mail messages to campers at any time, through the camp office; these are distributed to campers daily at breakfast.
- Parents may call the camp office at any time during their child's stay at SFAH. A staff member who knows your child will be available, or will return your call within a few hours, to answer your questions.
- Parents or a designated, responsible adult must be reachable by phone at all times during a child's stay at SFAH, so that we may call with questions or in case of an emergency. A parent/guardian should be available to be on-site at camp on short notice and we do not suggest that you plan a vacation during your child's stay at camp.
- On the last day of camp, all children must be picked up by a parent or a designated, responsible adult. If anyone other than a parent is to pick-up a camper, this must be arranged in writing with camp personnel ahead of time.

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Enrollment for Summer Camp 2010

****New applicants please include a photo of your child from the past 6 months****

Camper's name _____ / _____ / _____
First name M.I. Last name

He/she likes to be addressed as: _____ Birth date: ____/____/____

Male ___ Female ___ Age on July 1, 2010 Years _____ Months _____

Camp dates: Please number sessions in order of preference: (1st, 2nd & 3rd)

Session 1 (ages 10-18): ____ **Sun June 27- Sat July 17** (21 days)

Session 2 (ages 8-18): ____ **Wed July 21 – Wed July 28** (8 days)

Session 3 (ages 8-16) ____ **Sun Aug 1 – Sat Aug 21** (21 days)

-----**Father's** (or guardian's) information-----

Name _____

Home address _____

City _____ State _____

Zip/Country _____

Home phone _____

Email _____

Cell phone _____

Relationship to camper:

Father

Legal guardian

-----**Mother's** (or guardian's) information-----

Name _____

Home address _____

City _____ State _____

Zip/Country _____

Home phone _____

Email _____

Cell phone _____

Relationship to camper:

Mother

Legal guardian

Name of person completing this form if different from parent: _____

Relationship to camper: _____ Tel: (_____) _____

If parents are divorced or separated:

a) Who has legal custody of the child? _____

b) Does anyone have restricted access to the child? _____

c) To whom should camp mailings/billings be sent? _____

Where does the camper regularly live?

() with biological family; () with a relative; () with an adoptive family; () with a foster family

School information:

School: _____ Tel:(_____) _____
Address: _____ City: _____ State: _____ Zip: _____
Teacher: _____ Grade: _____

School type:

- Special education facility only
- Mainstream education facility
- Mainstream school w/special education classes

Does your child have an aide while at school? Yes _____ No _____

Please list *two* people we may call for information about your child: **One must be a teacher:**

Name: _____ Relationship: _____ Tel: (_____) _____
Name: _____ Relationship: _____ Tel: (_____) _____

Camp experience:

Has your child attended the Southampton Fresh Air Home before? Yes _____ No _____

If yes please list summers attended: _____

Has your child attended any other camps? Yes _____ No _____

If yes, what camp and for how long? _____

Did your child have any problems at camp? Yes _____ No _____

If yes, please describe _____

How did you hear about The Southampton Fresh Air Home? _____

Transportation:

The Southampton Fresh Air Home is only able to provide limited transportation. Please request help only if you have no alternative way of transporting your child to camp.

I will provide my child's transportation to camp..... () Yes () No

I cannot send my child to camp without help with transportation..... () Yes () No

My child will need to stay in his/her wheelchair during transportation..... () Yes () No

I will need additional luggage space (second chair, medical equip etc)..... () Yes () No

Medical information

Medical diagnosis: Please mark all that apply

- Cerebral Palsy Spina Bifida Muscular Dystrophy Learning Disability
Autism Mental Retardation (mild/moderate/profound) Other (specify)
-

Primary Care Physician: _____

Tel: _____ Fax #: _____

Is medication taken regularly? Yes No **If yes, please complete:**

Medication name	Dosage	Times given	Reason

Continue on reverse if necessary.

Is there a special way to administer medicine? Yes No

Does your child have any allergies? (food/meds) Yes No

If yes please describe:

Does your child require an epi-pen for any allergies? Yes No

Has your child ever had a seizure? Yes No

If yes, when was the last seizure? _____

Has your child ever been diagnosed with a seizure disorder? Yes No

How frequently do the seizures occur?

Has your child had surgery or been admitted to hospital in the past 6 months?

Yes No

If yes, please describe _____

Are there any physical restrictions due to this admission?

General physical care information: (please check all that apply)

Appearance Height _____ Weight _____

Mobility

- Walks freely
- Walks with difficulty/using aids
- Uses wheelchair sometimes
- Uses wheelchair full-time

Mobility Aids

- Manual Wheelchair
- Electric Wheelchair
- Electric Scooter
- Walker

Wheelchair Type: _____

Orthopedics

- Crutches, type _____
- Prostheses, type _____
- Braces, type _____

How often are braces worn? _____

My child will bring to camp:

- Manual Wheelchair
- Electric Wheelchair
- Electric Scooter
- Walker

The company that provides service for my child's wheelchair is:

Company name: _____ Tel: (____) _____

Regular technician: _____ Account name: _____

Describe the help needed in the following activities:

Dressing:

- Needs no help
- Needs some help (please describe)
- Must be dressed (please describe)

Bathing:

- Needs no help
- Needs some help (please describe)
- Must be bathed (please describe)
- Needs shower chair (please describe)

Transferring:

- Needs no help
- Needs some help (please describe)
- Must be transferred (please describe)

Communication: Mark all that apply:

Speech:

- No problems
- Some speech problems
- Hard to understand
- Non-verbal (Please explain how your child communicates their needs.)

Uses communication aid

Type: _____

Will your child be bringing a communication aid to camp?

- Yes
- No

Toileting

Please mark all that apply

- Independent
- Needs some help
- Needs total help
- Bowel incontinent
- Bladder incontinent
- Wears diapers for trips
- Wears diapers-all the time
- Wears diapers-night time only
- Needs suppositories
- Needs transferring to toilet
- Maintains a bowel program
- Bedwetting

Please describe all marked:

Needs to be catheterized

- Needs help catheterizing
- Self-catheterizes

Please describe your child's catheterizing program, including times.

Eating:

Please mark all that apply

- No help needed
- Some help
- Needs to be fed
- Needs food cutting
- Needs food blending
- Uses special utensils
- Special Diet (vegetarian, kosher etc)
- Tube Fed**

Please explain any boxes marked

Other Physical Care Information

Vision:

- No problem
- Legally blind
- Wears glasses

Please describe when your child wears glasses.

Hearing:

- No problem
- Hearing impaired
- Wear hearing aids. Type _____
- Deaf

Sleeping:

- No Problem
- Some Problems
- Has Trouble falling asleep
- Wakes Early (before 6am)
- Makes Noise
- Requires Turning
- Uses Bedrails
(Please only request bedrails if your child uses them at home.)

Please explain any boxes marked:

Behavioral Information

Hits/Bites/Attacks others:

- Never
- Sometimes (please explain)
- Often (please explain)

Self destructive:

- Never
- Sometimes (please explain)
- Often (please explain)

Tantrums:

- Never
- Sometimes (please explain)
- Often (please explain)

Destroys property:

- Never
- Sometimes (please explain)
- Often (please explain)

Runs away:

- Never
- Sometimes (please explain)
- Often (please explain)

Hyperactive:

- Never
- Sometimes (please explain)
- Often (please explain)

Please provide any further information that you feel would be useful for the camp. Include descriptions of any family/school issues that we should be aware of:

Therapy information

Please list any therapists that your child has seen within the past 2 years

- | | | |
|---|---|--|
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Counselor | <input type="checkbox"/> Social Worker |

Please describe counseling or any therapy services your child receives:

(The Camp does not supply PT services although if your child requires PT while at camp please contact us for names of local therapists that you may contract with independently. There is a private space at the camp for campers and their physical therapists for treatment).

Insurance information:

Camper is covered by: _____

If accepted you will be required to submit a Xerox copy of current insurance card and prescription medication card.

Fees:

Nonrefundable deposit: \$60 (due after a camper is accepted)

Tuition for Session 1: \$2300 for returning campers and \$2600 for new campers. (Due May 3)

Tuition for Session 2: \$900 for all campers (Due May 31)

Tuition for Session 3: \$2300 for returning campers and \$2600 for new campers. (Due June 14)

The Southampton Fresh Air Home has a financial aid program. Please contact David Billingham for further information at (631) 283-1594. You do not need to submit a financial aid application with this application. Financial aid applications will be mailed once a camper has been accepted into camp.

All the information provided by me, or any other person, on this form is true, accurate and complete to the best of my knowledge. If I am asked, I agree to give proof that any information is correct.

PRINT Camper's name

SIGNATURE of camper if 18yrs+

PRINT name of parent/guardian

SIGNATURE of parent/guardian

IMPORTANT

If your child is accepted you will be sent a packet that will include the following:

- Legal Forms (to be notarized)
- Camper Physical (to be dated after Jan 1, 2010)
- Financial Aid application (if applicable)

All paperwork is subject to submission dates. Your child's place at camp is not guaranteed unless we receive all paperwork by the stated deadlines.

Please do not send any money with this application

All new applicants please complete page 11.

Please take a moment to share The Southampton Fresh Air Home with a friend. If you or your child knows anyone who should learn about SFAH, please write their names and addresses below. We will promptly send them information. Thank you.

Name: _____

Name: _____

Address: _____

Address: _____

Tel: _____

Tel: _____

Southampton Fresh Air Home
A Camp for Physically Challenged Children
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Camp Phone: (631) 283-1594

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Website: www.sfah.org

E-Mail: dbillingham@sfah.org

Dear Parent/Guardian:

It is the policy of the Southampton Fresh Air Home to observe all new children who are applying to camp, whenever possible. We like to visit the school/program and talk to teachers involved with your child. The school legally needs your consent for this visit allowing us to view the files and take a photo. Please complete the form below and submit it with the application.

SFAH will schedule visits directly with your child's school.

Sincerely,

David Billingham
Camp Director

TO WHOM IT MAY CONCERN:

(Child's name)

has applied to the Southampton Fresh Air Home summer residential camp. Part of the application process involves the Director, or other camp personnel, observing my child, talking to educators, and other individuals involved with the care of my child.

I hereby give my permission for this visit, access to relevant files, and photo if necessary.

Signature

Date