

## **CAMP SHAMROCK 2021**

Dear Parent/Guardian:

We are so glad to be able to offer camp this year. We know the past year has been a challenge and are excited to see our campers again! As you are aware things will look a little different this year due to the pandemic, but it will still be the same camp, just with a few adjustments. Attached is the 2021 Camp Shamrock Application Packet. Below is some information pertaining to this year's recreation camp. **Please read through as there are some changes for this year.**

- **WE WILL ONLY BE ABLE TO SCHEDULE A CERTAIN NUMBER OF CAMPERS EACH DAY BASED ON THE COVID-19 GUIDELINES.** The camp is staffed and designed on a 5 day week. Campers can attend the program for any part of the session. Activities are based on your camper attending that day of the week. If you have questions regarding scheduling, please call me @ 874-5686 to discuss the situation.
- **THERE ARE A LIMITED NUMBER OF SPOTS AVAILABLE DUE TO COVID-19 RESTRICTIONS.** Due to the covid-19 guidelines we cannot guarantee all the days you request on the application. We will do our best to make sure each camper gets an opportunity to attend camp. Please complete the following registration forms accurately and completely and return them as soon as possible. The quicker an application is received, the sooner it can be reviewed. **Applications will be returned if not fully completed.**
- **THE DEADLINE FOR APPLICATIONS IS MAY 10, 2021 – DUE TO THE LIMITED SPACE APPLICATIONS MUST BE IN BY THIS DATE.**
- **Unfortunately, there will be no swimming this year as our pool is closed due to the pandemic.**
- **NOTICE-** Please note that if your camper needs additional assistance to support physical, medical, and/or behavioral needs, an aid, TSS, or nurse **must** be present at all times with your camper. We are a recreational camp. If your camper needs one on one staffing and you are unable to provide that staff, they will not be able to attend camp. This has been put into place to ensure the safety of your camper, as well as all of the other campers. We apologize for any inconvenience this may cause.
- **Applications will be accepted based on whether the camp is an appropriate match for the camper. You will be notified of your camper's acceptance.**
- **As always, our main priority is the safety of the campers. All covid-19 protocols and guidelines will be followed. Sanitizing will occur frequently throughout the day. Masks or face shields will be required.**

The 2021 Camp season will run June 28<sup>th</sup> through August 6<sup>th</sup> (We will be closed July 5<sup>th</sup>). The hours of operation are 9:00 am to 2:00 pm. However, due to transportation arrangements, your camper may arrive later than 9:00 am and return home earlier than 2:00 pm. Unfortunately, transportation arrangements vary from camper to camper and are available to children who are school-aged and reside within the Erie City School District boundaries. If your child has been approved for the Extended School Year Program, your individual school district may provide the transportation to camp. Some campers may also be able to be transported if they are set up with the EMTA Lift. **IF YOUR CAMPER IS RIDING THE LIFT, WE ASK THAT YOU PLEASE HAVE THEM ARRIVE ON THE EARLIER LIFT RATHER THAN THE LATER LIFT. SOME CAMPERS MISS AN HOUR OF CAMP IF THEY RIDE THE LATER LIFT. YOU MUST SCHEDULE AND CONFIRM YOUR CAMPERS TRANSPORTATION.**

### **CAMPERS MUST BRING THEIR LUNCH FROM HOME ON A DAILY BASIS.**

Camp Shamrock is staffed with a team that consists of a site supervisor, recreation leader, and recreation aides, We look forward to having you back at Camp Shamrock! Should you have any questions, please feel free to contact us at 814-874-5686 or 814-878-4088.

Sincerely,

Sara Kimmy,  
Camp Shamrock Supervisor

&

Jackie Zacherl,  
Director of Family Focused Services

## 2021 Camp Shamrock Camper Checklist

Camper Name: \_\_\_\_\_

Please answer the following questions and return with your 2021 camp application. If you are unsure of a response or our camper needs assistance in an area of the question, please respond No and you may explain underneath or on the back if you'd like.

1. Can your camper independently use the restroom?    Yes    No
  
2. Can your camper independently eat lunches and snacks (not including the opening of items)?    Yes    No
  
3. Does your camper need one on one assistance (Tss, other staff, etc.) for certain tasks throughout the day (such as eating, walking, toileting, behaviors, etc)?    Yes    No
  
4. Can your camper verbalize wants and needs clearly to staff?    Yes    No
  
5. Does your camper have behaviors that we will need to be aware of?    Yes    No
  
6. Does your camper have difficulties with new people or situations?    Yes    No
  
7. Has your camper attended a camp before?    Yes    No
  
8. Does your camper like to participate in group activities?    Yes    No
  
9. Does your camper adjust well to a change in schedule?    Yes    No
  
10. Can your camper follow directions with prompting?    Yes    No
  
11. Can your camper wear a mask or face shield?    Yes    No

I attest that the above information is accurate to the best of my knowledge.

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Parent/Guardian Signature & Date

**Barber National Institute**  
**FAMILY SUPPORT SERVICES – CAMP SHAMROCK**  
**100 Barber Place**  
**Erie, Pennsylvania 16507**

Camper Name: \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please indicate which week(s) you prefer and number the weeks in order of preference 1-6.** First choice should be marked with a "1". If there is a week your camper will only be attending a few days, please make a note next to that week. **Please note that some weeks may be full and are not guaranteed. Camp availability will be limited each day in order to follow the Covid-19 guidelines. You will receive a confirmation letter with the weeks and days that your camper is signed up for.**

Week #1	June 28 - July 2, 2021	5 days	_____
Week #2	July 6 - July 9, 2021	4 days (Holiday)	_____
Week #3	July 12 - July 16, 2021	5 days	_____
Week #4	July 19 - July 23, 2021	5 days	_____
Week #5	July 26 - July 30, 2021	5 days	_____
Week #6	Aug 2 - Aug 6, 2021	5 days	_____

Total number of weeks requested: \_\_\_\_\_

Please indicate your method of payment. Please note the cost of camp is \$300 per week. Scholarships may be awarded to qualifying campers if available. Contact Jackie for more information 814-878-4088.

FSS Annual Allocation \_\_\_\_\_

Family \_\_\_\_\_

BNI Agency with Choice (Waiver) \_\_\_\_\_

(Must be enrolled in Agency with Choice in order for camp to be paid through it)

Other (Specify name & billing address) \_\_\_\_\_

Please indicate other summer services received:

Extended School Year \_\_\_\_\_

Other, please specify \_\_\_\_\_

\_\_\_\_\_

How will your camper be transported to and from camp? School Bus Lift Parent Other:\_\_\_\_\_

## 2021 CAMP SHAMROCK APPLICATION

**Please respond to every question. Incomplete forms will be returned for completion.**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parents/Guardians Name(s): \_\_\_\_\_

1: Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2: Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Other identifying marks: \_\_\_\_\_

T-Shirt size: Youth SM Youth M Youth L Adult SM Adult M Adult L Adult XL Adult XXL

Diagnosis: \_\_\_\_\_

School Attends (If Any): \_\_\_\_\_

Name of 1<sup>st</sup> Emergency Contact (not the parent/guardian): \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name of 2<sup>nd</sup> Emergency Contact (not the parent/guardian): \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

### Medical Records:

**Can your camper self-administer medications?** Yes \_\_\_ No \_\_\_

**Did you camper receive the Covid-19 Vaccine?** Yes \_\_\_ No \_\_\_ (This does not disqualify a camper from attending camp if no)

Please note that the nurse at the main center must administer any medications if the camper is not able to self-administer. Campers are not always at the main center, which may cause a delay in the time a medication is administered.

Medications: It is imperative that you send all medications in original pharmacy containers. The label must read: pharmacy name, address & phone number; the camper's name for whom the prescription was issued; name of medication; count of medication; and physician's name. Please list all medications currently being taken and include any special instructions for administration. If none taken, write "None".

Medication Name	Dosage	Administration Times	Reason

**Allergies:** Please include any and all allergies or allergic reactions your camper currently has or has had in the past.

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Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

Recent Hospitalization (dates & reason): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Seizure Disorder (type & frequency). Please describe any predictors or warning signs and what to do if one should occur.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General information relating to behavior & self-help skills: Describe degree of independence or areas needing assistance. Please be specific.**

**Walks Independently:** Yes or No    **Utilizes wheelchair:** Yes or No

**Utilizes any adaptive devices to assist with walking or speech:** Yes or No If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

Toileting (If needs assistance, please list how): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dressing/Undressing (If needs assistance, please list how): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eating/Feeding (If needs assistance, please list how): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verbal skills/Communication (If needs assistance or a communication device, please list how): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any Behavior Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any Sensory Concerns or Sensitivities (If Any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pool information: We would like to know more about your camper while they are swimming. Such as: are they able to be in the deep end, do they feel more comfortable with a flotation device, do they need help changing for the pool, etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



FAMILY SUPPORT SERVICES  
PERMISSIONS/CONSENTS

I hereby give permission for my son/daughter \_\_\_\_\_ to receive emergency treatment by a doctor or emergency room personnel while he/she is under the supervision of the Barber National Institute/Camp Shamrock program.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I give permission for the following over-the-counter medications to be given, by the camp nurse or camp staff, to my son/daughter should the need arise.

**Pepto-Bismol:** Yes \_\_\_ No \_\_\_

**Tylenol:** Yes \_\_\_ No \_\_\_

**Bug Spray:** Yes \_\_\_ No \_\_\_

**Allergy Relief (such as Benadryl):** Yes \_\_\_ No \_\_\_

**Sunscreen:** Yes \_\_\_ No \_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I give permission for nursing staff and camp staff to administer the following: First Aid treatments, medications prescribed by consulting physicians, baths if needed.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I relieve the Barber National Institute/Family Support Services program and staff of responsibility for any injuries which may occur while my son/daughter is at Camp Shamrock.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I give permission for my son/daughter to engage in all camp activities. If there are any exceptions, please list.

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I give permission for my son/daughter to attend and participate in **ALL CAMP SHAMROCK FIELD TRIPS**. Some possible destinations include but are not limited to: Erie Zoo, Erie Parks, Blasco Library, Presque Isle, UPMC Ball Park, Asbury Woods, Bowling, Sarah's, Tom Ridge Environmental Center, Putt-Putt Golf, and Millcreek Mall while following covid-19 guidelines. **If there are any exceptions, please list:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## AUTHORIZATION FOR PUBLICITY RELEASE

There are occasions when the Barber National Institute is given opportunities for coverage by the media. We also have occasions for our clients to participate in our own marketing activities. These media and marketing activities may involve newspapers, magazines, television, advertisements, internal publications, videos and DVD promotional pieces, as well as our own web site. We refer to these media and marketing outlets as "Media and Publicity Outlets" and include members of the media, advertising agencies and our own staff.

We are proud to share information about our accomplishments with the community, but we are also sensitive to the possibility that our clients or their personal representatives may not want to participate in activities involving Media and Publicity Outlets. Therefore, we are requesting that you make your wishes known on this subject by completing this form and returning it to us.

If you consent to participate in activities involving Media and Publicity Outlets, you may revoke this authorization at any time by notifying us in writing, except to the extent that action has already been taken in reliance on this authorization. This authorization expires when revoked in writing by you. You may refuse to sign this authorization and your refusal will not affect the ability to obtain treatment or payment or eligibility for benefits. Any information about you released in connection with your participation in Media and Publicity Outlets can be republished by the recipient and is no longer protected by federal or state law. Some of our marketing activities may result in our receipt of direct or indirect remuneration.

**Name of Individual:** \_\_\_\_\_

\_\_\_ I give my permission to be photographed and/or videotaped for purposes of participation in Media and Publicity Outlets described above.

\_\_\_ I give my permission to be interviewed for purposes of participation in Media and Publicity Outlets described above.

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Individual) (Parent/Guardian/Advocate)

\_\_\_\_\_ OR \_\_\_\_\_

\_\_\_ I do NOT wish to participate in the Media and Publicity Outlets described above.

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Individual) (Parent/Guardian/Advocate)