



Dear Parent/Guardian:

Attached is the 2017 Camp Shamrock Application Packet. **WE WILL BE SCHEDULING CAMPERS FOR WEEK SESSIONS ONLY.** The camp is staffed and designed on a 5 day week. Activities are based on your child attending each day of the week. If there are extenuating circumstances prohibiting your child from attending full weeks, please call me @ 878-5931 to discuss the situation. Please indicate which week(s) you are interested in for your child. Spaces will be granted on a first come, first serve basis. Please complete the following registration forms and return as soon as possible. **The deadline is May 12, 2017.**

Camp will run June 26 thru August 4, 2017. The hours of operation are 9:00 am to 2:00 pm. However, due to transportation arrangements, your child may arrive later than 9:00 am and return home earlier than 2:00 pm. Unfortunately, transportation arrangements vary from child to child 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. **BROWN BAG LUNCHES MUST BE BROUGHT FROM HOME ON A DAILY BASIS.**

The cost of camp will be \$300/week. FSS families please contact Cheryl in the FSS office @878-5931 to discuss the use of FSS allocation funds. Please be advised that your child would only be able to attend camp for the number of weeks available with his/her FSS funds unless private pay arrangements have been discussed/approved for any additional days. There are a limited number of scholarships available to campers. Scholarships would be granted on a first come, first serve basis. Campers must commit to full week attendance (5 days).

Camp Shamrock is staffed by trained Recreation Aides, Certified Pool Instructors and Professional Supervisors. We look forward to another great year of camping at Camp Shamrock! Should you have any questions, please feel free to contact Cheryl @ 878-5931.

Sincerely,

Cheryl A. Bilski,
Family Support Specialist

Enclosures

Barber National Institute
FAMILY SUPPORT SERVICES
100 Barber Place
Erie, Pennsylvania 16507

Camper Name: _____

Parent/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".

Week #1	June 26 - 30, 2017	5 days	_____
Week #2	July 3- July 7, 2017	4 days (Holiday)	_____
Week #3	July 10 - July 14 2017	5 days	_____
Week #4	July 17 – July 21, 2017	5 days	_____
Week #5	July 24 – July 28, 2017	5 days	_____
Week #6	July 31-August 4, 2017	5 days	_____

Total number of weeks requested: _____

Please indicate your method of payment. Remember cost of camp is \$300/week.

FSS Annual Allocation	_____
Family	_____
BNI Agency With Choice (Waiver)	_____
Other (Specify name & billing address)	_____

Please indicate other summer services received:

Extended School Year	_____
Other, please specify	_____



2017 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: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Sex: _____ Race: _____ Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____ Other identifying marks: _____

T-Shirt size: youth sm youth med youth lg adult sm adult med adult lg adult xlg adult xxlg

Diagnosis: _____

School Attends: _____

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

Utilizes any adaptive devices to assist with walking: Yes or No

Name of Emergency Contact (**not the parent/guardian**): _____

Phone: _____ Relationship to camper: _____

Medical Records:

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; date filled; name of medication; strength and count of medication; physician's name; number of refills and/or expiration date. 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 medications (prescription & non-prescription), food or other and the reactions involved. _____

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.

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

Toileting: _____

Dressing/Undressing: _____

Eating/Feeding (type of formula, amount, time, bolus or continuous): _____

Verbal skills/Communication: _____

Likes/Dislikes: _____

Behavior Concerns: _____



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, to my son/daughter should the need arise.

Pepto-Bismol: Yes ___ No ___

Tylenol: Yes ___ No ___

Signature: _____

Date: _____

I give permission for nursing staff to administer the following: First Aid treatments, medications prescribed by consulting physicians, baths when recommended.

Signature: _____

Date: _____

I relieve the Barber National Institute/Family Support Services program 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 **ALL CAMP SHAMROCK FIELD TRIPS.**

Some possible destinations include: Erie Zoo, Claytopia, Whitford Park, Blasco Library, Presque Isle, Jerry Uht Ball Park, Asbury Woods, Bowling, Bayfront Park Playground, Duck Pond, Tom Ridge Environmental Center, Putt-Putt Golf and the Fire Station. **If there are any exceptions, please list:**

Signature: _____

Date: _____

I agree to be responsible for any lunch expenses incurred during the camp.

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: _____
(Individual) (Parent/Guardian/Advocate)

Date: _____

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

Signature: _____ Signature: _____
(Individual) (Parent/Guardian/Advocate)

Date: _____

**BARBER NATIONAL INSTITUTE
AQUATIC PROGRAMS
MEDICAL CLEARANCE AND PARENTAL APPROVAL FORM
SUMMER CAMP**

PLEASE NOTE: SIGNATURES OF BOTH PHYSICIAN AND PARENT/GUARDIAN ARE REQUIRED.

Name of Child: _____ Age: _____
Address: _____
Parent/Guardian: _____
Phone: _____

TO THE PHYSICIAN:

The above-named child is planning to participate in the Institute's recreational swimming program. To provide proper precautionary measures to the individual, it is necessary to have certain facts concerning this individual's health. It will be appreciated if you would complete the following information. Thank You.

SEIZURE DISORDER:	Yes _____	No _____
Controlled by Medication	Yes _____	No _____
Seizure within the last year	Yes _____	No _____

Specific Precautions: If the above mentioned person has chronic condition in any of the following areas, please explain briefly.

TUBES IN EARS: _____

EYE INFECTIONS: _____

SKIN IRRITATIONS: _____

POOR BALANCE: _____

OTHER: _____

Date: _____ Physician Signature: _____

I hereby give my permission for my child to attend the recreational swim.

Parent/Guardian Signature: _____

***We invite you to come to the Barber National Institute Pool during your child's swim class in order to assist your child in the water. Please send a bathing suit and towel for your child on their designated swimming day. Also, please send any of the following, if necessary for your child: bathing cap, ear plugs, goggles.

Barber National Institute
FAMILY SUPPORT SERVICES
100 Barber Place
Erie, PA 16507

2017 CAMP SHAMROCK SCHOLARSHIP APPLICATION

A limited number of camper scholarships are being made possible through a grant from the Barber Foundation. Camper must attend 5 days/week (full week participation required). Requests will be filled on first come basis. Please fill in all areas of the application and submit with your camp application to the F.S.S. office by May 12, 2017.

Camper's Name: _____
(First) (Middle) (Last)

Date of Birth: _____

Address: _____
(Street #) (City) (Zip)

Phone: _____

Parent/Guardian Name: _____
(First) (Middle) (Last)

Address: _____

Phone: _____ E-Mail: _____

Did camper previously attend Camp Shamrock? YES_____ NO_____

Is camper currently receiving F.S.S. funds? YES_____ NO_____

Please briefly describe your need for this scholarship?

Please mark which week you are applying for a scholarship:

____ Week #1 June 26-30, 2017

____ Week #2 July 3-7, 2017 (4 day week, Holiday)

____ Week #3 July 10-14, 2017

____ Week #4 July 17-21, 2017

____ Week #5 July 24-28, 2017

____ Week #6 July 31-August 4, 2017

Parent/Guardian Signature: _____