

Camp Spectacular

2024 Application Guide

A day camp experience for children entering 3rd grade through entering 12th grade, who have autism spectrum disorders, social anxiety and ADD/ADHD

SESSION DATES

Session 1: July 22-26: (entering 6th grade - entering 12th grade)

Session 2: July 29-August 2: (entering 6th grade - entering 12th grade)

Session 3: August 5-9: (entering 3rd grade - entering 12th grade)

All sessions: 9:00 am-4:00 pm

CONTACT INFORMATION

Phone: (518) 384-3042 [off-season]

(518) 348-5493 [summer]

Fax: (518) 384-3001

Mailing Address: Camp Spectacular
55 Helping Hand Lane
Glenville, NY 12302

Email: campinfo@cfdnsny.org
Internet: www.campspectacular.org

COST

\$425 per session

HOW TO APPLY

1. Complete the requested information in each section carefully and completely.

Pages 1-9 should be completed by a Parent, Guardian or Advocate. We must have signatures from a parent, guardian or advocate on pages 4-9.

Pages 11-13, *Health Forms*, must be completed by a licensed physician. Include **all** medical information. We must have signatures from the physician on all medical forms.

2. Include a recent photograph of the applicant to identify campers for security purposes.
3. Return the application to the Camp Spectacular, 55 Helping Hand Lane, Glenville, NY 12302.
4. Submit a payment for each session. (Checks made payable to *Center for Disability Services*.) Please call Lori Hunt in our finance department at 518-437-5513 to pay by credit card over the phone.

ADDITIONAL INFORMATION

- ♣ Camp is available on a first come, first served basis. Acceptance into camp is contingent upon review of the application by the camp director, social worker and medical advisors.
- ♣ Campers are not enrolled until they receive an acceptance packet confirming a specific session.
- ♣ All medications must be in their original containers labeled with the camper's name, the current dosage and frequency of administration by your pharmacist. Medications will not be accepted in any other containers.
- ♣ Physical examination needs to be current, within one year of the last day of camp. It is acceptable to submit a physical on the physician's form or on a school/sports form as long as all of the requested information is present.
- ♣ In order to meet the needs of the camper, please submit any behavior plans or IEPs with this application.
- ♣ Please review all medical forms for completeness before leaving the physician's office. Take note that all sections are complete, immunizations are up-to-date, any necessary lab reports are attached and the physician has signed and dated each page.
- ♣ Transportation to and from camp is the responsibility of the camper.

Waitlist Policy

If the camper's application is received after capacity has been reached, the child will be placed on the waitlist. If space becomes available, campers will be moved off the waitlist in order of acceptance with preference given to campers not already enrolled in multiple sessions.

Cancellation Policy

If an enrolled camper cancels prior to the beginning of the session the camp fee will be refunded. If a camper is sent home due to medical reasons determined by the camp health director, the camp fee will be prorated and refunded. If the camper does not wish to remain at camp, or if the camper is sent home due to behavioral issues, a refund will be prorated and refunded contingent upon the filling the vacancy.

CHECKLIST

- Complete application including parent, guardian, or advocate signatures
- A recent photograph of the applicant
- Behavior Support Plan (BSP), if available
- Individualized Education Plan (IEP), if available
- Complete physical and medication orders with all pages signed by a licensed physician