

For Office Use Only:

Registration Fee Paid: (Check #) _____
(Amount) _____

Camper's Name: _____

Please Circle Camper's Requested T-Shirt Size:

YS YM YL S M L XL XXL

MY CHILD / YOUNG ADULT WOULD LIKE TO BE:

Counselor (please check one of the following)

_____ Jr. Counselor (Must be 12 years or older, and have attended camp before). Jr. Counselors are required to attend ONE volunteer/employee training session. Please choose one of the below sessions to attend: Monday, July 16th at 6:00 pm OR Saturday, July 21st at 2:00pm. Trainings will be held at The Arc of Natrona County office (355 N Lincoln St.).

_____ Sr. Counselor (Must be 15 years or older, and have attended camp or have previous experience working with individuals with disabilities). Sr. Counselors are required to attend ONE volunteer/employee training session. Monday, July 16th at 6:00 pm OR Saturday, July 21st at 2:00pm. Trainings will be held at The Arc of Natrona County office (355 N Lincoln St.).

Camper (please check one of the following)

_____ My camper requires no assistance

_____ My camper receives Waiver services through the Arc, and I would like to access these services.

_____ My camper does not receive services, however s/he will need assistance at camp. This assistance may be provided by a junior/senior counselor. (If a certified Arc employee is available, they will be a choice).

_____ I would like my camper to have his/her independent provider accompany s/he to camp. (While independent providers are welcome at Arc camp, there is a daily fee of \$15 to cover crafts, food and other expenses. This can be paid daily or weekly, but is required before arrival at camp. Please remember that independent providers must also have a current Arc membership, and attend ONE volunteer/employee training session. Monday, July 16th at 6:00 pm OR Saturday, July 21st at 2:00pm. Trainings will be held at The Arc of Natrona County office (355 N Lincoln St.).

Camper's Name: _____



Arc Camp Weekly Schedule

My camper/counselor will be attending the following days/times:

_____ My camper/counselor will be attending camp **full time**, Monday 7/23/18 through Friday 7/27/18, 8:00A.M. – 5:00P.M.

_____ My camper/counselor will be attending camp **part time**. Please fill out schedule below.

Monday
(7/23/18)

Tuesday
(7/24/18)

Wednesday
(7/25/18)

Thursday
(7/26/18)

Friday
(7/27/18)

Overnight Stay

_____ My camper/counselor is **12 years of age or older**, and wishes to participate in the overnight stay on July 27, 2018.

Transportation

_____ I wish for my camper/counselor to be transported from my house to Shepherd of the Hills Presbyterian Church and to be transported to my home at the end of the day. **THIS SERVICE IS ONLY GUARANTEED FOR INDIVIDUALS WHO HAVE MOBILITY CHALLENGES-PARENTS/GUARDIANS ARE RESPONSIBLE FOR PROVIDING TRANSPORTATION TO AND FROM SHEPHERD OF THE HILL PRESBYTERIAN CHURCH.**