

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: Saturday, July 27th at 10 am OR Tuesday, July 30th at 5:30 pm. Trainings will be held at The Arc of Natrona County office (355 N Lincoln St.)₂

_____ 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. Please choose one of the below sessions to attend: Saturday, July 27th at 10 am OR Tuesday, July 30th at 5:30 pm. Trainings will be held at The Arc of Natrona County office (355 N Lincoln St.)₂

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 \$5 to cover food and other expenses. This payment will be due with the camp application fee/Arc membership). Please remember that independent providers must attend ONE volunteer/employee training session. Please choose one of the below sessions to attend: Saturday, July 27th at 10 am OR Tuesday, July 30th at 5:30 pm. Trainings will be held at The Arc of Natrona County office (355 N Lincoln St.)₂

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 8/5/24 through Friday 8/9/24, 8:00 A.M. – 5:00 P.M.

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

Monday
(8/5/24)

Tuesday
(8/6/24)

Wednesday
(8/7/24)

Thursday
(8/8/24)

Friday
(8/9/24)

Overnight Stay

_____ My camper/counselor is **12 years of age or older**, and wishes to participate in the overnight stay on August 9, 2024.

Transportation

_____ If your child has mobility needs (utilizes a wheelchair) and needs a ride from home to the **Shepherd of the Hills church**, please check this line and we will let you know if we are able to make this work.