

# FAMILY CAMP APPLICATION

March 21 – 22, 2020



## ***Bay Cliff's Family Camp Weekend: an inclusive program for children with disabilities and their families.***

**Purpose:** to introduce families to Bay Cliff, to understand what a day at camp is like, to discover if Bay Cliff's summer program is right for your child/family, to enrich or increase understanding of disability, to share and network with community members and to enjoy time together.

**What to expect:** once staffing and housing needs are assessed, Theresa (program lead) will contact you to let you know if Bay Cliff is able to accommodate your family for the weekend. If your family will be attending the weekend, you will then receive an information packet via mail or email (your preference). Theresa (program lead) is available for any questions and will inform all participants of any updates.

### **Family Information:**

Family name: \_\_\_\_\_ Number of people in family: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Diagnosis/Disability: \_\_\_\_\_

Sibling(s) (indicate name, age, gender): \_\_\_\_\_

Parent/Adult name(s): \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Additional information: \_\_\_\_\_

### **Provision & Safety Information:**

Please include applicable information and name of family member. Our kitchen is diligent in providing for dietary needs of participants, but does require advance notice. Allergies and care information are requested to allow us to keep everyone safe during daytime activities.

SPECIAL DIETS/DIETARY NEEDS? \_\_\_\_\_

ALLERGIES/REACTIONS? \_\_\_\_\_

Care Information (each child): \_\_\_\_\_

Other Information: \_\_\_\_\_

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**Program Information:** This is Bay Cliff's first inclusive Family Camp program! Any information you share will help guide programming, to ensure a purposeful weekend. Thank you.

1. What is/are primary purposes your family would like to attend Family Camp Weekend (check all that apply):

- Meet administration team
- See Bay Cliff's campus
- Understand what summer camp is like
- Learn about eligibility for summer therapy camp
- Have my questions answered
- Network with families
- Other: \_\_\_\_\_

2. Bay Cliff has a pediatrician a social worker and an occupational therapist who will all be present during Family Camp weekend. Are there any questions or topics (ex. medical, diagnosis, physical, school-based, mental health, family support, social) that you have, or would like addressed? \_\_\_\_\_

3. Other: \_\_\_\_\_

**Cost:** \$100.00 per family for the whole program. Assistance may be available, please inquire if needed.

Registration cost due at start of camp weekend.

Mail to: Bay Cliff Health Camp  
CO: Theresa Campana  
N4175 County Road KCA  
Big Bay, MI 49808  
Or Email: [tcampana@baycliff.org](mailto:tcampana@baycliff.org)

***Let me know if you have  
any questions!***

- Theresa 'Tree' Campana (Program Lead)  
(906)345-9314 ext. 256 or [tcampana@baycliff.org](mailto:tcampana@baycliff.org)