



Dear Parents and Campers,

With the New Year comes a new season of Camps at Camp Aldersgate. We are excited that our Spring Weekend Camps are filling up, and we look forward to what this summer has in store!

Registration for the following camps is currently open:

Weekend Camps

****Returning summer campers, please note that you may now be able to attend Weekend Camps!****

- Weekend residential camping experiences that utilize a strength-based approach to design programming and guide camper placement
- Occur 2 weekends per month throughout the school year (see our website for a calendar and more information)
- Camp Aldersgate has secured partial funding to aid families in covering the tuition. Fees are determined on a sliding scale based on family income.
- Serves campers with special needs, ages 6-18, who meet one of the following criteria:
 1. Eligible for a Camp Aldersgate Summer Camp
 2. Receives special education and "related services" in the school setting
 3. Requires the use of assistive devices and adaptations to complete Activities of Daily Living (ADLs)

Kota Camps

- Inclusive, week-long and weekend residential camping experiences for children with and without disabilities
- Camp Aldersgate has secured partial funding to aid families in covering the tuition. Fees are determined on a sliding scale based on family income.
- More information regarding the Kota Camps registration process, Financial Disclosure and tuition can be found online or by calling the office.
- Spring and summer Kota applications are due by March 15th.

Summer Camps

- Week-long residential camping experiences for campers with specific medical diagnoses
- Offered in collaboration with local health agencies (contact information will be published when applications open)
- Contact the health agency for details regarding camper tuition, fees, and camper scholarships.

We strongly encourage you to complete registration as soon as possible to help ensure your child's participation. If you need additional copies of applications or have any questions, please just give us a call or visit our website, www.campaldersgate.net. A complete application, including your Physician's Authorization, is necessary to secure placement in any of our programs.

Sincerely,

The Camp Aldersgate Program Team

Ali Miller Berry

Madison Nix

Jordan Hinson

Laura Burkett

2016 Summer – MedCamps Partnering Health Agencies

<p>Muscular Dystrophy Camp: June 12 - 17 Age: 6 to 17 Contact: Kara Evans Muscular Dystrophy Association Phone: 501.227.7098 email: kevens@mdausa.org Camp Physician: Richard Nix, M.D.</p> <p>**Applications available and returned through MDA**</p>	<p>Kidney Camp: July 24 - 29 Age: 6 to 18 Contact: Kirsten Sowell Phone: 501.364.1406 email: sowellkl@archildrens.org Camp Physician: Eileen Ellis, M.D.</p> <p>**Download applications on website – Due May 16th**</p>
<p>Spina Bifida Camp: June 19 - 24 Age: 6 to 16 Contact: Shalia Delph Arkansas Spinal Cord Commission (ARSCC) Phone: 501.296.1788 or 1.800.459.1517 email: shalia.delph@arkansas.gov Camp Physician: Vikki Stefans, M.D.</p> <p>**Applications available and returned through ARSCC**</p>	<p>Cardiac Camp: July 24 - 29 Age: 6 to 18 Contact: Angie Smith Phone: 501.364.1479 email: smithangelaj@uams.edu Camp Physician: Paul Seib, M.D.</p> <p>**Download applications on website – Due May 16th**</p>
<p>Kota Camps: Session I June 26 - July 1 Session II July 17 - 22 Inclusive camps for children with various disabilities and their non-disabled siblings and friends. Age: 6 to 18 Contact: Camp Aldersgate Phone: 501.225.1444 email: applications@campaldersgate.net Camp Physicians: Session I - Jill Fussell, M.D. Session II - Gene France, M.D.</p> <p>**Download applications on website – Due March 16th**</p>	<p>Bleeding Disorders Camp: July 31 - August 5 Age: 6 to 16 Contact: Kara Burge or Casandra O’Neal/Lara Lawrence APRN Arkansas Center for Bleeding Disorders Phone: 501.364.6662 (Kara) Phone: 501.364.1076 (Casandra) email: BurgeKB@archildrens.org email: Cloneal@uams.edu Camp Physician: Kimo Stine, M.D.</p> <p>**Download applications on website – Due May 16th**</p>
<p>Diabetes Youth Camp: July 10 - 15 Age: 8 to 13 Contact: Rick Selig American Diabetes Association Phone: 501.221.7444 ex. 6054 email: rselig@diabetes.org Camp Physician: Annie Wang, M.D.</p> <p>**Download applications on website – Due May 16th**</p>	<p>Oncology Camp: July 31 - August 5 Age: 6 to 16 Contact: Carolyn McCarley, LCSW Jennifer Taussig Phone: 501.364.1406 email: mccarleycw@archildrens.org email: taussigjl@archildrens.org Camp Physician: Kimo Stine, M.D.</p> <p>**Download applications on website – Due May 16th**</p>
<p>Arthritis Camp AcheAway: July 24 - 29 Age: 6 to 16 Contact: Emily Pearce Arthritis Foundation Phone: 501.708.2917 email: epearce@arthritis.org Camp Physician: Jason Dare, M.D.</p> <p>**Download applications on website – Due May 16th**</p>	<p>Asthma Camp: July 31 - August 5 Age: 6 to 16 Contact: Camp Aldersgate Phone: 501.225.1444 email: applications@campaldersgate.net Camp Physician: Eddie Shields, M.D.</p> <p>**Download applications on website – Due May 16th**</p>



MedCamps Arthritis Camp AcheAway July 24 – 29, 2016



Camper Application Checklist

Please use this form as a guide to ensure a completed application is returned. Space for camping sessions is limited.
ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR ACCEPTANCE.

- 1. **Camper Information section** completed
- 2. **Parent/Guardian Information section** completed
- 3. **Emergency Contact Information section** completed
This section must be completed in full. There must be 2 alternate contacts other than parent/guardian who do not reside in the same household.
example: #1 is a neighbor and #2 is the camper's aunt.
- 4. **Parent/Guardian Authorization & Release section** completed
Parent Authorizations – includes emergency authorization for treatment must be completed and signed by a parent or guardian.
- 5. **Optional Information section** completed
- 6. **Personal Care and Activity Information section** completed
- 7. **Special Instructions and Daily Routines section** completed
- 8. **Insurance Information section** completed
- 9. **Immunization History** attached
First time campers must include a complete copy of their immunization record.

Returning campers need to provide record of any new immunizations since last attending camp. If there have been no immunizations since last attending Camp Aldersgate disregard this section.
- 10. **Health History & Physician's Authorization section** completed
The child's physician (or Advanced Practice Nurse representing the physician) must complete this section and sign the Physician's Authorization portion.
- 11. **Camper Code of Conduct** completed
- 12. **Registration Form** completed



Please return completed application to:
Camp Aldersgate
Attn: Applications
2000 Aldersgate Rd
Little Rock, AR 72205



Application Deadline May 15, 2016

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Med Camps Arthritis Camp AcheAway

July 24 – 29, 2016

Attach
Recent
Photo
Here

Camper Application

Date of this application: ____/____/____

Please indicate the program and year your child last attended: New Camper _____ Summer Camps yr. _____ Respite yr. _____

CAMPER INFORMATION

Name: _____ Birth Date: ____/____/____
Last First Middle

Social Security # _____ Gender: (circle) male female

Where is your child's primary residence? ____with both parents ____with mother ____with father ____with guardian

Primary Medical Diagnosis/Condition (if not applicable write "none"): _____

List any Secondary Diagnoses/Conditions: _____

How did you hear about Camp Aldersgate's camping programs? _____

If possible, this applicant would like to be assigned with the following cabinmate(s): _____

PARENT / GUARDIAN INFORMATION

Mother or Guardian

Name: _____ Job Title: _____
Last First Employer: _____

Telephone Numbers: Home ____/____ Work ____/____

Cell/Pager ____/____ Email: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Father or Guardian

Name: _____ Job Title: _____
Last First Employer: _____

Telephone Numbers: Home ____/____ Work ____/____

Cell/Pager ____/____ Email: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

Who will be the primary contact while your child is at camp? (circle) Mother Father other _____

Best phone number to call: ____/____

If unable to reach parent/guardian, please notify: (Two different individuals not living in the same household are required.)

1) Full Name: _____ Relationship to camper: _____

Daytime telephone: ____/____ Evening telephone: ____/____

2) Full Name: _____ Relationship to camper: _____

Daytime telephone: ____/____ Evening telephone: ____/____

PARENT / GUARDIAN AUTHORIZATION

The following authorization **MUST** be signed before applicant can be accepted as a camper.

The health history I have provided in this application is correct and complete as far as I know. I agree to inform the camp of any significant health related issues that may arise following submission of this application and prior to my child's/ward's participation in the camp's programs and understand additional information and/or physician authorization may be requested. I give permission to Camp Aldersgate, Inc. to provide routine health care, administer prescribed medications, and seek emergency medical treatment including x-rays or routine tests for my child/ward :**(name of camper)**_____.

I give permission for my child/ward (named above) to participate in the programs at Camp Aldersgate, Inc., in all camp activities, including field trips away from camp, except as noted by the physician or parent/guardian. I hereby release Camp Aldersgate, Inc., its Board of Directors, employees, volunteers, collaborating agencies, physicians, agents, independent contractors, and any and all parties of interest from all claims, demands, grievances and causes of action of every kind whatsoever, including, but not limited to, all which may arise from or out of any injury incurred by my child/ward (named above) while in attendance at the camp. This includes any necessary transportation.

In the event I cannot be reached in an emergency, I give permission to the physician selected by Camp Aldersgate, Inc. to secure and administer any necessary treatment, including hospitalization for my child/ward (named above). I give permission to Camp Aldersgate, Inc. to arrange necessary related transportation for my child/ward (named above).

I give permission for Camp Aldersgate, Inc. staff to administer over-the-counter medications for my child/ward (named above) if the camp medical staff deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

I agree to the release of any records necessary for insurance purposes and give permission for Camp Aldersgate, Inc. personnel to receive information concerning my child/ward (named above) from various medical, therapeutic, and other professionals which may be necessary for participation in Camp Aldersgate, Inc. programs.

I grant full permission and authority to Camp Aldersgate, Inc., its collaborating agencies, and their representatives to photograph my child/ward (named above) and to use, publish, and release for publication such photos relating to the programs of the above named organizations. The name of my child/ward may be used in connection with the above, with the understanding that there is to be no exploitation of the family member and that any photographs so used should conform to standards of good taste.

This form may be photocopied for use outside of camp. My signature below indicates that I have read and agree with all the statements of the Parent Authorization.

Camp Aldersgate may not be able to accommodate all medical conditions and/or disabilities. Camp Aldersgate reserves the right to make the final decision regarding admittance and dismissal of participants to its programs. This policy is to insure that adequate provisions can be made for participants while they are in the care of the camp.
Camp Aldersgate serves those who do not: require personal caregivers other than camp staff or engage in aggressive and/or abusive behavior. Campers are recruited on a non-discriminatory basis, without regard to race, color, creed, sex, national origin, religious or political affiliation.

Signature of Parent/Guardian: _____ Date: _____

OPTIONAL INFORMATION

The following section is information used solely for gathering statistical information and obtaining grant funding. Omission of any or all questions will not affect the status of your application. This assists Camp Aldersgate in securing funding to lower program costs. Answer questions as they pertain to your child and his/her household.

Ethnic Origin: (circle one) Black/African American Asian White American Indian Hispanic/Latino Other: _____

Religious Affiliation: _____

Household Information: (circle one) two parent one parent

Number of Children, not including camper, living in household: _____

Household Annual Income: (circle one) less than \$25,000 \$25,001-\$35,000 \$35,001-\$50,000
\$50,001-\$75,000 \$75,001-\$100,000 \$100,001+

Camper Name: _____ Date of Birth: _____

PERSONAL CARE AND ACTIVITY INFORMATION

The following specific applicant information is to be completed by parent/guardian for camp medical staff. A copy will be given to the applicant's counselors. Please attach any additional information necessary to assist the counselors and volunteers to care for your child.

Does the camper like to be called by any other name? _____ Age during camp: _____

Current grade in school: _____ Height: _____ Weight: _____ Gender: (circle) male female

Please indicate (√) the level of assistance needed for the following daily activities

Personal Care Activity	needs no assistance	minimal assistance	total assistance	notes/needs	
brushing teeth					
showering					
dressing					
hair brushing					
transfer (to and from wheelchair)					
Camp Activity	needs no assistance	minimal assistance	total assistance	should not participate	notes/needs
swimming					
SCUBA					
fishing					
canoeing/boating					
outdoor sports and games					
archery					
adventure challenge activities (ropes course)					
nature trails					
arts/crafts					

Please circle/write the appropriate information below (attach additional page if needed)

Ambulation: wheelchair: *manual* *electric* walker
 crutches braces walks alone - no devices
wanders? yes no occasionally

Sleeping: no problems needs help turning over
 needs help getting in or out of bed needs bed rails
 wets bed wears diapers at night walks in sleep
 usual sleep time: from _____ p.m. to _____ a.m.

Behavior: no problems use time out (minutes: _____)
 problems triggered by: _____
 positive reinforcers: _____
 suggestions: _____

Toilet Management: no problems diapers training pants
 catheterization every _____ hours self-catheterization
 catheter size _____ brand _____ type _____
 usually has bowel movement every _____ day(s)
 needs help with: _____

What does the applicant take for pain/discomfort:

Eating: no assistance needed at meals regular diet
 G-Tube NG-Tube tube feedings every _____ hours
 food must be: cut chopped mashed pureed
 must be fed special utensils: _____
 needs help with: _____
 special diet: _____

Seizures: none has seizures date of last one _____
 Type _____
 usual duration _____ usual frequency _____
 triggered by _____

Communication: no problems non-verbal sign language
 limited abilities can communicate personal care needs
 communication device (type _____)

Hearing: no problems oral deaf
 hearing impaired wears aides

Vision: normal wears glasses limited blind

Heat Tolerance: good fair poor

Camper Name: _____

Date of Birth: _____

HEALTH HISTORY AND PHYSICIAN'S AUTHORIZATION

The Health History and Physician's Authorization (both sides of this form) is to be completed by the applicant's Primary Care Physician. It will be used by the camp's medical staff to determine medical eligibility, be reviewed by the camper's counselors, and will be kept on file in the infirmary.

Dear Physician,

Camp Aldersgate's Camping Programs feature 3 to 6 days of traditional camping activities for children with medical conditions, physical disabilities, and developmental delays. Accepted applicants will be assigned to live with 6 to 8 cabin mates as well as junior and senior counselors. Activities may include nature hikes, canoeing, fishing, swimming, SCUBA, archery, campfires, music, adventure/challenge (ropes course) activities, arts and crafts. Although activities have been adapted so children of all abilities can participate, they may require physical exertion and/or travel to and from various locations throughout the camp.

Please complete both sides of this form. Attach additional information you feel the camp medical staff should be aware of.

Primary Medical Diagnosis: *(if not applicable write "none")* _____

List any Secondary Diagnoses: _____

CURRENT MEDICATION(S) <small>(please indicate if pill, inhaler, injection, etc.)</small>	STRENGTH	DOSAGE	TIME(S)			
			breakfast	lunch	dinner	other

ALLERGY INFORMATION

Is this child allergic to any:

Medications	Name	Reaction (be specific)	Age of last reaction
Foods	Name	Reaction (be specific)	Age of last reaction
Animals Insects Plants	Name	Reaction (be specific)	Age of last reaction
Other	Name	Reaction (be specific)	Age of last reaction

Is this child latex sensitive? yes no

Camper Name: _____

Date of Birth: _____

Date of last tetanus shot: _____

height: _____

weight: _____

blood pressure: _____/_____

heart rate: _____

respiration rate: _____

PHYSICAL EXAMINATION

Body System	normal	abnormal	If abnormal, please explain
HEENT			
Cardiovascular			
Respiratory			
Gastrointestinal			
Skeleto-muscular			
Genitourinary			
Other – please explain			

Please circle/write the appropriate information below

General: frequent ear infections heart defect/disease seizures bleeding/clotting disorders hypertension rashes/ringworm
comments regarding circled items: _____

Surgeries (specify): _____

Childhood Diseases: chicken pox mumps measles german measles other (specify): _____

For Female Applicants - Has this applicant menstruated? yes no If so, is her menstrual history normal? yes no

Special consideration: _____

Medical Equipment

wheelchair charger hearing aids dialysis cyclor other: _____

Bi-PAP C-PAP ventilator inhaler hospital bed other: _____

Has Down syndrome been diagnosed in this applicant? yes no

If yes, is the applicant clear of Atlantoaxial Dislocation Condition confirmed by diagnostic x-ray? yes no

Restrictions/limitations on participation in any camp activities: _____

Additional Comments:

PHYSICIAN'S AUTHORIZATION

I have examined _____ within the past 6 months (date examined: _____) and in my opinion, his/her condition **DOES NOT** preclude his/her participation in an active camp program.

Physician's Printed Name: _____ Phone: _____/_____

Address: _____ City: _____ State: _____ Zip: _____

Licensed Physician Signature (or Advanced Practice Nurse/Registered Nurse Practitioner representing the physician):

X _____ Date: _____

CAMPER CODE OF CONDUCT

(Please review with your child)

It is our hope that everyone that participates in our program will have a positive experience that will last a lifetime. To help everyone get the most out of their camp experience, we have set up a list of ground rules to help parents and children understand what we expect at camp. We recognize the special needs of our campers and will, as much as possible, individualize the rules according to the needs and abilities of each camper.

Camp has four basic rules that we explain to the children and also post in the cabins. We have these rules so that everyone can be assured of a positive experience.

- **Respect yourself, others and property.** Abusiveness toward others or using inappropriate language, fighting, stealing, etc. is not allowed. It also covers property damage, graffiti or vandalism. Respect yourself, refers to keeping your things picked up, personal hygiene and taking your medication on time.
- **Participate in camp activities.** It is camp's responsibility to know where all the campers are at all times. We encourage campers to try all activities unless excused by staff. Campers are supervised at all times and cannot be left alone.
- **Follow directions.** There are a lot of fun things to do at camp but every activity has rules so we can operate the activity safely and appropriately. We ask the campers to follow staff direction during these activities.
- **No put-downs.** Examples of this would include teasing, name-calling, racial slurs or inappropriate practical jokes.

If we do have a problem with inappropriate behavior, we have a camper behavior response policy. The counselor will start by giving the child a warning, and then a time-out with an explanation and discussion on what is causing the problem. If the counselor needs help, a supervisor or coordinator on site will work with the child to help avoid further problems. We will also call home to find out if the parents have any suggestions on ways to deter the inappropriate behavior. As a last resort, we may need to send a child home. Sometimes in the case of severe homesickness or if misbehavior could cause immediate harm to themselves or others, we reserve the right to immediately ask that the child be removed from camp.

It is our hope that each child will go home with great memories of camp. These rules are designed to protect the camper's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please feel free to call. It is our mission to provide a quality experience for everyone.

I understand and accept that my child must abide by the Camper Code of Conduct

Parent's Signature _____ Date _____

I agree to abide by the Camper Code of Conduct

Camper's Signature _____ Date _____

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Camp Aldersgate

Weekend Camping Programs Information Packet

Program Description –

Camp Aldersgate's Weekend Camps provide developmentally appropriate opportunities for campers to participate in and experience activities that promote cognitive, physical, social and emotional growth in a fun, engaging, camp setting. To meet the varying needs of our participants, we offer three Trails of emphasis, each one intentionally designed to build upon the camper's strengths and develop his/her skills. Each weekend includes components of physical activities, art, outdoor activities, structured and free play. Through actively participating in successful experiences, campers are able to learn skills necessary for leading productive, healthy, and satisfying lives.

Eligibility –

Weekend Camps serve campers with special needs who fall within the age range of 6 – 18 and whom meet one of the following criteria:

- Eligible for one of the summer medical camps (with exception of increased medical needs: respiratory technology, nurse dependent dialysis, diabetes, and mild to moderate Asthma diagnosis)
- Receives special education and "related services" in the school setting to increase academic achievement and functional performance
- Requires use of assistive devices and adaptations to complete Activities of Daily Living (ADLs)

How to Register –

Included in this packet is the Weekend Camps Trail Guide, as well as the 2016 Spring Weekend Camps Registration announcement. To begin registering your camper for 2016 Weekend Camps, please complete and return these forms with your completed application as soon as possible. Camp Aldersgate will contact you with placement information once we have processed your completed application.

Visit our website, www.campaldersgate.net for further information regarding our Weekend Camping Programs, including a look into each of the Trails and a Frequently Asked Questions page. You may also contact our office, (501)225-1444, if you have any additional questions.

Weekend Camp Trail Guide

Camper Name: _____

While Camp Aldersgate recognizes that no two campers are exactly alike, many of our campers are working to achieve similar goals and objectives. With this in mind, the Trail Guide was developed to identify your camper's strengths and needs and place them on a path intentionally designed to meet those needs. Placement into the most appropriate trail will ensure the best opportunity for your camper's individual growth. It is common for a camper's strengths and behaviors to vary depending on the setting and situation. Therefore, please select the statement your camper will most commonly associate with, even if all statements in the example do not apply to your camper.

	Adventure	Explore	Discover
Attention to Task	I have difficulty focusing on an assigned task on my own. I need assistance to remain engaged for 5 minutes. <input type="checkbox"/>	I am able to stay focused on an assigned task for 5 - 10 minutes with verbal prompts. <input type="checkbox"/>	I can focus on an assigned task for more than 10 minutes. I complete most tasks with minimal assistance. <input type="checkbox"/>
Social Interactions	I need assistance to engage socially, and I prefer solo activities. I am most successful in 1:1 settings. <input type="checkbox"/>	I need occasional assistance to engage socially, but I am comfortable in small group settings. I may have a tendency to engage in attention-seeking behavior. <input type="checkbox"/>	I can independently initiate social engagement, and I am comfortable in large groups. I typically display age-appropriate social behaviors. <input type="checkbox"/>
Direction Following/Sequencing	I need assistance to follow basic directions. <input type="checkbox"/>	I follow basic directions independently and complete 2 - 3 step directions with only verbal prompts. <input type="checkbox"/>	I am able to follow multi-step directions and frequently complete tasks independently. <input type="checkbox"/>
Communication of Needs	I need assistance identifying and communicating my personal care needs. <input type="checkbox"/>	I need some assistance communicating my wants and needs. <input type="checkbox"/>	I am able to communicate my wants and needs. <input type="checkbox"/>
Frustration Tolerance	I easily become frustrated with unsuccessful experiences or undesired outcomes. Sometimes I engage in self-harm, aggression, and/or run away when I am frustrated. <input type="checkbox"/>	I have moderate frustration tolerance and am able to utilize coping skills with assistance. I will reattempt a task before abandoning. My frustration does not pose a threat to safety. <input type="checkbox"/>	I am able to recognize when I am frustrated and communicate my need to modify the situation. Often I will attempt a task multiple times before abandoning. I can utilize age-appropriate coping skills. <input type="checkbox"/>
Acquisition of skills	I need assistance and continuous repetition to retain my current skill level and to gain new skills. <input type="checkbox"/>	I can retain current skills without need for continuous practice. With frequent practice, I acquire new skills regularly. <input type="checkbox"/>	I am able to retain current skills independently. I easily acquire new skills with minimal repetition. <input type="checkbox"/>
Ability to Perceive Risk	I am often unaware of potential danger and frequently engage in risky behavior. I require constant monitoring to maintain physical safety. <input type="checkbox"/>	I am able to identify common physical dangers, but I may not be able to recognize danger in a new setting. Sometimes, I impulsively engage in risky behavior. <input type="checkbox"/>	I am aware of physical and emotional risk to myself and others. I am able to transfer risk from one setting to another. I am safe without constant 1:1 supervision. <input type="checkbox"/>



Camp Aldersgate 2016 Weekend Camps Registration Form

Dear Parents and Campers,

As these cold winter months approach, Weekend Camps at Camp Aldersgate are just heating up! We are excited to announce that registration for 2016 Weekend Camps is now available. Please note that **ALL CAMPERS WHO ARE ELIGIBLE FOR SUMMER CAMPING PROGRAMS MAY ATTEND WEEKEND CAMPS.** For more information about our Weekend Camps feel free to contact Jordan or visit our website: www.campaldersgate.net. Each camper may attend up to six Weekend Camps a school year!

Camper Name: _____

January- Global Excursion

Pack your bags to experience cultures from around the world!

_____ *Explorers & Discoverers*: Jan. 8 - 10

_____ *Adventurers & Explorers*: Jan. 22 - 24

February- Imagination Vacation

It might be too cold to play outside, but our imaginations will run wild with unique indoor activities.

_____ *Explorers & Discoverers*: Feb. 5 - 7

_____ *Adventurers & Explorers*: Feb. 26 - 28

March- How It Works

From machines to messes, get ready to break things down and build them back up.

_____ *Explorers & Discoverers*: Mar. 4 - 6

_____ *Adventurers & Explorers*: Mar. 25-27

April- Outdoor Expedition

We're going to explore Camp's wild side and enjoy all of the fun nature has to offer.

_____ *Explorers & Discoverers*: April 8 - 10

_____ *Adventurers & Explorers*: April 22 - 24

May- Fun, Food, & Intramurals

Pull out your chef's hat and favorite jersey, and get ready to have some FUN!

_____ *Explorers & Discoverers*: May 6 - 8

Just a friendly reminder that we have taken down online registration. We will be sending applications in the mail for 2016 Summer Camps at the beginning of the New Year!

You may contact Jordan Hinson with any additional questions at:

Jordan Hinson
Program Coordinator
Camp Aldersgate
2000 Aldersgate Road
Little Rock, AR 72205

jhinson@campaldersgate.net

501.225.1444



Camp Aldersgate, Inc.
Financial Disclosure

**Please complete this form if you are applying for the
Kota and/or Weekend Camps.**

Camper's Name _____

The following statement of understanding ***MUST*** be signed before applicant can be accepted as a camper. *All information contained in this document is confidential and will be used solely for the purpose of determining fees for participating in the Weekend and Kota Camps programs.*

I understand that the information provided below will be used to determine the family's contribution towards the cost for my family member to participate in the Weekend and/or Kota Camps program(s) at Camp Aldersgate. ***I further understand that should I choose not to provide my family financial information, my family member will not be eligible for any reduction in the family's contribution towards the cost of participation.***

_____ I choose not to disclose my family financial information

My family's ***total annual income*** is: \$ _____

Signature of Parent/Guardian _____

Date _____

Financial Aid for tuition may be available to those who qualify.

Please see the back of this form for Weekend and Kota Camps tuition information.

Camp Aldersgate, Inc.

Camper Fee Schedule – 2016/2017

The cost of summer camp is approximately \$1000 per camper per session and approximately \$700 for a weekend session. Camp Aldersgate fundraises so that we are able to offer Tuition Assistance to all campers not funded by an agency. This assistance is based on family income. If you would like to make a donation and can afford more than the rate indicated we would appreciate it.

Weekend Camps Tuition			
<i>Tuition must be paid in full at the beginning of each session the camper attends.</i>			
Annual Income	Cost to Families	Cost for each additional camper	Cost to families for 2 children to attend
\$25,000 and under	\$42.00	\$34.00	\$76.00
\$25,001 - \$35,000	\$79.00	\$64.00	\$143.00
\$35,001 - \$50,000	\$121.00	\$96.00	\$217.00
\$50,001 - \$75,000	\$158.00	\$127.00	\$285.00
\$75,001 - \$100,000	\$217.00	\$173.00	\$390.00
\$100,001 and above	\$278.00	\$221.00	\$499.00
Choose not to disclose	\$278.00	\$221.00	\$499.00

Kota Camps Summer Session Tuition			
<i>Tuition must be paid in full at the beginning of each session the camper attends.</i>			
Annual Income	Cost to Families	Cost for each additional camper	Cost to families for 2 children to attend
\$25,000 and under	\$70.00	\$57.00	\$127.00
\$25,001 - \$35,000	\$142.00	\$113.00	\$255.00
\$35,001 - \$50,000	\$212.00	\$169.00	\$381.00
\$50,001 - \$75,000	\$282.00	\$226.00	\$508.00
\$75,001 - \$100,000	\$387.00	\$318.00	\$705.00
\$100,001 and above	\$494.00	\$424.00	\$918.00
Choose not to disclose	\$494.00	\$424.00	\$918.00