



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 each 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.
- The first round of placements for Spring and Summer Kota Camps will be completed March 15<sup>th</sup>, and priority will be given to those who have completed and returned applications by this date. The final deadline for Kota applications is April 16<sup>th</sup>.

### Residential Summer Camps

- Week-long residential camping experiences for campers with specific medical diagnoses
- Offered in collaboration with local health agencies (contact information listed in application)
- Contact the health agency for details regarding camper tuition, fees, and camper scholarships

### Summer Day Camp

- 6-week day camp designed for children with autism spectrum disorder, grades K-8<sup>th</sup>
- Offered in an enhanced partnership with A-Camp
- Contact A-Camp (info@a-camp4kids.org) for information regarding tuition, fees, & 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](http://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

Katie Jenkins

Ian Shuttleworth

Nathan Nelson

## **"AWESOME CAMPS FOR KIDS WITH AUTISM"**

### **A- Camp's Mission:**

**A-Camp provides therapeutically-driven programs to everyone with autism and their family and friends. Our mission is to create memorable experiences and promote relationships through an engaging, nurturing and adventure-based program.**

A-Camp operates 6 weeks during June and July to provide the continuity and engagement that help children with autism thrive during the summer months. Each child's unique strengths and interests are celebrated and incorporated in the daily discoveries and interactions in our sensory-rich and adventurous Camp Aldersgate location. Campers participate in camp with their typically developing peers, giving them the opportunity to grow and develop their social interaction, communication, and play skills. Our peers on the other hand, take great pride in participating at camp as role models, while learning how to accept, include, and help children with different abilities. A-Camp is a summer experience all about love, hope, and acceptance!

Action Camp serves elementary school aged children who have completed K-5th grades. Each Action Camp "Kota Pack" includes up to 7 children with autism and 3 integrated play buddies. Adventure Camp serves children who have completed 6th-8th grades. Adventure Camp includes a maximum of 12 campers with autism and a minimum of 3 peer volunteers. A 1:3 counselor to child ratio is maintained in each camp. All campers participate in a stimulating, developmentally appropriate, and fun program that includes exploration, creation, adventure, music, the arts, movement and fitness, and water play. Your child's age will determine their eligibility for Action Camp vs. Adventure Camp and as always, camper slots will be filled on a first-come, first-serve basis. Alumni campers and their siblings will be given two weeks to pre register.

### **Action Camp Enrollment**

Action Camp serves **elementary children who have completed K-5th grade** with autism spectrum disorders and their typically developing peers. (A camper is no longer eligible to participate in Action Camp if he/she has entered the 6th grade or turned 13 on/by June 1 of the current year.) This year, Action Camp will serve 21 kids with autism and 9 of their typically developing peers each week. Campers will be split into 3 Kota Packs: Cherokee, Choctaw, & Chickasaw. Each week includes lots of multi-sensory experiences that encourage our campers to build memorable relationships as well as explore new & exciting recreational fun! Daily schedules will include camp traditions, crafts and activities, and loads of outdoor play! Campers must sign up for all 6 weeks of camp, whether they attend or not. A 1-week break has been inserted to allow families to schedule vacations and staff to recharge.

### **REQUIRED SUMMER SESSIONS FOR 2018 WILL INCLUDE:**

**June 11 – June 28**

**July 9 – July 26**

### **WEEKLY HOURS THIS SUMMER WILL BE AS FOLLOWS:**

**Mondays - Wednesdays: 8:30am - 12:00pm**

**Thursdays: 8:30am - 1:30pm (Extended for Swim Day!)**

**Fridays Off!**

Campers' slots will be filled as completed applications are received. A mandatory, non-refundable registration fee will be required by March 15th to maintain your camper slot. A-Camp fees this year will include:

**2018 Action Camp Tuition: \$1185.00**

**Registration Fee: \$300.00**

**(Non-Refundable Fee Due by March 15th at 5:00pm)**

**Remaining Parent Fee: \$885.00**

**(Due in full by April 30 at 5:00pm)**

**(The direct cost per camper for Action Camp is \$2700. This direct fee coincides with our waiver fee. If waiver is accepted, the parent fee above is waived.)**

## Adventure Camp Enrollment

Adventure Camp serves **middle school aged kids who have completed 6th-8<sup>th</sup> grade** with autism spectrum disorders. (A camper is no longer eligible to participate in Adventure Camp if he/she has entered the 9th grade or turned 16 on/by June 1 of the current year.) This year, Adventure Camp will serve 12 "trailblazers" with autism. Sport activities will take place each day to develop sportsmanship and team cooperation while allowing each Adventure Camper to play on their individual level and progress each week. Our trailblazers will trek on the edge for some zip-lining fun, take a dip in the pool, and power up for archery. Trailblazers will work each week managing a camp store to strengthen social skills and responsibility while having a truly wild time. Vittles will be necessary to maintain optimal energy levels, so meal preparation will be a part of each day. Meals will start simple and progress to a delicious grand finale that won't disappoint! Campers must sign up for all 6 weeks of camp, whether they attend or not. A 1-week break has been inserted to allow families to schedule vacations and staff to recharge.

### REQUIRED SUMMER SESSIONS FOR 2018 WILL INCLUDE:

June 11 – June 28

July 9– July 26

### WEEKLY HOURS THIS SUMMER WILL BE AS FOLLOWS:

Mondays - Thursdays: 8:30am – 1:30pm

Fridays Off!

Campers' slots will be filled as completed applications are received. A mandatory, non-refundable registration fee will be required by March 15th to maintain your camper slot. A-Camp fees this year will include:

**2018 Adventure Camp Tuition: \$1650.00**

**Registration Fee: \$400.00**

**(Non-Refundable Fee Due by March 15th at 5:00pm)**

**Remaining Parent Fee: \$1250.00**

**(Due in full by April 30 at 5:00pm)**

(The direct cost per camper for Adventure Camp is \$3150. This direct fee coincides with our waiver fee. If waiver is accepted, the parent fee above is waived.)

Is a Parent/Guardian Active Duty Air Force: (circle) Yes No  
 If Yes Complete Information below:

Sponsor's Name (Last, First, MI) \_\_\_\_\_

Sponsor's Rank \_\_\_\_\_

Sponsor's SSN \_\_\_\_\_



## A-Camp Camper Application

Date of this application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate the year your child previously attending A-Camp: New Camper New Buddy Last Year Attended: \_\_\_\_\_

### CAMPER INFORMATION

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Gender: (circle) *male* *female* T-shirt Size: \_\_\_\_\_

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): \_\_\_\_\_

Applying with (For "paired applicants"): \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

#### Mother or Guardian

Name: \_\_\_\_\_  
Last First

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_/\_\_\_\_

Work \_\_\_\_/\_\_\_\_

Cell/Pager \_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Father or Guardian

Name: \_\_\_\_\_  
Last First

Job Title: \_\_\_\_\_

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+

**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)

<p><b>Ambulation:</b> wheelchair: <i>manual</i> <i>electric</i> walker                  crutches braces walks alone - no devices  <b>wanders?</b> yes no occasionally</p>
<p><b>Sleeping:</b> 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.</p>
<p><b>Behavior:</b> no problems use time out (minutes: _____)                  problems triggered by: _____                  positive reinforcers: _____                  suggestions: _____</p>
<p><b>Toilet Management:</b> no problems diapers training pants                  catheterization every _____ hours self-catheterization                  catheter size _____ brand _____ type _____                  usually has bowel movement every _____ day(s)                  needs help with: _____</p>
<p>What does the applicant take for pain/discomfort:                  _____</p>

<p><b>Eating:</b> 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: _____</p>
<p><b>Seizures:</b> none has seizures date of last one _____                  Type _____                  usual duration _____ usual frequency _____                  triggered by _____</p>
<p><b>Communication:</b> no problems non-verbal sign language                  limited abilities can communicate personal care needs                  communication device (type _____)</p>
<p><b>Hearing:</b> no problems oral deaf                  hearing impaired wears aides</p>
<p><b>Vision:</b> normal wears glasses limited blind</p>
<p><b>Heat Tolerance:</b> good fair poor</p>

## SPECIAL INSTRUCTIONS AND DAILY ROUTINES

Camp Aldersgate strives to make each camper's participation a safe, comfortable, and fun experience. It is important that we have as much information as possible regarding what your child is used to and comfortable with. Sometimes following routines or special ways of doing things helps a camper feel more at ease with a new environment. Please take a few moments and share with us your child's typical daily routine (especially consistent behavior problems, as well as personal care and mealtime procedures) and include any special instructions, techniques of motivating and rewarding your child, hobbies, likes/dislikes, etc. Everything that you provide will help us better care for your child. (example: My child will only settle down at night if I rock her. She will smile each morning if I hum a song to her.) Also include any goals you would like the applicant to achieve during their stay at camp. (examples: improve personal care skills, make new friends, learn to float in pool, etc.) Enclose extra pages if necessary.

## INSURANCE INFORMATION

Camp Aldersgate provides medical insurance coverage which is **supplemental** to your existing health insurance. Our insurance covers all campers for accidents and illnesses that are camp related.

Name of carrier: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Hospital preference in Little Rock (if any): \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Physician's office phone: (\_\_\_\_\_) \_\_\_\_\_ Physician's emergency phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### IMMUNIZATION HISTORY

We are required to have a copy of each camper's immunization record on file.

**New campers at Camp Aldersgate** - a **complete** copy of his/her immunization record **MUST** accompany this application.

**Returning campers** - all we need is a record of any immunizations received since last at Camp Aldersgate. If your child has not received any new immunizations, disregard this section.

Applications submitted without the required immunization information cannot be processed until this information is received. Camp Aldersgate adheres to immunization guidelines used by most educational facilities.

*Please check with your school nurse or administration about obtaining a copy of your child's record.*

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:

<b>Medications</b>	Name	Reaction (be specific)	Age of last reaction
<b>Foods</b>	Name	Reaction (be specific)	Age of last reaction
<b>Animals</b> <b>Insects</b> <b>Plants</b>	Name	Reaction (be specific)	Age of last reaction
<b>Other</b>	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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Dear A-Camp Families,

As the new year approaches, we have exciting news! A-Camp has expanded our partnership with Camp Aldersgate beyond just sharing space. Beginning in 2018, Camp Aldersgate will be assuming the programming and daily operations of A-Camp through their hire of a new Program Coordinator. Nathan Nelson will assume this role. Nathan has worked at Camp Aldersgate for several years. He is already quite familiar with A-Camp's programming and many of the kiddos who have been to A-Camp.

Nathan started at Camp Aldersgate as a Kota camper with his family friend in 2007. He became a volunteer in 2009 and has served as a volunteer, counselor, and supervisor every year since. Nathan has served as a volunteer firefighter for Paron, AR for seven years. He is married to his lovely wife Michaela, and they both have a passion for working with children with special needs. Nathan assisted with A-Camp in a lifeguard and administrative capacity for the past 5 years. He has great experience with this population, and Camp has the upmost confidence that he will do a phenomenal job with the implementation of our first day camp!

You may be asking, "What does this mean for my camper and me?". To help reassure you that A-Camp will continue to offer the quality programming and fun camping experience that your child has enjoyed, we have listed a few answers to frequently asked questions.

- Will there still be buddies? *Yes, Camp Aldersgate has a longstanding history of using volunteers to help support campers.*
- Will the times stay the same? *Yes, camp will continue to be a day-camp run Monday through Thursday for 6 weeks with a break on July 4 week. Action Camp will meet from 8:30-12:00 (M-W), 8:30-1:30 (Thursday) and Adventure Camp will meet from 8:30-1:30 daily.*
- What will the camper to staff ratio be? *Camp Aldersgate wants to maintain the current A-Camp ratio of 1 staff member to 3 campers. In fact, they have a staff and volunteer structure that may make it an even better ratio.*
- Will the same staff be there? *A-Camp staff will be encouraged to apply for the counselor positions. Camp Aldersgate is hopeful that they will in order to help continue the continuity of care that is important to our campers.*
- Will therapists be on staff? *There will not be a PT, OT, or speech therapist on site during camp hours; however, Camp Aldersgate will consult therapists as needed, and already have a staff leadership structure in place that allows for even more resources. They employ a Certified Therapeutic Recreation Specialist who remains on-site. Due to Camp Aldersgate's close relationship with Arkansas Children's Hospital, there is always a nurse on-site along with other experts in the field of special needs camping. Lastly, Camp Aldersgate has a relationship with Pediatrics Plus which is located just down the street from the campus.*
- How will the Camp Aldersgate staff be trained? *Camp Aldersgate has a week-long training for counselors. They will be trained in CPR and First Aid. They will learn about the activities at camp, as well as how to engage with campers. An expert in autism will do break out training with the A-Camp staff during training week. A-Camp will share (with your permission) past camper info, along with surveys that were received in the past 2-3 years to help with planning and programming.*
- Will we continue to use the cabins? *Yes, A-Camp will continue to use the spaces we have used in the past, but will have more opportunities to use other parts of beautiful Camp Aldersgate as well.*
- What about registration and tuition? *Registration will now be done through Camp Aldersgate, but tuition payments will continue to be received via A-Camp. More information regarding the new system will be forthcoming, but please know that tuition costs for both Action and Adventure Camp will remain the same for Summer 2018. The deadlines for tuition payments for Summer 2018 will also remain the same. Registration fees will be due no later than March 15, 2018, and final tuition*

*payments will be due no later than May 1, 2018. These dates will change for Summer 2019 and on.*

- *How will remaining camp costs be covered? The A-Camp Board of Directors will continue to fundraise to help cover the annual costs of camp not covered by camper tuition fees. You can help by sharing information on fundraisers and participating at whatever level you are comfortable.*

The A-Camp Board of Directors is very excited about the awesome opportunities and fun awaiting our campers at Camp Aldersgate. This decision was not taken lightly and has been discussed for several years. By entering into this partnership, A-Camp is moving toward a more sustainable model for the future with hopes of continued growth.

Should you have any questions, please do not hesitate to contact one of the board members or staff at Camp Aldersgate using the contact information listed below.

A-Camp Board of Directors

**Board of Directors**

Amanda Laboy      [amandalaboy@gmail.com](mailto:amandalaboy@gmail.com) 580-574-9286

Amy Morris

Caitlin Vestal

Gretchen Hicks      [gretchenshicks@gmail.com](mailto:gretchenshicks@gmail.com) 501-351-4221

Jennifer Shaw

Kara Conrad

Chenell Loudermill

Kami Rowland

Jennifer Huie

Jennifer Belt

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