

Attendance is not confirmed until your **\$125 deposit is received.
Total fee is due at check-in – No Exceptions.**



**Civitan Acres Summer Vacation Application 2019
1161 Ingleside Road – Norfolk VA 23502**

Phone: 757-858-8011 info@egglestonservices.org

Please Mail, Email, or Submit Application Online - Do Not Fax

PLEASE CHECK DESIRED VACATION SESSION(S):

- Wk1 (6/24/19-6/28/19): Out & About **(Day Camp Only)** \$550 **Wheelchair Friendly! All supports available*
- Wk2 (7/01/19-7/05/19): History/Science \$650 **Wheelchair Accessibility Spots Limited*
- Wk3 (7/08/19-7/12/19): Wet 'n Wild adventures \$695 **Independent Ambulation Required*
- Wk4 (7/15/19-7/19/19): Sports Week \$650 **Wheelchair Accessibility Spots Limited*
- Wk5 (7/22/19-7/26/19): Thrills, Hills & Splashes \$695 **Independent Ambulation Required*
- Wk6 (7/29/19-08/02/19): Animal Week \$650 **Wheelchair Accessibility Spots Limited*
- Wk7 (8/05/19-8/09/19): Thrills, Hills, Shows & Splashes \$695 **Independent Ambulation Required*

Applicant's Name _____ () _____
Last First Preferred Name Telephone

Address: _____ () _____
Street City State Zip Fax #

Social Security #: _____ **Date of Birth:** _____ **Age:** _____

Sex: Male Female

Height: _____ **Weight:** _____

T-Shirt Size: Small Medium Large Extra Large 2XL 3XL 4XL

Is Applicant own guardian? YES NO

If No, Guardian/Authorized Representative:

Name Address

Telephone _____

Person Responsible for payment: _____

Is this Applicant's FIRST time attending Civitan Acres Summer Vacations? YES NO

Date Last Attended? _____

PAYMENT INFORMATION:

Payment in full is required at check-in. Failure to make full payment at the time of check in will result in the attendee going home.

Payments can be made at any time prior to attendance by Cash, Check, Visa or MasterCard. Please make checks payable to **Eggleston Services - Civitan Acres**. You may call 757-858-8011 or go online to www.EgglestonServices.org/SummerVacation to make a payment. Checks may be mailed to: 1161 Ingleside Road, Norfolk, Va 23502. Cash may be brought into that same location Mon-Fri between 8:30am-4:00pm.

Total Session Fee \$_____

Amount Enclosed \$_____

Remainder Due \$_____

Payment Method: Check Cash Visa MasterCard or Vacation Club Payment Plan

Credit Card # _____

Exp. Date _____

Name on Card _____

Signature of card holder _____

ATTENDEE INFORMATION:

All About Me! PARENT(S) and/or GUARDIAN(s): Please complete this important required information so that our staff can support and ensure each attendee has the best experience possible while staying with us a Civitan Acres.

My Important Physical/Medical Characteristics

My Unique Personality Traits

Ways I can Be Supported Best

ATTENDEE INFORMATION (cont.):

PRIMARY DIAGNOSIS: (please be specific)

Functional Disabilities:

Any communicable diseases: Yes No

If Yes, give name and treatment _____

DOES APPLICANT HAVE ANY LIFE THREATENING ALLERGIES? Yes No

TO WHAT: Bee sting or insect bite Pollen Serum Other _____

Food (**Be specific**) _____

Drugs: (Penicillin, Etc.) _____

Other _____

Signs of allergic reaction _____

Recommended treatment _____

Please list any activities in which applicant may *NOT* participate or attach precautions or special instructions for routine camp activities:

SELF CARE SKILLS (Level of Assistance, Check one)

	Independent	Verbal prompt	Limited Assist	Dependent	Explain
Dressing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Showering:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toothbrush:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shaving:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Street Safety:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Sleeping Habits: Sleeps through the night Sleepwalks Bedwetting

Typically uses bathroom at night; times? _____ Usual bedtime _____ Usual wake time _____

Other Bedtime routines to note: _____

SOCIAL BACKGROUND

Has applicant ever attended any other camp? YES NO

Been away from home overnight? YES NO

Social Behavioral Information:

Shy/withdrawn Interacts inappropriately with opposite sex Wanders Physically aggressive

History of stealing Excessive talking Verbally aggressive Memory deficit

Inappropriate touching Interacts inappropriately with children Excessive teasing

Fabricates stories Interacts inappropriately with strangers Particularly vulnerable

Please provide details on any of these items you have checked:

Does applicant have any special behavior challenges or Behavior Plan? YES NO

Please describe (Must attach copy of plan)

Can the applicant have unsupervised time? YES NO

If yes, how long? _____

If yes, in what setting? Amusement Park Community Outings At Camp Only

Applicant can independently handle all money: YES NO

Counselor should keep control of all money: YES NO

Applicant can have some money, but needs supervision with purchasing. YES NO

Please add anything about home, work or school that may help the applicant enjoy themselves:

EMERGENCY CONTACT INFORMATION:

The contact information in this section must be someone who can be reached at all times day and night 24/7!

Primary Emergency Contact:

Name: _____ Address: _____

Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Secondary Emergency Contact:

Name: _____ Address: _____

Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

The following sections must be completed for your application to be considered.

1. **This application has my approval.** While Eggleston Services and Civitan Acres will take every reasonable precaution, it is agreed that the agency is not legally responsible for any accidents, incidents or injuries that may occur during the vacation. Applicant has my permission to engage in all vacation activities, including transportation as deemed necessary, except as noted by physician or myself.

Parent/Guardian/Adult Applicant _____ Date _____

****NOTE:** Due to safety issues, if the application is misleading, contains incomplete information and/or the applicant must be sent home due to illness or behavioral issues which endanger the safety of the participant or others, the Parent/Guardian/Residential provider will be responsible for return transportation. NO refund of fees will be made. It is also understood that if applicant must be sent home early, a reasonable response and pick-up time of no more than two hours shall be upheld, any such time after, the applicant will incur additional late fees.

Parent/Guardian/Adult Applicant _____ Date _____

2. It is agreed that in case of injury or medical emergency Civitan Acres may make arrangements for medical care and attention including emergency transportation to the nearest hospital; and Civitan Acres and the undersigned Parent/Guardian/Adult applicant agree that the emergency contact whose name and number appear on this application will be notified at the earliest possible opportunity. It is further agreed that the person and/or the appropriate Parent/Guardian specifically gives Civitan Acres the consent and authority to allow personnel at said hospital to take such medical steps and provide such care and attention as the medical personnel deem necessary to preserve and protect the life and limb of the above named person. Such consent shall apply when the person is unable to consent by reason of injury or other disability or handicaps, other than those listed on this application.

Parent/Guardian/Adult Applicant _____ Date _____

3. The participant and the Parent/Guardian agree to waive any and all claims for injuries, losses, or combination thereof, against Civitan Acres/Eggleston Services, its agents, employees, representatives and any other person acting for or on behalf of Civitan Acres/ Eggleston Services by reason of any services, treatment or combination thereof rendered for or to the above named person. It is understood and agreed that the Parent/Guardian/Residential provider will be responsible for any and all medical, hospital or combination thereof, expenses incurred. Civitan Acres is not responsible for any lost or stolen items.

Initials _____

4. **Photo Release:** I give permission for Eggleston Services to use photograph of myself for educational, marketing, public relations and/or training purposes. I agree that the photos and information regarding my participation may be published or used for purposes Eggleston Services deems proper. These uses may include lectures, public presentations, fairs, brochures, and other media opportunities. I release Eggleston Services and their personnel who deal with the photos of these events from any and all liability which may or could arise from the taking or use of such photographs.

YES NO

No applicant will be discriminated against because of race, age, sex, color, national origin, religion or disability.

VOLUNTARY INFORMATION

As a government contractor, Eggleston is required to periodically provide reports on the sex, race, ethnicity, disability status, and veteran status of those we serve. The following data is used for analysis only. Your cooperation is voluntary and appreciated.

NOTE: All data records are kept in a confidential file and are not kept as part of your camp application.

Sex: Male Female

Date of Birth: _____/_____/_____

Referral Source: Advertisement Friend Relative Agency Current Employee
 Other (Please specify): _____

Ethnic Group/Race: (Please select one only.)

- White
- Black or African American
- American Indian & Alaskan natives
- Asian (Includes Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian)
- Native Hawaiian, Guamanian, Chamorro, Samoan and Other Pacific Islander
- Spanish/Hispanic/Latino **OF ANY RACE** Some other race (Includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)
- Other: _____
- Two or more races

Veteran Status: Not Applicable Vietnam Era Veteran Other Veteran