



For Office Use Only:
_____ CM Approval
_____ Confirmation Sent
_____ App. Processed

CAMPER APPLICATION

APPLICATION PACKET INCLUDES:

DUE BY JUNE 5TH

GENERAL INFORMATION..... PAGE 2

CAMPER INFORMATION FORM..... PAGE 3

CONSENT FOR PHOTOGRAPHS, INTERVIEWS, AND/OR AUDIO/VIDEO TAPING..... PAGE 10

ADULT TRANSPORTATION REQUEST..... PAGE 11

PAYMENT INFORMATION..... PAGE 12

FINANCIAL AID REQUEST FORM..... PAGE 13

PACKING LIST.....ENCLOSED

ADDITIONAL REQUIRED PAPERWORK:

DUE NO LESS THAN 2 WEEKS BEFORE CAMP SESSION

HEALTH HISTORY FORM..... GREEN FORM

PHYSICIAN FORM..... PINK FORM

TO APPLY RETURN COMPLETED APPLICATION PACKET & APPLICATION FEE TO:

**CLEVELAND SIGHT CENTER
 ATTN: Highbrook Lodge
 1909 E. 101ST STREET
 CLEVELAND, OHIO 44106**

APPLICATIONS WILL NOT BE PROCESSED UNTIL A COMPLETED APPLICATION PACKET AND APPLICATION FEE ARE RECEIVED BY CSC. MEDICAL FORMS NOT REQUIRED TO PROCESS APPLICATION.

Questions? Call 216-791-8118

GENERAL INFORMATION

CAMPER'S FULL NAME _____ PREFERRED NAME _____


DOB ____/____/____ [] MALE [] FEMALE PRIMARY PHONE _____

CAMPER LIVES [] FAMILY HOME [] FOSTER HOME [] GROUP HOME [] ON OWN [] OTHER _____

CAMPER ADDRESS _____
 STREET CITY STATE ZIP

[] SEND ALL WRITTEN COMMUNICATIONS TO THE CAMPER'S ADDRESS.

IF APPLICABLE, GROUP HOME/RESIDENCE NAME _____

CAMPER IS THEIR OWN LEGAL GUARDIAN? [] YES [] NO 

INDIVIDUAL REGISTERING CAMPER:

RELATIONSHIP TO CAMPER _____

NAME _____

ADDRESS _____

EMAIL _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

[] SEND WRITTEN COMMUNICATIONS TO THIS ADDRESS.

PARENT/LEGAL GUARDIAN OR GROUP HOME CONTACT:

RELATIONSHIP TO CAMPER _____

NAME _____

ADDRESS _____

EMAIL _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

[] SEND WRITTEN COMMUNICATIONS TO THIS ADDRESS.

IN ADDITION TO THE ABOVE LISTED INDIVIDUALS, THE FOLLOWING PERSON(S) MAY PICK THE CAMPER UP FROM CAMP:

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE # _____

PLEASE CHECK (✓) ALL SESSIONS INTERESTED IN APPLYING FOR:

SESSION #	✓	CAMP SESSION	AGES	DATES	APPLICATION FEE	SESSION FEE
1		Adult Celebration	22+	June 26 – July 1	\$60	\$390
2		Adult Resort	22+	July 3 – July 8	\$60	\$390
3		Adult Day Trip	22+	July 7	-----	\$25
5		Youth Day Away	7-21	July 12	FREE	
7		Tween Camp	11-14	July 19 – July 29	\$110	\$640
8		Teen Camp	15-21	July 19 – July 29	\$110	\$640
9		Kids Express	7-10	July 31 – August 4	\$50	\$325
10		Tweens Express	11-14	July 31 – August 4	\$50	\$325
11		Fit & Fabulous Camp	40-60	August 5 – August 6	\$20	\$130
12		Young Adult Camp	22-40	August 5 – August 6	\$20	\$130

Please be sure to check the brochure for session start and end times and also for full descriptions of each session.

CAMPER INFORMATION

Please help us to prepare a successful, safe experience for all campers. By providing complete information, you will help us be equipped to support campers during camp. Please attach additional sheets if needed. All information will be kept on a need-to-know basis. **Incomplete applications will be returned.**

GENERAL INFORMATION

PLEASE INDICATE: CAMPER IS BLIND CAMPER HAS LOW VISION CAMPER HAS SOME FUNCTIONAL VISION

VISION DIAGNOSES _____ AGE OF ONSET _____

ADDITIONAL DISABILITIES (if applicable) _____

CAMPER IS REGISTERED WITH LOCAL COUNTY BOARD OF DD? YES NO

CAMPER IS ON THE FOLLOWING TYPE OF MEDICAID WAIVER: I/O LV1 SELF NOT APPLICABLE

SUPERVISION

	YES	NO
DOES THE CAMPER HAVE A 1:1 AIDE AT HOME OR SCHOOL?		
DOES THE CAMPER NEED 1:1 OR 2:1 ASSISTANCE DURING THE DAY? (OTHER THAN WITH WALKING/SIGHTED GUIDE)		
IF YES TO EITHER OF THE ABOVE, PLEASE EXPLAIN (REQUIRED):		
CAN THE CAMPER BE SUCCESSFUL IN A 2:6 STAFF TO CAMPER RATIO? **		

**If no, at the discretion of the Camp Manager, a 1:1 personal aide may be able to attend with the camper in need of additional support for behavioral, medical, ADL, or other reasons. To discuss this, and for more information on the level of care we are able to provide campers, please call the Camp Manager prior to submitting the application.

CABIN LIFE INFORMATION

(Camp staff sleeps when campers sleep so applicants must have minimal nighttime needs.)

DOES/IS THE CAMPER:	YES	NO
NEED TO BE WOKEN UP IN THE MIDDLE OF THE NIGHT FOR ANY REASON?		
SLEEP WALK?		
NEED SPECIAL POSITIONING TO SLEEP?		
HAVE NIGHTMARES REGULARLY?		
HAVE A RECENT HISTORY OF BED WETTING?		
AFRAID OF THE DARK?		
HAVE A HARD TIME FALLING ASLEEP?		
SLEEP WITH A CPAP? IF YES, ARE THEY ABLE TO MANAGE IT INDEPENDENTLY? <input type="checkbox"/> Y <input type="checkbox"/> N		

COMMUNICATION

DOES/IS THE CAMPER:	YES	NO
DEAF OR HARD OF HEARING?		
WEAR HEARING AIDS?		
ABLE TO COMMUNICATE VERBALLY?		
ABLE TO VERBALLY EXPRESS NEEDS/WANTS?		
ABLE TO EXPRESS NEEDS/WANTS IN OTHER WAYS?		
USE SIGN LANGUAGE?		
USE A COMMUNICATION DEVICE?		
BRINGING ANY COMMUNICATION AIDS/EQUIPMENT TO CAMP?		
READ BRAILLE?		
ABLE TO FOLLOW SIMPLE TWO-STEP DIRECTIONS?		
ABLE TO FOLLOW MORE COMPLEX INSTRUCTIONS?		
DESCRIBE THE CAMPER'S COMMUNICATION ABILITIES AND/OR NEEDS:		

SOCIALIZATION

DOES/IS/HAS THE CAMPER:	YES	NO
EVER BEEN AWAY FROM HOME W/O PARENTS/GUARDIANS FOR AN EXTENDED PERIOD?		
LIKELY TO EXPERIENCE HOMESICKNESS?		
TYPICALLY OUTGOING?		
TYPICALLY TIMID OR SHY?		
TYPICALLY MAKE FRIENDS EASILY?		
MORE SUCCESSFUL IN SMALL GROUP SETTINGS (VS. LARGE GROUP SETTINGS)?		
SOCIALIZE APPROPRIATELY WITH PEERS?		
ABLE TO WORK COOPERATELY WITH PEERS?		
DESCRIBE THE CAMPER'S SOCIAL SKILLS AND/OR NEEDS:		

BEHAVIOR

Failure to communicate behavioral needs may jeopardize the safety of the applicant as well as others at camp. Individuals whose needs and/or behavioral challenges are beyond the scope of the camp to safely accommodate will need to be sent home from camp as soon as practicable.

DOES/IS/HAS THE CAMPER:	YES	NO
CURRENTLY ON A BEHAVIOR SUPPORT PLAN?		
PHYSICALLY HARM HIS/HER SELF?		
PHYSICALLY HARM OTHERS?		
HAVE DIFFICULTY ADJUSTING TO CHANGES/NEW SITUATIONS?		
TEND TO CHALLENGE SUPERVISION OR AUTHORITY?		
DEMONSTRATE NON-COMPLIANCE/REFUSAL TO FOLLOW DIRECTIONS/RULES?		
ABLE TO UNDERSTAND AND FOLLOW SAFETY RULES?		
GET FRUSTRATED EASILY?		
HAVE EXTREME FEARS AND/OR ANXIETY?		
BECOME EASILY AGITATED/UPSET?		
BEEN KNOWN TO WANDER FROM GROUPS AND/OR ACTIVITIES?		
RUN AWAY FROM HOME/GROUP BEFORE?		
NEED REMINDERS TO STAY ON TASK? IF YES: <input type="checkbox"/> CONSTANT <input type="checkbox"/> FREQUENT <input type="checkbox"/> OCCASIONAL		
IF ANY "YES" ANSWERS ABOVE, THE FOLLOWING QUESTIONS ARE <u>REQUIRED</u> TO BE COMPLETED:		
WHAT EVENTS OR CIRCUMSTANCE ARE LIKELY TO AGITATE OR UPSET THE CAMPER?		
WHAT BEHAVIOR STRATEGIES WORK WELL WITH THE CAMPER?		
DESCRIBE REWARDS/MOTIVATORS OR CALMING TECHNIQUES THAT WORK WELL WITH THE CAMPER.		

MOBILITY/MOTOR SKILLS

DOES/IS THE CAMPER:	YES	NO
ABLE TO WALK INDEPENDENTLY?		
NEED SIGHTED GUIDE FOR WALKING?		
USE A WHITE CANE?		
HAVE A GUIDE DOG THEY WILL BE BRINGING TO CAMP?		
USE A WALKER/WALKING CANE?		
USE A WHEELCHAIR? IF YES: [] MANUAL [] ELECTRIC		
IF YES, NEED ASSISTANCE PUSHING/MOVING WHEELCHAIR?		
IF YES, ABLE TO TRANSFER TO/FROM WHEELCHAIR INDEPENDENTLY?		
HAVE BALANCE AND/OR COORDINATION CONCERNS?		
USE LEG BRACES/AFO'S?		
HAVE FINE MOTOR CONCERNS?		
HAVE GROSS MOTOR CONCERNS?		
DESCRIBE THE CAMPER'S MOBILITY/MOTOR NEEDS:		

DINING SUPPORTS

DOES/IS THE CAMPER:	YES	NO
NEED THEIR FOOD CUT UP?		
NEED TO BE FED BY STAFF?		
NEED ASSISTANCE DRINKING?		
NEED A STRAW TO DRINK?		
EAT A PUREED/LIQUID DIET ONLY?		
HAVE DIFFICULTY SWALLOWING?		
UTILIZE ANY SPECIAL DINING EQUIPMENT?		
ABLE TO STATE THEIR FOOD PREFERENCES?		
TYPICALLY TAKE A LONG TIME TO EAT MEALS?		
ABLE TO SELF-REGULATE THE AMOUNT OF FOOD THEY EAT?		
ON A RESTRICTED DIET OF ANY KIND (I.E.-LOW SUGAR, LOW SALT)?		
DESCRIBE THE CAMPER'S DINING ABILITIES AND/OR NEEDS:		

PROGRAMMING

	YES	NO
SWIMMING (POOL IS 5 FEET AT ITS DEEPEST POINT)		
IS THE CAMPER ALLOWED TO SWIM IN OUR POOL?		
DOES THE CAMPER ENJOY SWIMMING/GOING IN THE WATER?		
IS THE CAMPER AFRAID OF WATER?		
CAN THE CAMPER SWIM INDEPENDENTLY?		
DOES THE CAMPER NEED 1:1 SUPPORT IN THE POOL?		
IS THE CAMPER REQUIRED TO WEAR A PFD/LIFEJACKET IN THE POOL? (Camp provides PFD's)		
IS THE CAMPER REQUIRED TO WEAR GOGGLES IN THE POOL?		
IS THE CAMPER REQUIRED TO WEAR EAR PLUGS IN THE POOL?		
OTHER PROGRAMMING		
IS THE CAMPER ABLE TO PARTICIPATE IN HORSEBACK RIDING IF PROVIDED (ALWAYS PROVIDED BY OUTSIDE VENDOR)?		
IS PERMISSION GRANTED FOR THE CAMPER TO PARTICIPATE IN OFF-SITE TRIPS? (I.E. - CANOEING, FISHING, FARM VISITS, ETC...)		
DOES THE CAMPER PLAY AN ACTIVE ROLE IN CHOOSING THEIR LEISURE INVOLVEMENT?		
DOES THE CAMPER PREFER TO BE ACTIVE AND PARTICIPATE IN A VARIETY OF ACTIVITIES INCLUDING SPORTS AND OTHER PHYSICAL/OUTDOOR ACTIVITIES?		
DOES THE CAMPER PREFER TO PARTAKE IN MORE PASSIVE ACTIVITIES SUCH AS ARTS & CRAFTS?		

GROWTH AND LEISURE LIFESTYLE

CHOOSE **AT LEAST TWO AREAS** OF STRENGTH FOR THE CAMPER:

- | | | |
|---|--|---|
| <input type="checkbox"/> SELF-CARE (ADL'S/DINING) | <input type="checkbox"/> PHYSICAL ACTIVITY | <input type="checkbox"/> SOCIAL RELATIONSHIPS |
| <input type="checkbox"/> EMOTIONAL | <input type="checkbox"/> LEISURE LIFESTYLE | <input type="checkbox"/> CONNECTEDNESS W/ COMMUNITY |

CHOOSE **AT LEAST TWO AREAS** OF GROWTH AND DEVELOPMENT YOU WOULD LIKE TO SEE THE CAMPER FOCUS ON DURING THEIR TIME WITH US AT CAMP:

- | | | |
|---|--|---|
| <input type="checkbox"/> SELF-CARE (ADL'S/DINING) | <input type="checkbox"/> PHYSICAL ACTIVITY | <input type="checkbox"/> SOCIAL RELATIONSHIPS |
| <input type="checkbox"/> EMOTIONAL | <input type="checkbox"/> LEISURE LIFESTYLE | <input type="checkbox"/> CONNECTEDNESS W/ COMMUNITY |

CHOOSE ALL THE LEISURE ACTIVITIES THE CAMPER CURRENTLY PARTICIPATES IN AT HOME/IN THEIR COMMUNITY:

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTS & CRAFT PROGRAMS | <input type="checkbox"/> MUSIC & DRAMA PROGRAMS | <input type="checkbox"/> HORSEBACK RIDING |
| <input type="checkbox"/> SWIMMING | <input type="checkbox"/> COOKING PROGRAMS | <input type="checkbox"/> DANCE PROGRAMS |
| <input type="checkbox"/> FISHING/CANOEING | <input type="checkbox"/> GAME-BASED PROGRAMS | <input type="checkbox"/> SPORTS |
| <input type="checkbox"/> READING | <input type="checkbox"/> PLAYING VIDEO GAMES | <input type="checkbox"/> NONE |

OTHER PROGRAMS, PLEASE LIST: _____

LEGAL BACKGROUND

(FOR CAMPERS 18 YEARS OF AGE AND OLDER)

Because we serve campers who are vulnerable, due to their low vision, blindness and other disabilities, we have a responsibility to ask about participants’ criminal background. We value your honesty and candor when responding to these questions, as we strive to best protect the safety of all of our campers, staff and visitors.

- HAS THE CAMPER EVER BEEN CONVICTED OF A FELONY OR ANY OTHER “VIOLENT CRIME”? [] YES [] NO
- HAS THE CAMPER EVER BEEN CONVICTED OF A CRIME THAT IS SEXUAL IN NATURE? [] YES [] NO
- HAS THE CAMPER EVER BEEN CONVICTED OF A CRIME INVOLVING A MINOR? [] YES [] NO
- IS THE CAMPER LISTED ON THE NATIONAL SEX OFFENDER REGISTRY (NSOPW.GOV)? [] YES [] NO

ADDITIONAL NOTES AND INFORMATION

PLEASE ADD ANY ADDITIONAL NOTES, REMINDERS, OR INFORMATION THAT WOULD BE HELPFUL FOR STAFF TO KNOW:



AUTHORIZATION TO ATTEND- MUST BE SIGNED



Highbrook Lodge is a rural and natural environment. Camp includes physical activities (sports, swimming, canoeing, archery, horseback riding, etc...) and travel, and the risks and hazards that accompany such activities. I have been informed and understand that, while effort is made to minimize hazards and risks, participants attending Highbrook Lodge may be exposed to serious bodily injury or illness.

I understand that my participation in programs, activities or events offered through Highbrook Lodge is voluntary and at my own risk. I understand and assume the risks and hazards associated with such participation. I agree to release, forever discharge, and hold harmless the Cleveland Sight Center, Highbrook Lodge, their employees, agents, volunteers, administrators, and trustees from any and all claims or causes of action that may be brought by me or by any other person, including all liability for personal injury, damage to personal property, or loss arising out of or related to my participation in programs, activities or events offered through Highbrook Lodge and my transportation to and from such programs, activities and events by a Cleveland Sight Center volunteer or employee, to the fullest extent permitted by law.

I certify I am **legally authorized to register individual(s)** named on these forms for Cleveland Sight Center’s Highbrook Lodge.

Parent/Legal Guardian Signature or
 Adult Camper Signature (if own legal guardian)

____/____/____

Date



CONSENT FOR PHOTOGRAPHS, INTERVIEWS, AND/OR AUDIO/VIDEO TAPING

Please complete and sign either Section I or Section II below.

Section I. For good and valuable consideration which I hereby acknowledge, I hereby consent to allow my minor child and/or myself to be photographed, interviewed, and/or recorded on film and/or audio/video tape for the purposes of distribution, sale, replay, and/or broadcast in any and all media, including without limitation print, radio, TV, cable, satellite, and/or internet, for the reason(s) stated below, by the Cleveland Sight Center (CSC) and/or the news media.

The use of my visual image and/or the visual image of my minor child, or information obtained from either of us in an interview or interviews is hereby permitted, provided that any news media presence and/or queries are approved by CSC's spokesperson. I hereby release CSC and its officers, directors, employees, successors, and assigns from any and all liability for any damages or injury which might arise from the foregoing gathering and/or use of images of or information from me and/or my minor child(ren).

Please indicate your consent for each area:

- _____ Health education purposes
- _____ Release to news media for print or broadcast
- _____ Cleveland Sight Center publications, brochures, videos, and training materials
- _____ Other uses which may arise from time to time and deemed to be in the best interest of the mission of the Cleveland Sight Center

Date: ___/___/___ Campers Name (please print): _____

Adult Camper Signature or Parent/Guardian Signature: _____

----- **OR** -----

Section II. I do not consent to the gathering or use of images of or information from me or my minor child. Notwithstanding the foregoing, I understand that images of me and/or my minor child may be included in group photos of activities, but will never be identified.

Date: ___/___/___ Campers Name (please print): _____

Adult Camper Signature or Parent/Guardian Signature: _____

ADULT TRANSPORTATION REQUEST

Please choose **one** transportation option below. Please note that only campers who live in Cuyahoga County are able to be transported to/from their homes.

✓	TRANSPORTATION OPTION	COST
<input type="checkbox"/>	No transportation needed.	-----
<input type="checkbox"/>	Round trip transportation requested between Cleveland Sight Center (CSC) and Highbrook Lodge. <input type="checkbox"/> I need to be transported in a wheelchair accessible van. <input type="checkbox"/> I need other transportation accommodations.	\$15
<input type="checkbox"/>	Transportation needed from camper home to/from CSC. Transportation to/from camp included.	\$35
<input type="checkbox"/>	Transportation needed <u>one way</u> to or from camper home. Transportation to/from camp included. <input type="checkbox"/> From home to CSC before camp. <input type="checkbox"/> From CSC to home after camp.	\$25

PAYMENT & BILLING INFORMATION

CAMPER _____ PARENT/GUARDIAN _____

IMPORTANT, PLEASE READ AND INITIAL:

- All fees for camp, including the application, session and/or transportation fees are the responsibility of the camper/parent/guardian unless paid for by a third party.
- If a third party is paying for camp, a letter of intent-to-pay must be forward to CSC by June 5. Without this proof the camper/parent/guardian is responsible for all costs.
- All fees being paid by the camper/parent/guardian will be invoiced and are due by June 5 unless otherwise stated.
- Applications will not be processed until the full application fee is received by CSC (or letter from third party).
- Cancellations must be communicated to CSC. Those made more than 10 business days prior to the camper's intended session are eligible for a full refund. Less than 10 business days: full refund minus the application fee for overnight sessions; no refund for day sessions. Only campers leaving early from camp for a medical reason will receive a pro-rated refund.

 I HAVE READ AND AGREE TO THE ABOVE (PLEASE INITIAL): _____

<u>FEES</u>	<u>TO BE PAID BY</u> (at least one must be checked ✓; check all that apply)		
APPLICATION FEE	<input type="checkbox"/> CAMPER/PARENT/GUARDIAN	<input type="checkbox"/> THIRD PARTY	
SESSION FEE	<input type="checkbox"/> CAMPER/PARENT/GUARDIAN	<input type="checkbox"/> THIRD PARTY	
TRANSPORTATION FEE	<input type="checkbox"/> CAMPER/PARENT/GUARDIAN	<input type="checkbox"/> THIRD PARTY	<input type="checkbox"/> N/A

THIRD PARTY FUNDING (check ✓ all that apply): It is the campers' responsibility to contact all third party payers.

- FAMILY SUPPORT SERVICE
 EXTENDED SCHOOL YEAR (ESY)
 OOD SUMMER YOUTH WORK EXP.
 OUTSIDE AGENCY FUNDING
 OTHER _____

FUNDING AGENCY NAME _____

FUNDING CONTACT NAME _____

FUNDING CONTACT # _____ CONTACT EMAIL _____

Payment Methods

By Mail: Cleveland Sight Center • ATTN: Highbrook Lodge • 1909 E. 101st St. • Cleveland, OH • 44106

In Person: Cash, check or credit card payments accepted in person at CSC's Eyedea Shop.

By Credit Card: Call CSC's Eyedea Shop. Multiple cards may be used. Eyedea Shop: 216-658-4666

Include camper name and applicable session #'s in subject line of all checks

-----For Office Use Only-----

Application Fee Due: \$ _____	CSC Financial Aid Rec'd: \$ _____	Transport.Fee Due: \$ _____
Application Fee Rec'd: ___/___/___	Third Party To Pay: \$ _____	Other Fee(s) Due: \$ _____
Session Fee Due: \$ _____	TOTAL TO BILL PRIVATE PAY: \$ _____	NOTES: _____
Total Amount Due: \$ _____	TOTAL TO BILL THIRD PARTY: \$ _____	_____

FINANCIAL AID REQUEST FORM

Financial aid from Cleveland Sight Center for attendance at Highbrook Lodge is awarded based on income and need. Financial aid cannot be determined unless this form is filled out completely and accurately. You will be informed if financial aid has been awarded.

HOUSEHOLD DEMOGRAPHICS

NUMBER OF ADULTS (18 AND OLDER) LIVING IN HOUSEHOLD _____

NUMBER OF DEPENDENTS (18 AND UNDER) LIVING IN HOUSEHOLD + _____

TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD = _____

CHECK ALL THAT APPLY: CAMPER IS IN FOSTER CARE CAMPER IS WARD OF THE COURT/STATE

INCOME

TOTAL ANNUAL INCOME BEFORE TAXES (CAMPER + PARENT/GUARDIAN) \$ _____

AVERAGE MONTHLY HOUSEHOLD INCOME (BEFORE TAXES) \$ _____

<u>INCOME SOURCE</u>	MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2	CAMPER
SALARY/WAGES	\$ _____	\$ _____	\$ _____
CHILD SUPPORT	\$ _____	\$ _____	\$ _____
ALIMONY	\$ _____	\$ _____	\$ _____
PENSION/SOCIAL SECURITY	\$ _____	\$ _____	\$ _____
ADC/SSI/SSDI	\$ _____	\$ _____	\$ _____
SELF-EMPLOYMENT	\$ _____	\$ _____	\$ _____
UNEMPLOYMENT	\$ _____	\$ _____	\$ _____
OTHER	\$ _____	\$ _____	\$ _____

Proof of income may be required

ADDITIONAL COMMENTS – please indicate if there are any additional circumstances that warrant need for financial aid.

I am requesting financial aid from Cleveland Sight Center to attend Highbrook Lodge. By my request I understand:

- A. There is no guarantee that financial aid will be awarded;
- B. Financial aid is not available for day programs and/or off-season camp programming;
- C. I am still required to pay the application fee and any transportation costs (at a minimum);
- D. Only one financial aid request per year/per camper may be granted;
- E. Financial aid is applied to the least expensive session requested; and,
- F. I am responsible for all fees not covered by financial aid or third party payers.

I certify that the information provided is, to the best of my knowledge, true and correct.

Camper/Parent/Guardian Signature _____ Date _____

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

****LABEL ALL ITEMS BROUGHT TO CAMP- INCLUDING THE OUTSIDE OF LUGGAGE****

Medication/Health Supplies

- Medication
(all must be in their original containers with an up-to-date, legible label)
- Health care supplies (chux's, wipes, attends, etc...)
- Diabetic supplies (alcohol pads, lancets, glucometer, test strips)

Medication not in the original container will not be administered by camp staff.

Toiletries & Hygiene

- Soap
- Deodorant
- Toothbrush & toothpaste
- Shampoo & conditioner
- Hairbrush
- Razor & shaving cream
- Sunscreen
- Bug spray
- Bath towel and washcloths
- Beach towel for pool

WE DO NOT PROVIDE TOWELS

Clothing

- Underclothing and socks
- Slacks/shorts for warm/cool weather
- Modest bathing suit
- Comfortable walking shoes or tennis shoes; we discourage flip-flops
- Warm jacket/sweatshirt
- Pajamas
- Laundry bag for dirty clothes (can be heavy plastic trash bag)
- Adults: one set of nicer clothes (for banquet evening)

Other Items

- Raincoat/umbrella
- Water bottle
- Flashlight
- If applicable: white cane (please label)
- If applicable: dog food, food bowl, water dish, etc...
- Sleeping bag (bed linens/pillows are provided)
- \$10 to \$20 spending money for camp store (suggested; not required)

HIGHBROOK LODGE IS NOT RESPONSIBLE FOR THE LOSS OR DAMAGE TO ANY PROPERTY

DO NOT BRING: items of excessive value; alcohol or illegal drugs; electronic equipment like fans, stereos, televisions, or handheld video games; weapons of any kind; personal sports equipment; non-service animals. If driving to camp, personal vehicles may be parked in our lower parking lot (unless a handicap accessible spot is needed).